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Beyond Barriers: Actionable Solutions for Advancing Women's Leadership in French Health Consultancy

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This thesis is lovingly dedicated to my two mums: my mother, Nzeagwu Rose Chinyere, and my godmother, Agnes Brun. Their unwavering love, resilience, and belief in me have been the heart and soul of this work.

I also dedicate this thesis to every woman who has been silenced for years by patriarchal structures, your courage, dignity, and perseverance continue to inspire this research and the movement toward equity.

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ARONYMS

CSR - Corporate Social Responsibility

EU - European Union

HR - Human Resources

KPI - Key Performance Indicator

LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others

LMIC - Low- and Middle-Income Countries

OECD - Organisation for Economic Co-operation and Development

RFP - Request for Proposals

SDG - Sustainable Development Goal

UN - United Nations

WHA - World Health Assembly

WHO - World Health Organization

ABSTRACT

Despite constituting the majority of the global health workforce, women remain significantly underrepresented in leadership positions, a gap that is particularly pronounced within the influential health consultancy sector. In France, this paradox is stark: Women make up 52% of the population and 49% of the workforce yet occupy only 25% of top executive roles, revealing a disconnect between progressive gender equity policies and practice. This study addresses the gap in actionable, sector-specific solutions by exploring the factors that perpetuate this inequality and identifying practical strategies for change.

Adopting a qualitative, constructivist approach, this research uses thematic analysis of 14 semi-structured interviews with health consultancy professionals across all organizational levels in Paris, supplemented by survey data and organizational documents. The findings reveal a system of "sophisticated exclusion," where formal equality is undermined by informal barriers. Four key themes emerged: 1) structural barriers, including motherhood penalties and elite credentialism, that filter women from leadership pipelines; 2) unspoken cultural rules around "French elegance" and constant expectations that police women's ambition and behavior; 3) the compounding effects of intersectionality, where non-French women face additional layers of exclusion based on nationality, accent, and race; and 4) a significant gap between policy and practice, marked by symbolic compliance and the missed opportunity of active male allyship.

The study concludes that overcoming these barriers requires moving beyond performative policies toward systemic change. It proposes a multi-level framework of practical interventions for organizations, policymakers, and the sector at large, emphasizing the need to embed accountability, formalize mentorship, and challenge narrow, traditional definitions of leadership. Ultimately, this research argues that fostering gender-inclusive leadership is not merely a matter of equity but a strategic imperative for building more innovative, ethical, and effective health systems.

1 INTRODUCTION

1.1 *Gender Disparities in Health Consultancy*

Women constitute the backbone of the global health workforce, accounting for approximately 67–70% of paid health and care workers (1). Despite this dominance in numbers, they remain significantly underrepresented in senior decision-making positions, holding only about 25% of leadership roles across global health organizations (1). This leadership gap reflects broader gender inequalities in the workforce. According to the World Economic Forum's *Global Gender Gap Report 2024*, the global gender gap in economic participation and opportunity has closed by only 68.5%, with projections estimating that it will take another 134 years to achieve full parity if current trends continue(2). These persistent gaps are sustained by systemic barriers such as gender bias, limited access to mentorship, and organizational cultures that fail to support equitable advancement for women (2).

In France, similar patterns exist. Women make up 52% of the population and 49% of the workforce yet occupy only 25% of top executive roles(3). Legislative interventions including a 2011 quota law(4) requiring 40% women on boards of directors and a 2021 law mandating at least 30% women in executive roles by 2026 have led to incremental progress. Nevertheless, gender parity at the highest levels remains elusive. Within the health sector specifically, women constitute 78% of the public hospital workforce but only 39% of executive positions in university hospital centers(5). These figures underscore the ongoing mismatch between women's representation in frontline roles and their presence in leadership roles.

Health consultancy, a growing sector that advises other public and private organizations and agencies on policy reforms, system design, and program implementation, plays an increasingly influential role in shaping national and global health systems. Studies show that gender-diverse leadership teams produce more innovative, ethical, and effective health solutions (6–9). As consultancy firms gain increasing influence over public health spending(10), ensuring their leadership reflects the diversity of the societies they serve is both a strategic and ethical imperative. Yet the leadership gap is particularly pronounced within this field(10). Global estimates show that women fill only 28% of leadership roles in life sciences consulting(11), while other studies indicate female representation at the partner level in major firms is around 22%(12).

In France, the situation mirrors these global trends: women account for the majority of junior consultants (74%) but represent only 22% of senior management of consulting firms(13). Promotion pathways remain opaque, sponsorship networks are limited, and expectations around mobility and working hours often clash with women's other caring responsibilities(3). These patterns of vertical segregation not only limit career advancement for women but also undermine the diversity of thought and cultural sensitivity needed in health consulting. This study seeks to explore the factors contributing

to women's underrepresentation in French health consultancy leadership, with the goal of identifying scalable, evidence-based solutions.

Advancing women's leadership in health consultancy is not merely a matter of social justice; it is a strategic imperative for strengthening organizational innovation, governance, and effectiveness. Diverse leadership teams are strongly associated with improved innovation, more ethical decision-making, and better financial performance(14,15). Within the health consultancy sector, the need for gender-inclusive leadership is particularly urgent because of their increasing influence in shaping national health strategies, designing system reforms, and allocating resources. Furthermore, strengthening gender equity in leadership directly advances Sustainable Development Goal 5 (SDG 5), which promotes gender equality and the empowerment of all women and girls(16).

1.2 Study Rationale

While extensive research has documented the barriers women face in leadership, there is a significant gap in identifying practical, scalable solutions adapted specifically for consultancy environments. One emerging yet underexplored strategy is the role of male allyship in promoting gender-equitable leadership structures. Global toolkits such as the UN Women Male Allyship Toolkit(17) offer initial guidance, yet little empirical research has investigated how male allyship can be practically integrated into organizational change within consultancy settings. This study will therefore actively explore the potential of male allyship as a catalyst for inclusive leadership and aims to initiate broader conversations about the essential roles men can play in supporting gender equity in leadership pipelines. Moreover, France provides a particularly timely context for this research. Recent legislative reforms promoting gender parity, alongside evolving societal expectations for inclusive leadership, create momentum for change(4). Health consultancy firms have both an opportunity and a responsibility to translate these societal shifts into meaningful organizational transformation.

This study adopts a solutions-focused approach: it will identify best practices, explore policy interventions, and critically examine the role of male allies in advancing leadership diversity. By moving beyond barrier identification toward generating evidence-based, actionable recommendations, the study aims to provide concrete actions for health consultancy firms in France to foster more resilient, inclusive, and high-performing leadership structures and give recommendations that they can adopt to close the gender leadership gap. The findings will provide actionable insights for health consultancy firms to design and implement gender-inclusive policies, ultimately fostering a more equitable work environment. Beyond the consultancy sector, the research outcomes could serve as a model for other healthcare sectors and other industries aiming to promote leadership diversity, align with evolving societal expectations, and leverage the benefits of inclusive leadership.

This research aims to address several important gaps in the existing literature on gender equity in leadership. While much has been written about gender inequality in leadership across health and

corporate sectors, the specific context of health consultancy, particularly in France, remains largely underexplored. By focusing on this niche, the study seeks to fill a sector-specific gap and provide a targeted examination of leadership dynamics in a growing and influential field.

Additionally, existing studies often isolate individual experiences from structural barriers, with limited exploration of how workplace policies and organizational culture intersect to shape women's leadership progression. This study aims to bridge that gap by examining these interconnected dynamics within consultancy settings.

Finally, although many previous works have documented barriers to women's advancement, few have investigated successful strategies, best practices, or scalable interventions. This research, therefore, seeks to move beyond problem identification by offering actionable insights and real-world solutions that consultancy firms can implement. In essence, this work aims to contribute to filling theoretical, practical, and experiential gaps, thereby strengthening both academic discourse and real-world applications in advancing gender-inclusive leadership within health consultancy.

1.3 Definition of Key Concepts

This study is built upon four key concepts: leadership, health consultancy, gender equity versus gender equality, and male allyship. Defining these concepts is essential to ensure clarity and coherence throughout the research.

According to Harvard Business School, *leadership* encompasses the ability to ethically influence and guide individuals or groups toward achieving shared goals(18). In organizational contexts, leadership involves setting direction, mobilizing people, and inspiring collective action toward strategic objectives. In healthcare, effective leadership emphasizes ethical decision-making, where actions are driven by the well-being of patients and populations rather than individual interests(19). Leadership also requires emotional intelligence and social skills, creating environments that foster collaboration and exceed expectations(20).

Health consultancy refers to expert advisory services delivered to healthcare organizations, government bodies, and health systems with the aim of improving operational efficiency, optimizing financial performance, and enhancing patient care delivery(21). Healthcare consultants are typically engaged on a project basis to evaluate existing processes, identify inefficiencies, and recommend evidence-based solutions. By delivering specialized, targeted solutions, health consultancy firms contribute to strengthening organizational competency and improving sustainable health outcomes.

The concepts of *gender equality* and *gender equity*, although closely related, differ significantly in meaning and application. Gender equality refers to providing individuals of all genders with equal rights, responsibilities, and opportunities across all spheres of life. It emphasizes that access and opportunities should not be limited by gender. Gender equity, on the other hand, acknowledges that

different groups may require different types of support to achieve comparable outcomes(22,23). It involves fairness of treatment by recognizing and addressing structural disadvantages. In practice, gender equity measures might include policies like parental leave, flexible working arrangements, and affirmative action programs aimed at leveling the playing field for historically marginalized groups(24).

Male allyship refers to the active and intentional efforts by men who benefit from systemic gender privilege to support gender equity in both personal and professional contexts. A male ally challenges biases, amplifies women's voices, mentors female colleagues, and uses his influence to promote inclusive leadership(25). Effective male allyship requires more than symbolic support; it demands concrete actions such as sponsorship, advocacy for policy reforms, and direct intervention against discriminatory behaviors(17). It also requires continuous self-reflection, accountability, and a commitment to dismantling systemic barriers to gender equity(26).

These definitions frame the central constructs guiding this research and provide the conceptual foundation for examining strategies to promote women's leadership in the health consultancy sector in France.

1.4 Problem Statement

As discussed above, although women represent a majority of the health workforce globally and nationally, they continue to face significant underrepresentation in senior leadership roles(27,28)(29,30). In France, despite legislative measures, substantial gaps persist, particularly within influential *sectors* like health consultancy. Extensive research has already documented the structural, institutional, and sociocultural barriers that limit women's leadership advancement. However, much less attention has been given to identifying solutions that can be implemented within consultancy environments to reverse these trends. Sector-specific initiatives addressing best practices, inclusive leadership models, male allyship, and effective policy interventions remain scarce.

The core problem, therefore, is not a lack of awareness of barriers but a lack of tested, evidence-based strategies that consultancy firms can adopt to close the gender leadership gap. Addressing this action gap is particularly urgent as consultancy firms gain increasing influence over public health decisions, resource allocation, and system design (6). Therefore, this study responds to this need by focusing on identifying successful strategies and developing recommendations that are tailored to the operational realities of French health consultancy firms.

2 RESEARCH QUESTIONS

This study focused on the following main research question: How can health consultancy firms in France promote women's leadership through practical solutions?

This study seeks to answer the following questions:

1. *What strategies and best practices have been effective in advancing women into leadership roles within health consultancy firms?*
2. *How do organizational policies influence women's career progression into leadership positions in health consultancy?*
3. *How can male allies contribute to promoting gender equity in leadership within health consultancy firms?*
4. *How can health consultancy firms in France implement solutions-focused approaches to close the gender leadership gap?*

3 METHODS

3.1 Study Design

This study adopts a qualitative research design to examine how health consultancy firms in France can promote women's leadership through practical, context-specific solutions. A qualitative approach enables deep exploration of how leadership dynamics, organizational policies, workplace culture, and gender equity are experienced by professionals within this sector. Rooted in a constructivist paradigm (31,32), this approach values subjective insights and contextual interpretations, recognizing that gendered leadership experiences are shaped by social norms, institutional arrangements, interpersonal dynamics and lived experiences. By centering on participants' experiences and perspectives, the study seeks to go beyond numbers and statistics to understand how leadership is lived, perceived, and shaped in real time within organizations. The primary data collection consisted of semi-structured interviews, supplemented by a short-answer survey for broader sectoral insights and organizational materials from a Gender Working Group to provide institutional context and triangulation.

While the primary focus of the study is on identifying effective strategies and structural enablers for advancing women into leadership roles, the research also considers supporting factors such as male allyship. One of the research questions specifically explores how male colleagues contribute to gender equity efforts. To address this, the interview guide includes a section on allyship, and the codebook contains related categories to capture relevant observations.

3.2 Research Setting

The study was conducted within the health consultancy sector in France. Participants came from a range of organizational contexts, including private consultancy firms and independent consulting practices. To protect confidentiality, no firm names or identifying organizational details are disclosed. This approach preserves anonymity while allowing for analysis of sector-wide trends.

3.3 Sampling Strategy

Two sampling strategies were employed:

- *Purposive sampling* was used to recruit interview participants with experience in leadership or managerial roles. Participants were included if they met at least one of the following criteria: employed in the last five years in a French health consultancy firm; held or having held a leadership or managerial role; or who had operated as an independent consultant with relevant leadership responsibilities. The sample sought to include both women and men to ensure that the role of male allies could be directly explored from multiple perspectives; as actors, observers, or beneficiaries of allyship. Although the target sample size for interviews was estimated at 10 to 12 participants, the concept of data saturation guided the choice to conclude data collection. Saturation was considered reached when additional interviews no longer generated new insights or themes.
- *Convenience sampling* was applied for the short-answer survey, which was distributed online to a broader group of professionals, regardless of gender or leadership status. The aim was to capture more diffuse cultural and organizational patterns. Participants were invited to respond to the survey if they were employed in any role within the French health consultancy sector and were able to provide insight into perceived leadership, equity, or workplace dynamics. Male participants were specifically included to explore their understanding of allyship, describe actions they had taken (if applicable), and assess the organizational factors that either promote or inhibit ally behavior.

3.4 Data Collection

Semi-Structured Interviews

Interviews were conducted using a semi-structured guide organized into six thematic areas:

1. Professional background and career trajectory
2. Perceived barriers to women's leadership
3. Effective strategies and policies for advancement
4. Organizational culture and informal norms
5. Role and impact of male allies
6. Implementation processes and future solutions

Questions about male allyship were included for all participants, regardless of gender. Male participants were also asked to reflect on their own roles and behaviors, while women were asked to share their experiences of being supported (or not) by male colleagues. This provided triangulated insights into how allyship operates in practice across different consulting organisations.

Each interview, conducted in English, lasted approximately 30–45 minutes, was recorded having received participants' informed consent, transcribed verbatim, and anonymized prior to analysis.

Short-Answer Surveys

A supplementary survey was distributed to health consultancy professionals in France, regardless of leadership level, to gather broader insights into workplace culture, gender equity, and leadership experiences. The survey was designed on google forms and shared online through the researcher's professional network and contacts within participating organizations, using a convenience sampling strategy. Questions were designed to mirror key themes from the interview guide while being adapted for a lighter, written format. These included reflections on perceived barriers to leadership, organizational policies and practices, work-life balance, male allyship, and suggested improvements for equity. The inclusion of demographic items also allowed for comparisons across roles and gender identities. This broader outreach complemented the interview data and provided additional depth and variation to the qualitative findings.

Supplementary data

In addition to the interview and survey responses, the study incorporates supplementary data from the Gender Working Group established within one of the participating consultancy firms to review and improve gender equity practices. The supplementary data consists of three types of organizational materials: (1) meeting notes from bi-weekly working group sessions documenting discussions on barriers and potential solutions; (2) visual mapping exercises (mind clouds) that identified key problem areas related to gender and equity within the organization; and (3) internal audit data analyzing gender representation in project teams, which revealed that women comprised only 25% of the 185 letters of interest submitted for projects, and among the 30 proposals submitted in the previous six months, only one woman was proposed as team leader. These organizational-level materials provide institutional context that complements individual participant accounts, allowing for triangulation between personal experiences reported in interviews and documented organizational patterns and policy discussions.

3.5 Data Analysis

The data was analyzed using thematic analysis, following the six-step approach developed by Braun and Clarke (2006). This method was appropriate for identifying and interpreting patterns in qualitative data and aligned with the study's aim to explore practical strategies for advancing women's leadership in consultancy. While initial coding began manually, NVivo 14 software was later used to organize, refine, and retrieve coded data, allowing for greater consistency and transparency across the dataset.

The analysis followed these steps:

1. *Familiarization*: All interview transcripts and open-ended survey responses were read multiple times to gain a holistic sense of the data. Initial notes were recorded during and after interviews to capture recurring ideas, early tensions, and contextual insights.
2. *Initial Coding*: A codebook was developed, drawing both from the interview guide (e.g. barriers, leadership access, policy implementation) and from inductive codes that emerged through open reading. Early manual coding involved margin notes and color-highlighting to label repeated ideas. These initial codes were then migrated into NVivo, where the data was re-coded digitally using nodes to tag and organize related content.
3. *Reviewing and Refining Codes*: NVivo's node structure helped to review the frequency, distribution, and co-occurrence of codes across participants. This process remained iterative, allowing the researcher to revisit earlier transcripts and refine or merge codes as broader categories became evident. Relationships between codes were tracked using NVivo's visualization tools and memoing features.
4. *Theme Development*: Thematic categories were developed based on clusters of related codes and were refined into broader themes that aligned with the study's four research questions. These themes captured both structural and cultural barriers, perceptions of bias, policy-practice gaps, and proposed solutions. Sub-themes such as defiance were also identified, and intersectionality emerged as a cross-cutting dimension affecting multiple themes.
5. *Triangulation*: Findings from interviews were triangulated with open survey responses and supplementary data from the Gender Task Force. This triangulation helped enhance the credibility and range of insights represented in the final analysis.
6. *Integration with Literature*: Although interpretation was held back during coding, emerging themes were later discussed in relation to existing academic and grey literature for the Discussion chapter. This ensured that the findings were not only grounded in participant narratives, but also situated within the broader debates on gender, leadership, and organizational change.

A word cloud was created using NVivo to visualize high-frequency terms across the interview transcripts. The most prominent terms reflected the central focus of the study, including “*women*,” “*leadership*,” “*equity*,” “*policy*,” “*team*,” and “*support*.” This image supported early pattern recognition and later informed the thematic structure.

The *short-answer survey* was designed to complement the interviews by reaching a wider pool of professionals, including those not in leadership roles. It was distributed online via google forms through professional networks and direct outreach. The survey aimed to explore broader perspectives on workplace culture, perceived equity, and ideas for improvement.

Supplementary data was drawn from the Gender working Group of one of the participating consultancy firms. The researcher was a member of this internal task force, which met bi-weekly and consisted of six staff members across different organizational levels. Data included the researcher's own observation notes, summary notes shared among members, and a PowerPoint presentation that was prepared and circulated after a session with senior leadership. The presentation outlined proposals for gender equity initiatives and the researcher noted down reflections gathered during each meeting. The meetings were not recorded or transcribed, however, this supplementary material was reviewed and thematically coded using the same framework applied to interview and survey data. This data facilitated the triangulation of individual narratives with internal policy conversations and highlighted how equity goals were being interpreted and discussed at an organizational level. Emerging insights included a call for greater international inclusion of women as team leaders; an emphasis on leading by example within the firm; actions to stimulate internal conversations to encourage leadership self-reflection; and a proposed training on gender equity and allyship for staffs.

3.6 Ethical Considerations

This study explored gender equity and leadership. These are considered sensitive topics, particularly in professional settings where participants may be reflecting on power structures, advancement opportunities, or internal organizational dynamics. Discussing these issues can carry reputational or relational risk, especially when participants are asked to comment on colleagues, management, or company culture. As such, the study took specific steps to protect participants and minimize potential harm.

All participants received an information sheet that explained the study's goals and procedures, and indicating that their participation was voluntary. They gave written informed consent before participating. Each person was reminded that they could skip any question and withdraw from the study at any time without any consequences. Interviews were conducted privately and audio-recorded with explicit permission. Transcripts were anonymized, and all identifying details, including names, job titles, and references to specific people or organizations, were removed. Quotes were carefully selected to preserve anonymity. All data was stored securely on encrypted devices and deleted at the end of the project. Given the potential sensitivity of the topic, participants were also offered the option to review their transcripts. This allowed them to clarify or remove anything they did not wish to share.

The researcher's position in the organization was also taken into account. As a junior staff member and a member of the Gender Task Force, the researcher was aware that her affiliation with internal equity efforts could affect how participants responded. While the researcher did not hold any formal authority, some participants may have felt cautious about what they chose to say. Others may have viewed her as a safe point of contact. These dynamics were acknowledged throughout the study.

To reduce the influence of power differentials, participants were recruited from a broad range of teams and were assured that their responses would not be shared with management. Interviews were conducted in a neutral tone, with open-ended questions and no pressure to disclose sensitive information. Participants were explicitly told that disagreement, criticism, or uncertainty were all welcome in the conversation. It is still possible, however, that some participants may have chosen to withhold certain views, especially if they felt that their answers might reflect poorly on themselves or others. This limitation is acknowledged as part of the study’s ethical and methodological reflection.

4 RESULTS

Drawing from 14 anonymized interviews with professionals across various roles and backgrounds in the health consulting sector in France, this chapter explores how women experience exclusion, navigate barriers, and forge pathways for change. Themes were developed through thematic coding and reflect both structural constraints and individual agency within these professional environments.

In addition to the interviews, a short-answer survey was distributed to professionals across multiple firms. While the primary data source for this study was the 14 semi-structured interviews, the open-ended survey responses were also reviewed for recurring patterns. These responses were not subjected to full thematic coding but were analysed descriptively to identify frequently used phrases, shared sentiments, and illustrative contrasts. This supplementary data helped broaden the thematic lens and added an additional layer of validation to key themes that emerged from the interview transcripts. The Gender Working Group data corroborated these findings, particularly around limited female representation in leadership roles and the gap between formal policies and actual practices.

4.1 Participant Demographics

The study included 14 participants working in health consultancy firms based in Paris, France. Their roles ranged from junior to senior levels:

Participant Code	Gender	Seniority Level	Years of Experience	Nationality
P1	Female	Senior Consultant	25	French
P2	Female	Junior Consultant	5	French
P3	Male	Senior Manager	15	French
P4	Female	Mid-Level Consultant	8	French
P5	Female	Senior Consultant	12	French
P6	Male	Technical Specialist	10	French
P7	Female	Mid-Level Consultant	7	Non-French
P8	Female	Mid-Level Consultant	6	French
P9	Female	Mid-Level Consultant	9	Non-French
P10	Female	Mid-Level Consultant	8	Non-French

Participant Code	Gender	Seniority Level	Years of Experience	Nationality
P11	Female	Senior Consultant	11	French
P12	Female	Mid-Level Consultant	7	Non-French
P13	Male	Senior Manager	14	French
P14	Female	High Level Management	9	French

Work Setting: All participants worked in Paris-based consultancy firms with international operations

4.2 Thematic Analysis Overview

The analysis identified four core themes that reveal the complex dynamics shaping women's leadership experiences in French health consultancy:

1. Structural Barriers and Elite Gatekeeping
2. Organizational Culture and Unspoken Rules
3. Intersectionality: When Multiple Barriers Converge
4. Policy Failures and Missed Allyship

Theme 3 reframes the structural and cultural barriers identified in the previous themes, revealing how they are intensified and take on qualitatively different forms for women with multiple marginalized identities. Woven throughout these themes is a powerful sub-narrative of moments of **defiance and aspiration**, where women refuse to accept limitations and actively challenge the systems that constrain them, ultimately pointing toward the solutions they envision for transformation.

Theme 1: Structural Barriers and Elite Gatekeeping

The first and most immediate barriers participants described were structural: the explicit and implicit systems that filter women out of leadership pipelines before they even begin. These barriers operate with bureaucratic efficiency, creating what participants experienced as systematic exclusion disguised as meritocracy.

The most visceral accounts centered on how pregnancy and motherhood were used against women's career advancement. Participants described pregnancy not as a natural life event, but as a professional liability that marked women as unreliable investments. *"Older managers are reluctant because of the risk of getting pregnant and then just put a stop to your career"* (P3). The clinical language reveals how motherhood is framed as a business problem rather than a human experience. Terms like "risk" and "stop" reduce reproductive choices to corporate calculations.

Even high-performing women found their competence questioned the moment their reproductive capacity became visible. *"Even if you're high performing, they assume you'll disappear for months, or won't be as available"* (P11). The word "assume" carries particular weight. These are not evidence-

based decisions but prejudicial projections that shape women's futures and impact career choices and advancement.

Perhaps most telling was one participant's account of how her pregnancies were received differently by managers based on the child's gender: *"When I was pregnant with my son, he was so excited and said something like, 'Yeah, I know he's going to be strong,' with all those macho comments about how boys are powerful. Several years later, when I was pregnant with my daughter, we ran into each other in the elevator. He asked about the baby's gender, but he didn't have the same excitement or that 'she's going to change the world' expression"* (P1). This moment crystallizes how gender bias operates even before birth. Sons are celebrated as future leaders while daughters are met with diminished enthusiasm.

Leadership readiness was consistently defined through elite educational credentials that functioned as cultural gatekeepers. Participants described a hierarchy where certain diplomas granted automatic legitimacy while others relegated qualified professionals to permanent second-class status. *"You're never as good because you don't have the same diplomas... and also, I'm not French"* (P7). This quote reveals the double bind where educational credentials and national identity become intertwined markers of worthiness.

"It doesn't matter how long you've worked or how good you are, if it's not a top engineering or business school, they look down on it" (P9). The phrase "look down on it" captures the emotional impact of this discrimination. It's not just about missing opportunities, but about being made to feel fundamentally inferior despite demonstrated competence. From a leadership perspective, one participant expanded on how recruitment processes perpetuate these barriers: *"Recruitment is where a lot of these barriers happen. We know men will apply if they meet 20% of the job criteria, and women look for 70 or 80%. Just getting into the interview room is already a bigger step for women. That's why we need to make sure recruitment processes are inclusive and conscious of bias"* (P14).

Despite women forming the slight majority of the workforce, leadership remains stubbornly male-dominated. Participants described this not as accidental but as actively maintained through informal networks and assumptions about who belongs in decision-making roles. *"We're more than half the workforce, but when decisions are made, the table is still mostly men"* (P5). The contrast between "more than half" and "mostly men" at decision-making tables exposes the stark mathematics of exclusion.

"Women organize the project, write the reports.... but they're not in the rooms where deals are made" (P4). This division of labour reveals how gender segregation operates in practice. Women do the work, men make the decisions. This dynamic was confirmed by another participant who described the lived experience of structural exclusion: *"Personally, as a young woman in leadership, walking into a meeting with a Ministry of Health where everyone else is a middle-aged man it's not always*

easy to find your voice. You have to decide you belong there even when the environment doesn't show it" (P14). One male participant described this dynamic as an "invisible ceiling," noting that "*in 95% of teams, the leader is a man... the women are the soldiers*" (P6).

Yet even within these constraining structures, participants described moments of resistance. Some women began challenging the very assumptions that limited them: "*I stopped waiting for permission to lead. Early on, I realized that if I waited for someone to tap me on the shoulder, it might never happen. So, I started putting myself forward, volunteering to lead teams, speaking up in meetings, even when it felt uncomfortable.*" (P9) This defiance suggests that structural barriers, while powerful, are not insurmountable when women refuse to internalize limitations. Indeed, participants proposed concrete solutions to dismantle these barriers, with database reform emerging as a practical starting point: "*Update our expert list. We keep using the same men. There are qualified women.... we're just not looking for them*" (P5). This simple suggestion reveals how exclusion can become embedded in organizational systems through habit rather than intent. Several participants advocated for accountability metrics that would make equity a performance requirement rather than an aspiration: "*If gender goals are just written down but not tied to KPIs, they won't matter. You have to track it, fund it, and evaluate it like anything else*" (P11). The language here treats equity with the same rigor applied to financial targets: "track it, fund it, evaluate it."

Theme 2: Organizational Culture and Unspoken Rules

While structural barriers operate with bureaucratic clarity, cultural norms work through subtlety and silence. Participants described organizational environments where unwritten rules governed behaviour, expectations, and belonging in ways that systematically disadvantaged women while appearing neutral on the surface.

Participants repeatedly referenced expectations around "*French elegance*," a coded language for feminine compliance that masked demands for women to remain quiet and non-threatening. This cultural expectation operated as a sophisticated form of control, encouraging women to self-police their ambitions: "*The environment is made for women to stay in place... not be too loud, you know what they call the French elegance*" (P8). The phrase "stay in place" reveals how cultural norms can be more effective than formal barriers in limiting women's advancement. This culture of silence extended to discussions about equity itself. "*No one talks about equity inside the company. It's not a real conversation*" (P10). The absence of dialogue maintains the status quo by making gender dynamics invisible and therefore unchangeable.

The culture demanded constant availability and physical presence as proof of commitment, creating particular challenges for women managing caregiving responsibilities. "*There's an unspoken rule: if you can't stay late or travel last minute, you're not serious*" (P12). The term "unspoken rule" captures how these expectations operate. They are never explicitly stated but powerfully enforced. Several

women reported receiving negative comments when they needed to balance work with family responsibilities: *"When I had to take time off for my children, I already had reflections from the then president that I should have stayed at home."* (P1) This dynamic created a double bind where women were penalized both for having children (the motherhood penalty) and for the practical accommodations that caregiving required (the availability penalty).

The cultural environment also tolerated and even celebrated different behaviours depending on gender. Participants described how confidence was read differently on men and women, creating invisible obstacles to advancement: *"Men are confident even when they're underqualified. Women hesitate, and when they don't, they're seen as pushy"* (P4). This observation reveals the narrow behavioural range deemed acceptable for women. Too little confidence is seen as incompetence, too much as aggression.

"It's like they're doing you a favour giving you the job. You're seen as lucky to be there, not deserving" (P11). This framing undermines women's sense of legitimacy and belonging. Luck versus merit becomes the framework for understanding women's success. Similarly, another participant described the challenge of adapting to workplace culture as an outsider: *"I didn't grow up in France, and I didn't have family working in this sector, so navigating workplace norms here was a challenge. I had to learn not just the language...but also how to speak up, how to ask questions, and how to assert myself. It took practice and discomfort. I had to put myself out there, apply for things I didn't feel ready for, and learn through the process"* (P14).

Despite the pressure to conform, some participants described refusing to accept existing cultural constraints: *"I've learned to move forward even when the space wasn't made for me. It has been tough, but I've walked into rooms where I was the only woman, the only non-French consultant, and felt the hesitation in the air. But I stay focused on the work. I've built my credibility project by project, delivering results no one could ignore..."* (P11) This narrative demonstrates how women navigate hostile cultural environments through persistence and the need to excel.

Participants proposed interventions to shift organizational culture from compliance to inclusion. Normalizing flexibility emerged as a key priority: *"Make flexible work normal. If you can't leave early because of your kid without side comments, then equality isn't real"* (P2). The phrase "side comments" captures how cultural policing operates through informal sanctions. Breaking the silence around equity was another critical intervention: *"Talking about it shouldn't be taboo. If people don't acknowledge it, nothing changes"* (P8). This suggests that cultural transformation requires making the invisible visible through deliberate conversation. Participants also called for structured mentorship programs: *"Mentorship should be structured, not just informal or once a year"* (P6). This addresses how informal cultural networks often exclude women by making support systems formal and accessible.

Theme 3: Intersectionality

For participants with multiple marginalized identities, the barriers described in previous themes were not simply additive but intersected to create qualitatively different experiences of exclusion. Non-French women in particular faced compounded disadvantages that revealed the inadequacy of gender-only approaches to equity.

Being non-French fundamentally altered how gender disadvantage was experienced. Participants described facing scepticism not just as women, but as outsiders whose competence was doubted on multiple grounds: *"It's already difficult for women to rise, but for Africans, Asians and even for non-Europeans, it's even more difficult"* (P7). This quote reveals the hierarchy of disadvantage. Gender discrimination is intensified by racial and national identity in ways that create distinct barriers: *"Even when women have the right profile, there's always doubt if they're not Paris-based or native French"* (P6). The word "doubt" here operates as a constant question mark over competence and belonging, regardless of qualifications.

Language and accent emerged as particularly painful sites of discrimination, where professional competence was conflated with linguistic conformity. Several participants described being judged not on their expertise but on how "French" they sounded: *"If your French isn't perfect, you're judged differently, even if you're doing the same work. I had to change my accent because I was told it was not very French"* (P10). The emotional toll of this expectation becomes clear in the phrase "I had to change my accent." This reveals how participants experienced pressure to assimilate as a condition of inclusion. The phrase "not very French" operates as a form of linguistic discrimination that questions belonging at the most fundamental level.

For non-French participants, educational credentials became another site of intersection where national and gender bias converged: *"My diplomas aren't seen as equivalent, so I'm always judged as not up to par"* (P7). The phrase "not up to par" suggests a permanent state of inadequacy, regardless of actual performance. This dynamic revealed how elite French educational networks function as gatekeepers that exclude not just on class grounds but on national and cultural ones, with particular impact on women who lack access to these elite networks.

The French republican model of colour-blindness, while intended to promote equality, often prevents acknowledgment of racial and ethnic discrimination: *"You know in France; we don't see colour. But I find that weird because it's so different from what you see in the states, the UK and even Canada. Even though it is not acknowledged, it is there and I see it at play"* (P10). This observation reveals the gap between ideological colour-blindness and lived experience. The phrase "it is there and I see it at play" confirms that discrimination operates even when it cannot be openly discussed, making it harder to address.

The international nature of global health consultancy further complicated these dynamics. While many firms operate internationally and promote diversity in their external branding, internal practices often fail to reflect the same level of inclusion. Several participants noted that women from low- and middle-income countries were more likely to be assigned support roles in field projects but rarely considered for leadership positions. One participant described a female colleague leading a West Africa project who was doubted initially due to her nationality, despite her qualifications and performance. This pattern reflects a contradiction between the global ethos of consultancy and the national boundaries that still shape internal hierarchies.

This tension between privilege and exclusion was also reflected in the reflections of one participant, who described the complexity of navigating international consultancy as both an outsider and a person in a position of global privilege. Her account offers a rare moment of reflexivity on the layered experience of working across cultures and identities:

"I think, you know, challenges of not feeling good enough, not feeling like you're meant to be in the room. Imposter syndrome, for sure... But for me, this is important in terms of a practice, what's my position of power? Because me as a white young woman who holds a ... passport and also a ... passport, that is a certain [position of] power... I had an experience... working in Iraq. I remember one of the data collectors was like, 'Oh, can I look at your passport?' and was just so thrilled... looking at what kind of freedom and liberty it allowed me. That was a moment for me of very consciously understanding the power and position that I held" (P14).

Her experience underscores how intersectionality is not solely about compounding disadvantage but also about recognizing how multiple identities shape power dynamics in complex ways. Even among women, disparities in nationality, race, and access can silently reproduce inequalities that mirror those found in broader geopolitical structures.

Despite facing multiple forms of marginalization, some participants described refusing to disappear or minimize themselves: *"There's one woman here who leads a project in West Africa. Everyone said it was too tough for her, and she's doing great. She's quiet but decisive" (P6)*. This example shows how women at intersections of disadvantage can succeed by exceeding expectations rather than conforming to limitations. The defiance here is particularly powerful because it operates across multiple dimensions of gender, nationality, and competence while maintaining professional effectiveness.

Participants suggested that solutions must recognize and address multiple forms of discrimination simultaneously. Simply focusing on gender while ignoring nationality, race, or educational background would leave many women behind. The solutions they proposed included expanding expert databases to include diverse qualified candidates, creating structured pathways that didn't rely solely

on elite French networks, and fostering open dialogue about how multiple identities shape professional experiences.

Theme 4: Policy Failures and Missed Allyship

The final theme reveals perhaps the most frustrating dimension of inequality: the gap between organizational commitments to equity and their implementation, alongside the squandered potential of male colleagues who understand the problems but fail to act as allies.

Participants described organizations that appeared committed to gender equity on paper but failed to translate these commitments into practice. This disconnect, between rhetoric and reality, created a particularly painful experience: the promise of equality without its delivery. *"The stats exist, but I can't see a real policy in place. It's all surface"* (P5). The word "surface" captures the superficial nature of these commitments. They appear visible from the outside but lack substance underneath. According to one participant, the existence of relevant policies remained elusive: *"Is there a policy? I am not sure but with the size of the organisation there should be a policy but we don't see that, personally, I think there is none and if there is, it is not being used"* (P10). This uncertainty itself is telling. In organizations genuinely committed to equity, policies would be visible and actively implemented.

The most cynical dynamic participants described was the use of gender language to satisfy external expectations while maintaining internal status quo: *"We talk about gender because donors expect it, it helps us get the clients... but nothing is monitored after that"* (P6). This reveals how equity can be commodified. It becomes useful for winning contracts but abandoned once the deal is secured. This performative compliance was particularly concerning because it appropriated the language of justice while undermining its substance. Participants found themselves working in organizations that marketed themselves as progressive while perpetuating the very inequalities they claimed to address.

One participant noted that despite formal policies and reporting mechanisms like the equality index, the presence of gender equity on paper did not translate into meaningful outcomes: *"There obviously is a gap because we have these policies in place... It's not new that we're talking about gender equality, but as I said last week at the WHA, it was only 25 or 26 percent representation of women at the heads of delegations. So obviously there is a gap"* (P14)

Perhaps most revealing was the complete absence of accountability mechanisms for equity goals. *"I've never seen a manager evaluated on equity. It's not part of how performance is judged"* (P4). This absence signals that equity commitments are truly optional. Unlike financial targets or client deliverables, gender goals can be ignored without consequence. Another participant recounted how biased assumptions were allowed to pass unchallenged, even in well-intentioned environments: *"I heard someone say, 'We recruited this woman because there were no men available.' And I was like I think actually you recruited her because she was qualified and competent for the position, right?"*

When I was younger, I would have maybe let that go but I can't let that comment pass anymore" (P14).

Most participants demonstrated sophisticated understanding of what male allyship should entail: *"The recognition of the existing gender disparities in the workplace and the conscious effort to support women in taking on more significant roles within organizations"* (P13). This definition reveals conceptual clarity about allyship requirements. However, only one participant could describe actual allyship in practice: *"One time we had to pick a team leader for a project, I decided to go with a female team leader instead of the male that was frequently mentioned. We do hope the Ministry of Health accepts her for the role, but she seems to be very qualified for it and highly motivated to lead the team"* (P3). The rarity of this example underscores how uncommon active allyship remains.

More commonly, participants described male colleagues who expressed support for equity in principle but failed to translate this into concrete action: *"They're open to change, yes... but that doesn't mean they actually do something"* (P10). The gap between discourse and action represents a massive missed opportunity for organizational transformation: *"There are some men who talk about equity during meetings with external stakeholders, but when it's time to nominate someone, they go with who they've always trusted usually another man"* (P10). This quote reveals the most painful aspect of passive allyship. It shows the performance of support in public forums while maintaining discriminatory practices in private decisions.

Similarly, one participant reflected on the limitations of allyship when male colleagues lack the tools to act: *"We need male allies... We're not going to achieve equality if we don't bring men with us. But many of them still need to do more work to fully achieve allyship. They mean well but they don't always have the knowledge, tools, or language. And women feel those unconscious biases even if they're not intended"* (P14). This expands on how although there are men who want to be allies, they are still influenced by patriarchal and societal norms that hinder true allyship. Yet, some participants noted changes in younger generations, particularly around caregiving responsibilities: *"With my son, I see things differently. He's ready to take time off, support his partner. So there is hope, but I don't know if that can be translated into the professional space"* (P1). This observation offers hope while acknowledging the disconnect between personal values and professional behaviour.

Participants proposed interventions to close the gap between policy and practice. Policy enforcement emerged as a priority, with calls for regular audits, compliance tracking, and consequences for non-performance on equity goals. For male allyship, participants suggested structured training and clear expectations: *"We've made some progress, yes, but there's still a long way to go. People need to accept that it is a problem, acknowledge our privileges and find ways to change the norm"* (P13). This statement reveals that effective allyship requires both recognition of problems and commitment to behaviour change.

Participants also called for systemic approaches that went beyond individual goodwill: *"We need policy from the top.... government incentives, not just private sector fixes"* (P10). This suggests that sustainable change requires alignment across organizational and policy levels. Finally, the most transformative expressions of defiance involved not just challenging exclusion, but reimagining leadership itself. As one participant reflected after becoming a mother: *"One of the biggest shifts for me came after becoming a mother. It changed how I see leadership and what kind of leader I want to be. Leadership doesn't have to look like hard power, or always being the loudest in the room. It can be empathetic, inclusive, and values-driven. It can mean creating space, not just commanding it"* (P14). This reflection suggests that women do not merely seek entry into the existing leadership mold but aspire to change the very forms of power that organizations uphold. In this view, equity requires not only representation but a redefinition of what leadership itself entails.

4.3 Summary of Findings

The four themes reveal interconnected mechanisms of exclusion operating across structural barriers (motherhood penalties, educational elitism), organizational culture (unwritten rules about "French elegance" and "protocolaire," availability expectations), intersectional marginalization (compounded barriers for non-French women), and policy failures (disconnect between organizational rhetoric and practice, underutilized male allyship). Participants also proposed concrete interventions including database reform to diversify expert lists, accountability metrics linking equity to performance evaluations, structured mentorship programs, cultural shifts to normalize flexibility, and systematic approaches to male allyship training. A consistent pattern across all themes was women's resistance to these constraints through individual defiance, developing practical solutions for systemic change. The findings demonstrate that gender inequality in French health consultancy leadership persists through "sophisticated exclusion": systems that appear equitable but operate through informal mechanisms that systematically disadvantage women.

5 DISCUSSION

Despite France's robust legal framework promoting gender equality, including quota laws and CSR mandates (33,34), women remain significantly underrepresented in leadership roles within the health consultancy sector. This paradox, where progressive policies coexist with persistent gender gaps, reflects what scholars describe as a decoupling between formal structures and actual practices (35–40). In this study, participants repeatedly highlighted that while gender equity was a visible goal in company documents and client-facing reports, it rarely translated into meaningful change within organizational hierarchies. Such dynamics illustrate the gap between policy intent and implementation, a classic concern in implementation theory (41,42).

This disconnect is particularly stark given the high concentration of women in junior and mid-level consultancy roles. While women form the majority of the workforce in many firms, their presence declines sharply at the decision-making level. Participants attributed this trend to entrenched structural barriers, such as the persistence of elitist recruitment filters and motherhood-related bias. These embedded assumptions continue to limit women's upward mobility, despite formal protections around parental leave and workplace discrimination. This pattern can be further understood through neo-institutional theory, particularly Scott's concept of the three pillars of institutions: regulative, normative, and cognitive (43,44). While regulative frameworks such as laws and policies are in place, the normative (organizational expectations) and cognitive (internalized beliefs) structures appear misaligned. Participants described how formal commitments to equity were undermined by informal expectations around availability, visibility, and leadership "fit," many of which continue to favour men.

In the French context, this disconnect is also shaped by the Republic's ideal of equality(45–48), which asserts a colour- and gender-blind approach to policy. While well-intentioned, this framework may obscure the lived realities of gendered disadvantage by assuming that equal treatment yields equal outcomes. Legal equality exists, but the experience of workplace advancement tells a different story. Indeed, the gap between stated policy and observed practice is not just a failure of enforcement. It reflects a broader organizational culture in which gender equality is seen as peripheral rather than strategic. These findings highlight performative rather than transformative gender policies, reflecting the literature's call to embed equity into organizational accountability systems rather than treating it as external expectation or public relations exercise.

Redefining leadership therefore appears to be a crucial dimension for change, expanding the conceptual boundaries of leadership itself. Institutions must move beyond performative inclusion and begin to recognize and reward alternative leadership styles that have long existed but are undervalued. This shift would support a broader and more sustainable vision of leadership, one that is relational, human-centered, and inclusive of the diverse identities and realities of the workforce. Leadership can be kind, soft and feminine and be grounded in listening, empathy, and care. These traits

should not be considered in opposition to strength, but as expressions of it. As Tronto argues in her ethics of care framework (49), such qualities including attentiveness, responsibility, and responsiveness are not secondary traits but core elements of ethical and inclusive leadership. The cultural dominance of traditionally masculine leadership ideals has created environments that prize control over connection and performance over presence. Reimagining leadership in more inclusive terms can open the door to diverse strengths that have long been sidelined. This is not just a symbolic adjustment, it is a necessary structural transformation for organizations seeking to build fairer, more resilient futures.

Our results also illustrate the impact of unwritten rules that reinforce exclusion. Participants in this study consistently described a professional environment shaped not only by regulations and formal structures, but also by informal norms that were often more powerful in shaping women's career trajectories than official policies. This aligns with findings by Ely and Meyerson who argue that organizational culture and unspoken behavioural expectations often sustain inequality, even in policy-compliant settings(50). Similarly, Acker notes that gendered assumptions are embedded in the very structure of organizations, producing what she calls the "gendered substructure"(51). This was noted across multiple interviews, as participants described cultures that subtly discouraged ambition, normalized overwork, and reinforced traditional gender roles. Their experiences point to a culture of silence around gender dynamics, where ambition in women is policed through soft expectations and unspoken boundaries. The internalization of such expectations can be understood through Bourdieu's concept of *habitus*, which refers to the deep, often unconscious social dispositions that shape how individuals act and perceive their place in the world (52). Organizational culture, in this sense, becomes internalized by employees, shaping their understanding of what is acceptable, achievable, or desirable.

Bourdieu explains the interplay between *habitus* and the dynamics of *cultural capital*. Several participants pointed out that perceptions of leadership "fit" were closely tied to elite educational backgrounds and certain cultural cues. This illustrates how informal norms around legitimacy, shaped by education and background, can marginalize women who do not conform to dominant profiles. In Bourdieu's terms, this reflects the unequal distribution of *cultural capital* and its impact on perceived worthiness(52). In the French context, where *grandes écoles* dominate elite career pathways, these forms of symbolic capital often overlap with national and class identity, reinforcing exclusionary norms (53). Compounding this dynamic are perceptions of motherhood and availability that influence promotion decisions, with participants reporting assumptions about women's commitment regardless of actual performance. These dynamics reflect gendered bias in performance evaluation, aligning with the concept of the "maternal wall" where mothers or women of childbearing age are perceived as less reliable, regardless of their actual performance(54–57).

While gender inequity in leadership is a pressing issue on its own, the findings of this study reveal that it cannot be fully understood in isolation. For many participants, especially those who are non-French, racialized, or educated outside elite French institutions, gender-based barriers were compounded by additional layers of marginalization. Intersectionality challenges the idea that social inequalities operate independently and instead emphasizes how they interlock to shape complex lived experiences. This captures the essence of Crenshaw's theory of intersectionality (58,59), which highlights how individuals at the intersection of multiple marginalized identities experience forms of oppression that are not merely additive but deeply interconnected. The study confirmed that nationality, accent, race, and educational background significantly influenced perceptions of leadership potential.

The theme of credentialism, already significant in previous sections, takes on added weight when viewed through the lens of intersectionality. This bias is not solely about academic merit but about alignment with cultural expectations of leadership. The notion of "French elegance," referenced by some participants, was not limited to style or demeanour but extended to how one speaks, what school one attended, and how closely one fits the traditional leadership mold. This notion reflects a narrow construction of legitimacy that favours individuals who are white, French, Paris-based, and professionally socialized within national institutions, and that are reinforced by the French Republican model which emphasizes a colour-blind approach to equality. While intended to promote universalism, this model often discourages open conversations about race, ethnicity, or other identity markers. The silence around these issues can prevent organizations from recognizing how racial and national identities shape access to opportunity and inclusion. These findings support existing literature on organizational diversity, which emphasizes the need for multi-dimensional approaches to equity (60). It also suggests that strategies focused solely on gender parity may fall short if they do not address the broader matrix of inequality that women navigate in professional spaces.

Finally, our findings suggest that while the idea of allyship has gained discursive traction, its operationalization within organizational culture remains weak and fragmented. Participants described a professional environment in which allyship was discussed but rarely practiced. Without accountability and behaviour-based expectations, allyship can become a form of "virtue signalling" that offers reputational benefit to men while failing to produce institutional change for women. This issue is highlighted in the *State of Allyship Report* by Change Catalyst, which emphasizes that allyship must be tied to concrete action and measurable outcomes to drive genuine workplace inclusion (61). It is worth noting that our study reveals that some male participants believe women's lack of advancement is primarily a matter of confidence or effort, thus ignoring structural barriers. Such framing reflects a lack of awareness about systemic privilege and power dynamics that shape access to leadership roles. Literature on power and privilege (62,63) emphasizes that those who benefit from existing hierarchies must play a deliberate role in dismantling them. In the context of consultancy, this

includes sponsoring women for high-visibility projects, challenging biased selection practices, and advocating for institutional reforms that promote equity. The current absence of structured allyship mechanisms represents a missed opportunity for firms that are otherwise committed to excellence and innovation. In conclusion, while the discourse around allyship exists within many consultancy settings, its translation into action remains limited. The challenge lies not in lack of awareness, but in the absence of structural incentives and cultural reinforcement.

5.1 Theoretical Integration

The findings from this study not only reveal the barriers and opportunities shaping women's leadership in French health consultancy, they also engage directly with several theoretical frameworks. This section synthesizes the data with broader academic models to situate the research within existing literature and to highlight its contribution to gender and organizational studies.

Glass Ceiling vs. Labyrinth Theory

Eagly and Carli's metaphor of the "labyrinth" challenges the idea of a single, visible barrier to women's leadership (64–67). Instead, it describes a complex and indirect journey shaped by hidden obstacles, ambiguity, and systemic resistance. The results of this study support the labyrinth model. Women in consultancy do not face one identifiable barrier but a series of interrelated challenges such as unclear promotion pathways, cultural expectations around leadership "fit," elitist credential requirements, and work-life conflict. These barriers accumulate over time and often operate silently. In the French context, the labyrinth includes additional layers linked to linguistic identity, educational background, and perceived conformity with national professional norms.

Consultancy firms in particular are shaped by subjective evaluation, relational trust, and network-driven advancement. These dynamics create a non-linear path to leadership and increase reliance on informal norms. The lack of transparent criteria for promotion and the tendency to favour familiar candidates show how difficult it can be to navigate this environment, especially for those already marginalized.

Institutional Theory: Scott's Three Pillars

Scott's institutional theory (68,69) provides a useful lens to analyse the persistent gap between gender equity policies and leadership outcomes. According to Scott, institutions are supported by three pillars: the **regulative** (laws and formal rules), the **normative** (values and expectations), and the **cognitive** (shared assumptions and beliefs). In this study, firms often had gender equity policies in place to meet regulative standards, but those policies were undermined by normative patterns that rewarded presenteeism and penalized caregiving. Cognitive beliefs about what a leader "looks like" remained aligned with traditional, male-centered models of authority.

The disconnect across these three pillars explains why formal rules are not sufficient to shift leadership demographics. Without alignment between what is written, what is valued, and what is believed, institutional transformation is unlikely to occur. This framework helps to explain why gender equity remains symbolic rather than structural in many consultancy firms.

Bourdieu's Capital Theory

Bourdieu's framework on capital is particularly relevant to this context(52). Participants' experiences reflect disparities in **cultural capital**, **social capital**, and **symbolic capital**.

Cultural capital emerged in the preference for candidates from elite French schools. Participants who studied outside France or who did not possess the "right" credentials described being routinely undervalued, even when their performance was strong. Social capital shaped access to promotions and leadership roles, with decision-makers relying on familiar networks, which often excluded women, especially those who were non-French. Symbolic capital refers to the legitimacy or authority attributed to individuals. This was frequently withheld from women, even when they met formal qualifications. Several participants described having to prove themselves repeatedly, while their male colleagues were assumed competent by default.

Bourdieu's theory offers a deeper explanation for how inequality is reproduced through everyday practices that appear neutral but actually reflect and reinforce dominant hierarchies.

Intersectionality Theory

The intersection of gender with nationality, race, and language added further layers of disadvantage for many participants. Crenshaw's concept of intersectionality explains how multiple identities interact to produce unique forms of exclusion(70). In this study, non-French women reported distinct challenges, including being perceived as less competent due to accent, education, or national origin. Their access to leadership was not only shaped by gender but also by how closely they conformed to an unspoken standard of professional legitimacy rooted in French norms(58).

This study contributes to intersectional organizational research by showing how exclusion can be subtle and cumulative. It also challenges the assumption that international workplaces are inherently inclusive. While consultancy firms often work globally, their internal leadership patterns reflect national cultural expectations that disadvantage those who do not fit the dominant profile.

6 LIMITATIONS AND REFLEXIVITY

While this study provides valuable insight into gender dynamics within French health consultancy, several limitations should be acknowledged to situate the findings appropriately and guide future research.

6.1.1 Methodological Constraints

The study was based on fourteen interviews and supplemental survey responses. While this sample size allowed for thematic saturation, the findings are not generalizable across the entire sector. Perspectives from senior male executives and professionals in smaller or regional firms may be underrepresented. In addition, the sensitivity of the topic may have introduced social desirability bias, although confidentiality and anonymity measures were emphasized to reduce this risk. The researcher's dual role as interviewer and member of a Gender Task Force within one participating organization may have influenced the research context. This affiliation likely enhanced access and trust in some cases but may also have affected how participants framed their responses.

6.1.2 Scope and Context

The study focused specifically on health consultancy firms based in Paris. While this location reflects a major hub of consultancy activity, it may not represent experiences in other regions or in firms operating outside the capital. The sectoral focus also limits generalizability, as health consultancy has specific features, including donor involvement and international project work, that may not apply to other professional services. Furthermore, the research captures a snapshot in time. It does not track longitudinal changes or measure the impact of specific organizational reforms, which would be valuable in future research.

6.1.3 Reflexive Positioning and Ethics

The researcher's background as a gender advocate and junior consultant shaped the research lens. This perspective influenced the design, the prioritization of certain themes, and the interpretation of findings. To enhance rigor, the analysis was grounded in data, supported by memoing and reviewed through peer feedback. Ethical considerations were central to the research process. Participants discussed organizational policies, leadership practices, and professional norms, often in critical terms. To minimize risk, transcripts were anonymized, no identifying information was included, and participants were given the opportunity to clarify their input. Although some individuals may have withheld sensitive details, this limitation is common in workplace-based research. It highlights the importance of reflexivity and ethical care in studies involving power, identity, and organizational dynamics.

7 PRACTICAL IMPLICATIONS: TOWARD A SOLUTIONS-BASED MODEL

The findings of this study highlight persistent and layered barriers to women's leadership in health consultancy in France. While some are institutional and others cultural, all are reinforced by the absence of accountability and structural support. Addressing these challenges requires a coordinated approach involving organizational reforms, policy enforcement, and sector-wide alignment. This

section presents practical recommendations that reflect the dynamics revealed in the data and proposes a multi-level response framework.

7.1 Organizational-Level Interventions

At the organizational level, reforms must target both procedural systems and cultural norms:

- Health consultancy firms must begin by revising internal systems that shape visibility and advancement. Updating expert databases to better capture and track the profiles of qualified women is an essential starting point—this includes implementing gender-disaggregated databases with searchable criteria (expertise, experience level, regional knowledge) and establishing quarterly talent calibration sessions. Formalizing database use for project leadership nomination can make talent pools more transparent and inclusive. In parallel, performance evaluation frameworks should integrate gender equity indicators with specific KPIs such as "40% of project leadership roles assigned to women by 2026" and 15-20% weighting in manager scorecards. Embedding such goals in evaluation and promotion processes would shift gender equity from symbolic policy to measurable outcome.
- Firms must implement pay transparency measures including annual gender pay gap reports with specific figures (e.g., "Women earn €X for every €100 earned by men in equivalent roles") and clear salary bands published internally. Accountability mechanisms should include Gender Equity Steering Committees with CEO participation, monthly progress tracking, and executive compensation tied to diversity targets (10-15% of bonus linked to equity goals).
- Rigid expectations around availability, such as long hours and last-minute travel, disproportionately exclude women, especially those balancing caregiving responsibilities. Firms should move toward normalized, non-stigmatized flexible work arrangements. Making flexibility available and acceptable across all employee groups would prevent it from being coded as a 'female accommodation' and instead position it as a standard of healthy and responsive work environments.
- Informal mentorship and sponsorship tend to reproduce existing hierarchies. To disrupt this pattern, consultancy firms should institutionalize structured, monitored programs that connect early- and mid-career professionals with senior-level guidance and advocacy. Additionally, regular monitoring of promotion and retention data, disaggregated by gender and seniority, is necessary to identify where advancement bottlenecks persist.

7.2 Policy-Level Recommendations

At the policy level, enforcement remains the missing link between progressive legal frameworks and actual outcomes. The results show that gender equity policies in consultancy are often diluted by weak implementation and lack of follow-up.

- Stronger enforcement mechanisms are needed to ensure that organizations not only adopt, but operationalize, gender equity mandates. This includes requiring regular audits, publishing disaggregated leadership data, and establishing consequences for non-compliance with parity goals.
- Incentive structures also offer an underused lever. Government and donor agencies should reward firms that meet gender equity benchmarks through specific mechanisms: 2-5% tax reductions for firms meeting parity targets, "Certified Gender Equitable Employer" designation for government contract preferences, and reputational recognition. These mechanisms can shift the cost-benefit equation for firms and position gender inclusion as a competitive advantage.
- Actors within the international development sector, particularly donors commissioning consultancy work, should include gender leadership indicators as part of eligibility or evaluation criteria in their requests for proposals (RFPs), such as requiring 30% of consultant team leadership to be women. This would ensure that external gender equity discourse is reflected internally within the consultancy firms receiving those funds.

7.3 Sector-Level and Professional Reforms

Beyond the level of individual firms or national policies, the consultancy sector as a whole must evolve toward standard-setting and shared responsibility. The absence of professional norms around leadership equity enables a fragmented approach and reinforces disparities.

- The sector should work toward establishing shared reporting standards on equity, including leadership demographics, pay gaps, and promotion outcomes. This would allow benchmarking across firms and provide the transparency needed for accountability.
- Coordinated investment in gender-sensitive leadership development is essential. Sector bodies, associations, or large firms could offer joint training programs, mentorship schemes, and leadership labs designed specifically to support the advancement of women, especially those from non-French or underrepresented backgrounds.
- Network infrastructure is crucial. Supporting formal and informal spaces where women consultants can exchange strategies, mobilize support, and access visibility is vital for maintaining momentum and solidarity. These networks also serve as a foundation for collective voice in pushing for change.

8 CONCLUSION

The voices in this study reveal a fundamental truth often obscured by polarized debates about gender in the workplace: this is not a battle between men and women. It is a collective struggle against systems that diminish us all, systems that waste talent, silence voices, and perpetuate inequality not because it serves anyone well, but because it serves the status quo. In the corridors of French health consultancy firms, women's voices remain whispers in rooms where decisions about global health are made. But these whispers carry profound wisdom about leadership rooted in empathy rather than dominance, about organizations that honour the full spectrum of human experience, about the possibility of workplaces that don't ask anyone to choose between their professional ambitions and their humanity.

The sophisticated exclusion documented in this research hurts everyone. When organizations lose women's leadership potential, they lose innovation, ethical grounding, and the diverse perspectives essential for addressing complex health challenges. When men feel pressured to conform to narrow leadership ideals that prize availability over effectiveness, control over collaboration, they too are constrained by systems that serve no one fully. Hence, gender equity is not about women taking power from men, it is about creating new models of power that honour everyone's contributions. It is not about preferential treatment, it is about dismantling preferential systems that have operated invisibly for generations. It is not about quotas and compliance; it is about unlocking the full potential of human talent in service of better health outcomes for all.

This research began with questions about practical solutions for French health consultancy. It uncovered something more profound: a blueprint for organizational transformation that could ripple far beyond this sector. While the results contribute valuable insight into the gendered dynamics of leadership in French health consultancy, it also highlights several areas for future investigation that would deepen both academic and practical understanding. Longitudinal research is particularly needed to track career progression over time and to evaluate the impact of equity initiatives beyond a static snapshot. A mixed-methods approach, combining qualitative depth with quantitative validation, could confirm patterns related to bias, mentorship access, and allyship while increasing generalizability across the sector. Specific thematic areas also merit closer study, including the conditions under which male allyship becomes effective, and the experiences of other marginalized groups within consultancy, such as LGBTQ+ professionals, people with disabilities, and those from racialized or lower-income backgrounds. Moreover, future research could incorporate the perspectives of clients and funders to explore how leadership diversity is perceived and valued by those commissioning consultancy services. In addition, applied research is needed to evaluate the design, implementation, and outcomes of organizational reforms, such as mentorship programs or expert database restructuring, and to assess how national regulations or donor requirements shape firm-level change. Comparative studies across national contexts would further clarify which barriers and solutions are

context-specific and which are transferable. Overall, this study offers a starting point for a wider research agenda that integrates policy relevance, practical implementation, and systemic analysis in pursuit of inclusive and equitable leadership in consultancy.

To conclude, the path forward requires reform and courage from everyone: women who continue to step forward despite obstacles, men who choose to be active allies rather than passive observers, and organizations willing to examine their own complicity in systems of exclusion. It demands that we move beyond the comfortable fiction that equality already exists because laws say it should and instead commit to the harder work of making equity real in daily practice. The future of health consultancy and perhaps of leadership itself will be shaped by whether we choose to amplify whispers into voices, voices into dialogue, and dialogue into transformation. The women in this study have shown the way. The question now is whether we will follow.

The barriers women face aren't individual failures—they're systemic design flaws. And just as systems were designed to exclude, they can be redesigned to include. ~ Kaosisochukwu Nzeagwu

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10 APPENDICES

10.1 Appendix A: Interview Guide

This semi-structured guide was used for in-depth interviews with professionals in the French health consultancy sector. It was designed to explore participants' experiences with leadership, organizational culture, gender equity, and allyship. All participants were asked core questions, with follow-up probes added based on relevance.

Interview Guide

Researcher: NZEAGWU KAOSISOCHUKWU

I. Introduction & Consent

1. Introduction:

- "Good morning/afternoon, thank you for taking the time to speak with me today."
- "My name is Kaosisochukwu Nzeagwu, and I am an MPH student at EHESP."
- "I am conducting research for my Master's thesis, focusing on the **practical solutions and successful strategies** for advancing women's leadership within health consultancy firms in France."
- "Our discussion today will focus on your experiences and perspectives regarding barriers, solutions, policies, practices, organizational culture, and the role of allyship in fostering gender-equitable leadership."

2. Confidentiality & Anonymity:

- "Your participation is voluntary, and you can choose to stop the interview at any time or skip any questions you prefer not to answer."
- "All information you share will be kept confidential. Your name and any identifying details will be anonymized in the final thesis and any publications. Pseudonyms will be used."

3. Recording & Consent:

- "To ensure I capture our conversation accurately, I would like to ask for your permission to audio-record this interview. The recording will only be used for transcription and analysis purposes by me and will be securely stored and deleted after the project completion."
- "Do I have your permission to record our conversation?"

3. Duration & Questions:

- "The interview should take approximately 45-60 minutes."
- "Do you have any questions before we begin?"

4. Can you please introduce yourself, this covers demographics information (gender, age, education, and current organization)

II. Background & Context

Purpose: To understand the participant's role and experience within the sector.

1. "To start, could you please tell me a bit about your current role and main responsibilities within your Firm?"
2. "How long have you been working in the health consultancy sector, and how long have you been with your current firm
3. "Could you briefly describe your career path within health consultancy?"
4. What have been key milestones or transitions?"
5. "From your vantage point, how would you describe the current landscape regarding women in leadership roles within your firm?
 - ... and the broader French health consultancy sector?"
 - *Probe:* Have you noticed any significant changes over time? Good

III. Perceived Barriers & Experiences

Purpose: To understand the participant's perspective on challenges women face.

5. "From your perspective, what do you see as the **main challenges or barriers** that women currently face when aiming for leadership positions within health consultancy in France?"
 - *Probes:*
 - Could you describe the nature of these barriers as you see them?
 - **In what ways**, if any, do these challenges seem to affect women differently at various stages of their careers?
 - **How**, if at all, *have you noticed significant changes over time?*
6. **[Relevant if the participant identifies as female]** "If you feel comfortable sharing, have any of these barriers **personally affected your own career journey?**"
 - *Probes:*
 - Could you share an example of how you navigated such a situation?
 - What impact did it have?
 - *(For male participants):* Based on your observations, have you seen how these types of barriers might impact the career paths or experiences of female colleagues in the sector?

IV. Strategies, Best Practices & Policies for Solutions

Purpose: To explore effective solutions and the influence of organizational factors (RQ1 & RQ2).

7. "Now, shifting focus specifically to **solutions**: thinking about advancing women into leadership roles, what **strategies or practices** have you observed within your firm, that you believe have been particularly **effective or successful?**"
 - *Probes:*
 - Can you give specific examples? (e.g., specific programs, initiatives, cultural shifts)
 - What made them effective in your view? (e.g., leadership buy-in, clear goals, resources)

- Were these formal programs or more informal practices?
 - How was the success measured or perceived?
 - Are there any initiatives that seemed promising but didn't work as well as expected? Why do you think that was? Good question
 - Looking beyond your firm, to the wider sector, what **strategies/practices have you observed that can be effective**
8. "Let's talk about specific **organizational policies**. (*Focusing question on support/solutions*)
- **Recruitment & Promotion:** 1) How do recruitment and promotion processes work here, 2) in what ways do they support (or perhaps hinder) women's advancement to leadership? (e.g., regarding transparency, criteria, bias mitigation)
 - **Leadership Development & Training:** 1) What opportunities exist for leadership development and training, and 2) how accessible and relevant are they perceived to be for women aiming for leadership roles? (e.g., regarding equal access, content, visibility opportunities)
 - **Work-Life Integration:** 1) How does the firm approach work-life integration policies (like flexibility or parental leave) 2) what impact does this seem to have on women's leadership trajectories?
 - **Mentorship & Sponsorship:** Could you describe the role of mentorship and sponsorship (whether formal or informal) in career progression here, particularly regarding access and impact for women?
 - **Performance Evaluation:** 1) How are employees evaluated for performance and leadership potential 2) How does this process ensure fairness and mitigate potential bias for women?
 - **Pay Equity & Transparency:** 1) What is the approach to pay equity and transparency within the firm, 2) How does this influence the environment for women's progression?
- *Follow-up Probe:* "Are there ways these policies could be *more* supportive or effective?"
9. "How effective do you perceive these policies to be **in practice**?"
10. Is there a gap between policy on paper and the day-to-day reality for employees?"
- *Probe:* What factors contribute to this gap, if it exists? (e.g. cultural norms, lack of enforcement) How could that gap be closed?
10. "Moving beyond formal policies, let's talk about the **organizational culture**. How would you describe the day-to-day working environment and its influence on women's experiences when aiming for leadership roles?"
- *Probes:*
 - What are some of the 'unwritten rules' or norms that shape how things get done here?
 - How are important decisions typically made or influenced? (e.g., formal meetings vs. informal chats)
 - What kinds of leadership approaches or styles seem to be most valued or rewarded in practice? How inclusive are they?

- How would you describe the communication styles used by executive leadership or by managers within teams?
- Thinking about networking or building professional relationships, how accessible are these opportunities for everyone? How could access be improved?
- In your observation, how is ambition or expressing leadership aspirations perceived, and does this differ based on gender? How could perceptions be made more equitable?
- Are there expectations about how women should behave or present themselves to be seen as 'leadership material'?

V. Male Allyship

Purpose: To explore understanding, experiences, and impact related to male allyship (RQ3).

11. "The term 'male allyship' is sometimes used to describe men actively supporting gender equity. What does this term mean to you in the context of your workplace?"
 - *Probe:* Can you describe the specific actions or behaviors you would see that demonstrate this 'active support' in practice? (*this means, how do they identify active allyship*)
12. "Have you observed examples of **male colleagues actively supporting** the advancement or inclusion of women leaders in your firm?"
 - *Probes:*
 - Can you describe what that looked like? What specific actions did they take? (e.g., amplifying voices, challenging bias, sponsoring, advocating for policy change)
 - How frequently does this happen, in your observation?
 - Can you describe what that looked like, based on your observations?
13. "From your perspective, what impact does the presence (or absence) of active male allies have within the workplace?"
 - *Probes:*
 - Could you elaborate on the impact on women's confidence, visibility, or career development towards leadership?
 - What about the impact on overall team dynamics or organizational culture (e.g., psychological safety, collaboration)?
 - And how might it affect decision-making processes?
14. "What factors do you think **facilitate or encourage** male colleagues to act as effective allies in this environment?"
 - *Probe:* Thinking broadly about organizational factors (e.g., leadership messaging, specific initiatives, accountability) and more personal or team-level influences (e.g., individual values, peer dynamics), what encourages men to be active allies here?
15. "Conversely, what might **hinder or discourage** male allyship?"
 - *Probes:* (e.g., Fear of saying the wrong thing? Lack of awareness? Perception it's not 'their issue'? Organizational culture? Lack of clear expectations?)

16. (For male participants):

- "Have you personally taken steps or considered ways to act as an ally for gender equity in leadership? Could you share your experience or Motivations for doing so?"
- "What challenges, if any, have you encountered or observed for men trying to be effective allies?"

17. "What suggestions do you have for how male allyship could be better **fostered, supported, or integrated** into the firm's culture and practices?"

- *Probe:* What role should leadership play? What about training or specific programs?

VI. Implementation & Future Solutions

Purpose: To understand implementation processes and gather recommendations (RQ4).

18. "When new initiatives related to gender equity or leadership development are introduced in your firm, how are they typically **implemented**?"

- *Probes:*
 - Who drives these initiatives? (HR, leadership, specific committees?)
 - How is successful implementation defined and measured?
 - What works well in the implementation process?
 - What are the common challenges or points of resistance? How are they addressed?

19. "Based on your experience, what are the most critical factors for **successfully implementing** solutions aimed at improving women's leadership representation long-term in your firm?"

- *Probe:* Think about leadership commitment, resources, communication, accountability, cultural integration.

20. "Looking ahead, what **further solutions or changes** do you believe are most needed to effectively close the gender leadership gap in your firm? And in French health consultancy more generally?"

- *Probe:* Are there any innovative or less common approaches you think hold promise?

21. "Imagining an ideal future for this sector, what would truly **equitable leadership** look like to you in practice within a health consultancy firm?"

- *Probe:* What characteristics or outcomes would you expect to see?

22. "If you were to give one or two key recommendations to other consultancy firms aiming to improve in this area, what would they be?"

- *Probe:* What's the most crucial first step? What's a common mistake to avoid?

VII. Conclusion

23. "We've covered a lot of ground. Is there anything else you feel is important regarding solutions for women's leadership in health consultancy that we haven't discussed, or anything you'd like to add or clarify?"

24. "Do you have any questions for me about the research or anything else?"

VIII. Closing

- "Thank you so much for your time and for sharing your valuable insights and experiences. This has been very helpful for my research."
- "Just to remind you, everything discussed will be kept confidential and anonymized."
- "I will now stop the recording."
- "Thank you once again for your participation."

10.2 Appendix B: Short-Answer Survey Questions

This short-answer survey was distributed to health consultancy professionals in France, regardless of leadership level, to gather broader insights into workplace culture, gender equity, and leadership experiences. The questions mirror themes from the interviews but were adapted for a lighter, written format.

Demographic Questions

1. *What is your current role or job title?*
2. *How many years have you worked in health consultancy?*
3. *What is your gender identity (optional)?*

Open-Ended Questions

4. *From your perspective, what are the biggest challenges women face when progressing into leadership roles in health consultancy?*
5. *Have you observed any organizational policies or practices that effectively support women's leadership? Please describe.*
6. *In your organization, how is leadership typically evaluated or recognized? Do you feel this process is equitable?*
7. *How would you describe your organization's culture around work-life balance and flexibility? How does this affect leadership access?*
8. *What kinds of support (formal or informal) are available to help staff progress toward leadership roles?*
9. *What does male allyship mean to you in a professional context? Have you seen or experienced it in your workplace?*
10. *What changes do you think are most needed to promote gender equity in leadership within health consultancy firms?*

10.3 Appendix C: Codebook

Codebook for Qualitative Analysis

The table below presents the final set of codes used for thematic analysis. The codes were developed through a combination of deductive (interview guide) and inductive (data-driven) strategies. They are organized into four sections based on research focus and aligned with the interview structure.

Section A: Contextual Understanding (Background for Solutions)

(This section provides context by exploring perceived barriers, which helps frame the discussion on solutions. It relates to Interview Guide Section III.)

Code Name	Definition	Inclusion Criteria	Example Quote (Hypothetical)
PERC-BARR-GENERAL	General perceptions of significant challenges or systemic barriers women face in attaining leadership roles within French health consultancy.	Broad statements about difficulties, obstacles, or systemic issues (structural, cultural, etc.) hindering women's advancement.	"It's just generally tougher for women to break into those very top roles in this sector due to long-standing norms."
<i>Cc PERC-SECTOR-TRENDS</i>	Perceptions of how gender equity in the sector has evolved over time.	Participant reflections on shifts, progress, or stagnation in gender dynamics in the consultancy sector.	"Compared to ten years ago, I see more women in senior roles, though it's still not balanced."
PERC-BARR-EXP	Participant's direct personal experience (if female) or specific observed instances of barriers impacting women's career progression.	First-hand accounts of challenges faced by the participant due to gender, or detailed second-hand accounts of specific instances impacting female colleagues.	"I recall a specific project where a highly qualified female colleague was overlooked for the lead role, seemingly without clear justification."

Section B: Effective Strategies, Best Practices & Organizational Policies

(This section directly addresses RQ1: What strategies and best practices have been effective in advancing women into leadership roles within health consultancy firms? and RQ2: How do organizational policies influence women's career progression into leadership positions in health consultancy? Relates to Interview Guide Section IV.)

Code Name	Definition	Inclusion Criteria	Example Quote (Hypothetical)
SOL-STRAT-EFFEC-TIVE	Specific strategies or practices (formal or informal) identified as demonstrably effective in advancing women to leadership.	Descriptions of mentorship/sponsorship, leadership programs, networking initiatives, or cultural shifts, including <i>how and why</i> they were perceived as successful.	"The formal sponsorship program here has made a tangible difference because it pairs women with influential leaders who actively advocate for them."
Cc SOL-NETWORKING-VISIBILITY	Mentions of access to networks and visibility opportunities that influence leadership advancement.	Discussions of informal events, project assignments, or leadership exposure opportunities.	"Men often get invited to golf with partners, that's where real decisions are made."
Cc SOL-LEADERSHIP-STYLES	Descriptions of which leadership styles are valued and how these influence career progression by gender.	Mentions of style preferences, tone, or appearance expectations that favor or hinder women.	"Assertive women are seen as too aggressive, but it's admired in men."
SOL-STRAT-CHALLENGE	Challenges, limitations, or ineffectiveness encountered with implemented strategies or practices aimed at advancing women.	Descriptions of initiatives that did not achieve their intended outcomes, faced significant resistance, lacked resources, or had unintended negative consequences.	"They launched a mentorship scheme, but without clear objectives or senior buy-in, it didn't lead to noticeable changes in promotions."

SOL-POL-ICY-IMPACT	The perceived influence (positive, negative, or neutral) of specific organizational policies on women's career progression into leadership.	Mentions of policies (e.g., recruitment, promotion, work-life integration, pay equity, training access) and detailed descriptions of <i>how</i> they affect women's paths to leadership.	"Our transparent promotion policy has definitely helped, as everyone understands the criteria, which reduces ambiguity and potential for bias."
SOL-POL-ICY-PRACTICE-GAP	Discrepancies identified between formally stated organizational policies and their actual implementation or the experienced reality.	Statements highlighting that a supportive policy exists on paper but is not consistently followed, is undermined by cultural practices, or fails to achieve its intended effect.	"Yes, we have a flexible work policy, but the unspoken rule is that if you're not visibly in the office late, you're not seen as committed to partnership."
SOL-CULTURE-IMPACT	The influence of organizational culture (unwritten rules, norms, valued behaviors, communication styles, networking) on women's leadership opportunities.	Descriptions of <i>how</i> aspects like communication, decision-making norms, valued leadership styles, or expectations around behavior/appearance specifically affect women's journey to leadership.	"The prevailing culture still subtly rewards a very assertive, traditionally masculine leadership style, which can be a hurdle for some women."

Section C: Role and Contribution of Male Allies

(This section directly addresses RQ3: How can male allies contribute to promoting gender equity in leadership within health consultancy firms? Relates to Interview Guide Section V.)

Code Name	Definition	Inclusion Criteria	Example Quote (Hypothetical)
ALLY-DEFINITION	Participant's understanding of male allyship, specifically defined by observable actions, behaviours, and contributions.	Explanations of what male allyship means in practical terms and descriptions of concrete actions that exemplify active and meaningful support for gender equity.	"For me, an ally is a man who doesn't just agree with gender equity, but actively uses his voice and platform to challenge bias and create opportunities for women."

ALLY-OBSERVED-CONTRIB	Observed examples of male colleagues making specific contributions or taking actions that support women's advancement or inclusion.	Specific instances of men amplifying women's voices, challenging biased behaviour, sponsoring or mentoring women, advocating for equitable policies, or ensuring fair credit.	"Last week, a male director publicly credited a junior female colleague for a key insight that led to a project win, ensuring her contribution was visible."
Cc ALLY-NEGATIVE-EXAMPLES	Descriptions of performative or tokenistic allyship and when male allyship is counterproductive.	Mentions of allyship actions that were symbolic but had no meaningful impact or were seen as insincere.	"He calls himself a feminist but dominates every meeting and never supports women's ideas."
ALLY-SELF-ACTION	<i>(For male participants)</i> Specific actions the participant has personally taken, or reflections on how they aim to contribute as an ally.	First-hand accounts from male participants about their own efforts, strategies, or challenges in actively contributing to gender equity.	"I make a conscious effort in meetings to ensure that women on the team have adequate space to speak and that their ideas are fully considered."
ALLY-IMPACT	Perceived impact (positive or negative) of the presence, absence, or nature of male allyship on women and the organization.	Statements about effects on women's confidence, career progression, visibility, as well as on team dynamics, overall organizational culture, and decision-making processes.	"Having active male allies who sponsor women definitely makes the environment feel more inclusive and directly opens doors for leadership opportunities."
ALLY-FACTORS	Factors perceived to facilitate or hinder male colleagues from effectively contributing as allies.	Mentions of leadership influence/modelling, training effectiveness, personal values, peer dynamics, accountability structures, fear of missteps, lack of awareness, or cultural resistance.	"Clear endorsement and modelling from top male leadership really encourages other men to step up as allies." / "A big hindrance is a culture where challenging the status quo is frowned upon."

Section D: Implementing Solutions-Focused Approaches

(This section directly addresses RQ4: How can health consultancy firms in France implement solutions-focused approaches to close the gender leadership gap? Relates to Interview Guide Section VI.)

Code Name	Definition	Inclusion Criteria	Example Quote (Hypothetical)
IMPL-PRO-CESS-GENDER	Descriptions of the processes, drivers, and challenges involved in implementing gender equity or women's leadership development initiatives within their firm.	Accounts of who initiates/leads these programs, how success is defined and measured, what works well in the implementation phase, and common obstacles or resistance encountered for gender-specific initiatives.	"Our gender initiatives are usually spearheaded by a joint HR and senior leadership task force, but ensuring consistent follow-through across all departments is a challenge."
<i>Cc</i> IMPL-TRACKING-EVIDENCE	How progress on gender equity initiatives is tracked, measured, or evaluated.	Discussions of KPIs, audits, HR metrics, or regular reporting structures for gender progress.	"We publish an annual report on gender ratios and promotion data across departments."
<i>Cc</i> IMPL-RESISTANCE-TYPE	Types and sources of resistance encountered when implementing gender equity solutions.	Mentions of pushback from leadership, middle management, or cultural resistance within teams.	"Middle managers felt threatened by the new diversity targets, saying it diluted meritocracy."
IMPL-SCALE-FACTOR	Critical factors identified by participants as essential for successfully implementing AND scaling solutions for women's leadership	Mentions of leadership commitment, resource allocation, effective communication strategies, accountability mechanisms, cultural integration, and data-driven	"To really scale these solutions effectively, they can't be perceived as 'HR projects'; they need to be visibly championed by business leaders and tied to performance."

	in a sustainable, long-term manner.	adjustments needed for broad and sustained change.	
IMPL-FUTURE-NEEDS	Participant suggestions for further or novel solutions, changes in approach, or specific interventions they believe are needed to close the gender leadership gap.	Ideas for new policies, innovative programs, necessary cultural shifts, or different ways of thinking about the problem that are not yet widely adopted, focusing on future actions.	"Beyond current programs, we need a more systemic approach to disrupting unconscious bias in high-stakes talent decisions, perhaps using external auditors."
IMPL-REC-OTHER	Key recommendations participants would offer to <i>other</i> health consultancy firms in France aiming to improve gender equity in leadership.	Actionable advice on crucial first steps, common pitfalls to avoid, overarching principles for success, or lessons learned, specifically directed externally to other organizations.	"My advice to other firms is: don't just focus on launching programs; focus on genuinely changing the day-to-day experiences and the culture of inclusion."
IMPL-EQ-UITABLE-VISION	Participant's articulated vision or description of what truly equitable leadership would look like and feel like in practice within the health consultancy sector.	Descriptions of the ideal characteristics, outcomes, workplace environment, power dynamics, or operational realities that would signify genuine and embedded gender equity in leadership.	"For me, truly equitable leadership means that leadership teams inherently reflect society's diversity, and decision-making processes naturally value and integrate all perspectives without it being a special effort."
IMPL-SUGGEST-ALLY	Specific, actionable suggestions from participants on how male allyship could be more effectively fostered, supported, or integrated within firms to contribute to solutions.	Recommendations for targeted training, clear expectations for male leaders, policy adjustments, or cultural initiatives designed to enhance the contribution of male allies.	"Firms should provide practical, scenario-based training for men on how to be effective allies, with clear examples of what to do and say in everyday situations."

10.4 Appendix D: Informed Consent Sheet

Participant Information Sheet and Consent Form

Study Title: Xx

Researcher: NZEAGWU KAOSISOCHUKWU, Master of Public Health (MPH) Student, EHESP School of Public Health, France.

Supervisor: Petit dit Dariel, Odessa

Contact Information:

Researcher: nzeagwukossy18@gmail.com

- Supervisor: odessa.petitditdaniel@ehesp.fr

1. Purpose of the Research

You are invited to participate in a research study for a Master of Public Health thesis. The purpose of this research is to understand the practical solutions, successful strategies, policies, best practices, and the role of allyship in advancing women's leadership within health consultancy firms in France. We aim to move beyond identifying barriers to develop actionable recommendations for fostering gender-equitable leadership in this sector.

2. Procedures

If you agree to participate, you will be asked to take part in a semi-structured interview. This interview will involve questions about your experiences and perspectives related to leadership development, workplace policies, organizational culture, effective strategies for gender equity, and male allyship within the French health consultancy sector.

The interview is expected to last approximately 45-50 minutes and will be conducted at a mutually agreed time and location (or remotely via a secure platform).

3. Audio Recording

To ensure accuracy and allow for detailed analysis, I would like to audio-record the interview. The recording will be used solely for transcription purposes by the researcher. It will be stored securely and will be deleted upon completion of the thesis project. You have the right to refuse audio recording, although this may limit the ability to capture detailed quotes.

4. Confidentiality and Anonymity

All information you provide during the interview will be treated with strict confidentiality. Your name and any other identifying information will not be linked to your responses in the final thesis, reports, or any potential publications. Pseudonyms will be used to refer to participants and potentially their organizations (unless specific permission is granted otherwise for the organization name). Only the

researcher (and potentially the supervisor for oversight) will have access to the raw data (recordings and transcripts).

5. Data Storage and Use Audio recordings and anonymized transcripts will be stored securely and accessible only to the researcher. The anonymized data will be analyzed for themes related to the research questions. Findings will be presented in the Master's thesis and may potentially be shared in academic publications or presentations, always ensuring participant anonymity. Data will be retained only as long as necessary for the completion of the study and then securely destroyed according to relevant guidelines.

6. Voluntary Participation and Withdrawal

Your participation in this study is completely voluntary. You have the right to refuse to answer any particular question or to withdraw from the study at any time, without giving a reason and without any penalty or negative consequences. If you choose to withdraw, any data collected from you up to that point will be withdrawn from the study and destroyed if you wish.

7. Potential Risks and Benefits

There are no major anticipated risks associated with participating in this study beyond the potential for reflecting on workplace dynamics, which some may find sensitive. You are not obliged to discuss anything that makes you uncomfortable. While there are no direct benefits to you as a participant, your contribution will help provide valuable insights into promoting gender-equitable leadership in the health consultancy sector, potentially informing future practices and policies.

8. Questions

If you have any questions about the research study now or later, please feel free to contact the researcher or supervisor using the contact information provided above.

Consent Statement:

- I have read and understood the information provided above about the research study "From Barriers to Solutions: Advancing Women's Leadership in Health Consultancy in France."
- I have had the opportunity to ask questions, and they have been answered to my satisfaction.
- I understand that my participation is voluntary and that I can withdraw at any time without penalty.
- I understand that the data collected will be kept confidential and anonymized.
- I agree to participate in the interview.

Please tick the appropriate box regarding audio recording:

- I **agree** to have my interview audio-recorded under the conditions described above.
- I **do not agree** to have my interview audio-recorded.

Participant's Name : _____

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

(A copy of this signed consent form will be provided to the participant.)

11 ABSTRACT IN FRENCH

Bien qu'elles constituent la majorité de la main-d'œuvre mondiale de la santé, les femmes restent significativement sous-représentées dans les postes de direction, un écart particulièrement prononcé dans le secteur influent du conseil en santé. En France, ce paradoxe est frappant : les femmes représentent 52% de la population et 49% de la main-d'œuvre, mais n'occupent que 25% des postes de direction, révélant une déconnexion entre les politiques progressistes d'équité de genre et la pratique. Cette étude aborde le manque de solutions concrètes et spécifiques au secteur en explorant les facteurs qui perpétuent cette inégalité et en identifiant des stratégies pratiques de changement.

Adoptant une approche qualitative et constructiviste, cette recherche utilise l'analyse thématique de 14 entretiens semi-structurés avec des professionnels du conseil en santé de tous les niveaux organisationnels à Paris, complétés par des données d'enquête et des documents organisationnels. Les résultats révèlent un système d'« exclusion sophistiquée », où l'égalité formelle est sapée par des barrières informelles. Quatre thèmes clés ont émergé : 1) les barrières structurelles, incluant les pénalités liées à la maternité et le credentialisme élitiste, qui filtrent les femmes des filières de leadership ; 2) les règles culturelles non-dites autour de l'« élégance française » et les attentes constantes qui polissent l'ambition et le comportement des femmes ; 3) les effets cumulatifs de l'intersectionnalité, où les femmes non-françaises font face à des couches supplémentaires d'exclusion basées sur la nationalité, l'accent et la race ; et 4) un écart significatif entre politique et pratique, marqué par une conformité symbolique et l'opportunité manquée d'un allié masculin actif.

L'étude conclut que surmonter ces barrières nécessite de dépasser les politiques performatives vers un changement systémique. Elle propose un cadre multi-niveaux d'interventions pratiques pour les organisations, les décideurs politiques et le secteur dans son ensemble, en soulignant le besoin d'intégrer la responsabilité, de formaliser le mentorat et de défier les définitions étroites et traditionnelles du leadership. En fin de compte, cette recherche soutient que favoriser un leadership inclusif en termes de genre n'est pas seulement une question d'équité mais un impératif stratégique pour construire des systèmes de santé plus innovants, éthiques et efficaces.