



Understanding the power dynamics affecting black and minority ethnic females in leadership roles

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ABSTRACT

With businesses, institutions and governments focusing on improving diversity in leadership this qualitative investigation draws on the experiences of black and minority ethnic (BME) females of East Asian and South Asian heritage, in leadership roles, across four professional sectors. In the UK, black and minority ethnic (BME) and black, Asian and minority ethnic (BAME) are umbrella terms used to describe non-White ethnicities. The women have experienced unequal power relationships in professional spaces, because of their gender, ethnicity, and actual and perceived faith, and where there are similar social identities. The aim of the study is understanding the power relations that influence their career and shape their approach to leadership and how they cope, negotiate, or assimilate these experiences into their professional and personal lives. The themes that emerged from the study include concurrent racial, religious and gender-based power dynamics, social dominance and status, bias and stereotypes challenging the acceptance and legitimacy of the leaders, encountered from both in-group and out-group members; self-debilitating behaviors because of stereotype threat and imbalanced power, and the self-group distancing behavior of BME colleagues. The study offers an account of minority ethnic women in roles associated with positional power, formal authority and inferred influence, and how they are affected by those who offer or reserve approval, recognition, and support of their leadership.

Introduction

Understanding the effect of social hierarchies and stereotypes on the perceived competence and status attributed to BME¹ female leaders in professional spaces, and the behaviors of dominant groups and minority groups to preserve the status and dominant position of the prevailing group, is particularly useful when considering the power dynamics that impact BME female leaders (Eagly, 1987; Eccles, 1994; Sidanius & Pratto, 1999).

Within social psychology, Sidanius and Pratto's (1999) social dominance theory is well-researched and proposes that social structures and systems are predisposed to group-based hierarchies of power and status. The pecking order created preserves inequality between and within social groups. Individuals may prefer and support a society where particular groups are advantaged and hold perceived superiority over other social groups. People may even resist equality to preserve their superior position. This personality trait is known as social dominance orientation (SDO) and tends to be greater in people who are drawn to high-power, influential roles. SDO has been shown to influence prejudice towards minority groups, such as BME female leaders (Sidanius et al., 2017; Sidanius & Pratto, 1999).

In addition, Fiske et al. (2002) stereotype content model proposes

that these social structures and hierarchies create views, judgements, roles and positions between social groups (Kite & Whitley Jr., 2016; Kite et al., 2022) resulting in positive or negative portrayals and interpretations about each group, that bring about favourable or harmful stereotypes (Alexander et al., 1999; Alexander et al., 2005). The model suggests that judgements of social groups and their members, regarded as the out-group, are established by two factors, "warmth" and "competence". High or low levels of warmth are based on how beneficial the social group could be as an affiliate or detrimental as a competitor and their willingness to advance the goals of the in-group. The stereotype content model reasons that status and power associated with a social group influence perceived competence and intelligence. People or groups who are perceived as "high in status" are considered more competent than those with low status (Fiske et al., 2002). Judgements about the warmth and competence of groups results in conflicting behaviors, reactions and feelings towards some social groups. Admiration and respect may be shown towards a social group perceived as high in warmth and competence, for their achievements and successes, however, envy, apprehension and hostility may be shown towards a group considered low in warmth and high in competence, such as BME leaders. This model would suggest that BME female leaders are categorized as high competence in some spaces and low competence in others.

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Behaviors and emotions become worse towards groups perceived as low competence (Fiske et al., 2002).

Social dominance theory and the stereotype content model are significant since they offer an explanation regarding why BME female leaders may experience different behaviors towards them, compared to other leaders. It implies that social hierarchies may have a greater bearing on their experiences, than organization hierarchies, with stereotyping associated with their social identities inciting negative attitudes, behaviors and emotions towards them.

Status appears to be a precursor to the perceived competence and acceptability of those who hold power and authority, from the standpoint of subordinates, who offer or reserve approval and recognition of a leader (Magee & Galinsky, 2008). Vial et al. (2016) research offers a greater understanding of the positive correlation between status attribution and a leader being recognized as a legitimate authority. Legitimacy, as defined by Vial et al. (2016), is a state in which a leader's power over others is seen as deserved and justified (Caddick, 1982; Tyler, 2006). Opinions of low legitimacy of a leader, will tend to compound negative subordinate behaviors involving hostility, hesitation and the active undermining of leader authority, as well as reducing cooperation and extra-role behaviors. This rejection of leader status can affect a leader's psychological state (Lammers et al., 2008; Smith et al., 2008). Not endorsing or approving the leadership of under-represented groups is a powerful way to maintain hierarchical arrangements (Fiske, 2010; Glick & Fiske, 1999).

Legitimizing existing hierarchies

Jost et al. (2002) and Rudman et al. (2002) suggest that people may not be aware of motives to defend existing hierarchies. Even minority group members can legitimize the status quo by way of self-debilitating behavior. As a result of internalising society's adverse interpretations of their group, minority group members adopt self-group distancing by moving away from members of their social groups that remind them of their negatively stereotyped racial and religious identity (Cohen & Garcia, 2005; Jetten et al., 2005; Neal-Barnett et al., 2010). Research centered on "acting white" provides evidence of individuals distancing themselves from their negatively evaluated ethnic group as they assimilate into a higher status group (Fordham, 2008; Fordham & Ogbu, 1986). Distancing can lead to negative labeling of those that are moving away. "Oreo" among African Americans, "Coconut" among South Asians and "Banana" among East Asians are derogatory terms used in minority communities to describe those who are "acting white", suggesting that they are brown or yellow on the outside and white on the inside (Hall, 2017). These labels may be used to describe BME professionals who move up the organizational hierarchy and adopt behaviors akin to White peers in leadership positions or demonstrate noticeably different behavior when they interact with people of a White racial group.

Furthermore, Derks et al. (2015) work illustrates that those members of ethnic minority groups, moving to a perceived higher social class and status, when feeling threatened, will draw attention to their dissimilarities with other members of their ethnic group and highlight the congruence with the higher status group. In some studies, women devalue female leaders more than men (Parks-Stamm et al., 2008; Rudman, 1998; Warning & Buchanan, 2009). They may have different motivations for devaluing female leaders, mostly to protect their self-esteem when contending with a potentially unfavorable association and comparison (Rudman & Kilianski, 2000). According to Hoyt (2012) and Garcia (2013) there is evidence that women striving for leadership roles who support rather than challenge the gender hierarchy tend to draw higher acceptance, with women who deny the existence of gender bias, endorse conservative beliefs and uphold the status quo, being represented to a greater extent at the top in male dominated fields (Derks, Ellemers, et al., 2011; Ellemers et al., 2004; Staines et al., 1974). They are less likely to be seen as a threat, garnering acceptance and legitimacy of their authority.

Influence of racial and gender-based identities on power dynamics

It has been suggested that social identities can significantly influence the power dynamics in the workplace. Roberts and Rizzo (2020) have documented that race plays a critical role in how people think, develop, and navigate the social world. Racialized experiences involve encounters with discrimination, the effect of social norms, social values, social segregation and status. Prevalent social psychology research examining racial and gender stereotyping and prejudice considers Black men as sufferers of racism and White women as victims of sexism (Crenshaw, 1989; Sesko & Biernat, 2010). Although there are gendered commonalities in the experiences of women in the workplace, the stereotypes relevant to White women can be quite distinct from those affiliated with racial minority women (Berdahl & Min, 2012; Ghavami & Peplau, 2012; Hall et al., 2012; Landrine, 1985; Millard & Grant, 2006). Not only do the stereotypes associated with ethnic minority women differ from those of White women, but they are also unlike stereotypes linked to BME men (Binion, 1990; Landrine, 1985; Robinson, 1983; West, 1995). For instance, BME men demonstrating stereotypical male leadership traits in the workplace or the community, wouldn't be censured or questioned, they would be commended. When demonstrating assertiveness, ambition, and drive to succeed in the workplace, White woman may be considered as confident, motivated, and empowered. Whereas BME women showing self-assurance, decisiveness and a strong interest in their career advancement are considered far less favorably.

The literature on the issue of the disadvantage BME women experience due to membership of a gendered and racial minority group suggests the notion of a "double jeopardy" of racism and sexism (Beale, 1970; Crenshaw, 1989; Williams, 2014a). Crenshaw defines intersectionality as the study of the influence and outcomes of concurrent membership in many social groups (Cole, 2009; Collins, 1991; Crenshaw, 1989; Sanchez-Hucles & Davis, 2010) and the related inequalities, such as racism, sexism, religious prejudice and social inequality (Bowleg, 2008; Purdie-Vaughns & Eibach, 2008; Settles, 2006). The literature proposes that women of color are worse off than White women because they are susceptible to both racism and sexism (Crenshaw, 1989; Epstein, 1973; Reid & Comas-Diaz, 1990; Settles, 2006), experiencing race-based discrimination in some situations, gender-based discrimination in others and often both forms of discrimination at the same time. As a result of ethnicity having greater prominence than gender (Levin et al., 2002) women of color are more likely to experience discrimination because of their race than because of their gender. Kunda and Spencer (2003) propose that the race of a leader may lessen the effect of leader gender bias because knowing that a female leader is a person of color, may trigger a different range of racial stereotypes and preconceived expectations of their behavior and traits become more prominent. The angry black woman is an example of a widespread racial stereotype that influences how Black women are characterized in the workplace.

Influence of religion-based identities on power dynamics

The actual and perceived religious beliefs of a female leader may bring about different negative stereotypes, increased stigma and discrimination. A UK-level inquiry by the House of Commons Women and Equalities Committee (2016) into employment opportunities for Muslims suggested that as the recognizable 'public face' of Islam, Muslim women suffer a 'triple penalty', in that they face racism, sexism and discrimination concerning their religious beliefs. Muslim women are concerned about how they are perceived by employers and

colleagues and “fitting in” if they wear a hijab,² burqa³ or shalwar kameez⁴ (Ahmed & Dale, 2008). For women choosing to wear the hijab in the workplace, it draws attention to their differences because they stand out and it may represent submissiveness (Opara et al., 2020). The role of Muslim women in Western societies is one that is predisposed to negative assumptions and scrutiny, with respect to the perceived subjugation of those who wear a hijab or burqa and stereotypical beliefs around the traditional roles of Muslim women. They can face family and societal pressure from the minority in-group to follow cultural norms and fulfil the traditional role of caregiver and home maker, as well as dealing with societal pressure from the majority out-group to conform to social norms in the workplace to “fit in” (Derks et al., 2006, Derks et al., 2007, Derks et al., 2009; Derks, Scheepers, et al., 2011; Purdie-Vaughns et al., 2008; Van Laar et al., 2010; Van Laar et al., 2013; Walton et al., 2013).

The limitations of research that does not consider multiple social identities as the cause of disadvantage for women of color is highlighted by Crenshaw's (1989) theorizing focusing on intersectional perspectives, proposing that social identities are mutually dependent and there may be distinct and subjective stereotypes for women from different racial groups (Cole, 2009; Collins, 1991; Crenshaw, 1989; Purdie-Vaughns & Eibach, 2008; Sanchez-Hucles & Davis, 2010).

Forms of power

Patricia Hill Collins' (1991) scholarship further explores how concurrent social identities for minority women, specifically Black women, impact power dynamics in different ways. Collins proposes a matrix of domination, defining how power is organized in society, with each form of power influencing human behavior, towards minority women. Collins defines structural power as the social structures creating imbalance and inequality for minority women, and disciplinary power as the organization of hierarchies, rules and regulations that facilitate greater power and control over individuals or particular social groups, rather than everyone. Hegemonic power is described by Collins as rationalizing the existing unequal systems and structures, and normalizing social norms, behaviors and ideologies associated with the dominant group, with some minority groups members also adopting those norms and supporting those beliefs. Interpersonal power is defined as the everyday interactions and relationships with individuals who perpetuate the devaluing and diminishing of members of minority groups (Collins, 1991).

Impact of stereotypical beliefs and expectations

Much research that considers members of groups belonging to multiple minority group identities concentrates on Black women, and their experiences pertaining to dominant or majority racial groups. However, an important element in understanding the experiences of minority groups is recognizing the devaluing and diminishing behaviors of minority group members. Representation and recognizing the important distinctions of the different groups of BME women whilst establishing reasoned judgements about their shared experiences is also essential. Rudman and Phelan's (2008) research focus on understanding how the beliefs about how BME women should or should not behave is acted out against female leaders of different races. Divergence brings about a hostile response and disapproval. Rosette et al. (2016) propose that Asian women are most likely to suffer from hostility on account of beliefs in relation to expected behaviors of them, referred to as ‘agentic

penalties’. Berdahl and Min's (2012) research documented how perceptions of passivity can hold back Asian Americans in the workplace. The research found that Asian Americans who have not “stayed in their place” and go against stereotypical beliefs and expectations, through not displaying non-dominant and compliant behavior, are more likely to experience hostility in the form of racial harassment (Berdahl & Min, 2012). In the study, racial harassment is defined as participants being treated badly because of their ethnicity and measures negative experiences including, being disliked, unwelcomed and unwanted by colleagues. These exclusionary behaviors have a detrimental effect on the career progression of BME professionals, and their decision to remain in an environment where they are not accepted. Alt et al. (2024) research further explores the race and gender-based discrimination experienced by Asian American women in the workplace and found that “Asian” is aligned with femininity, which influences recruitment and workplace practices and brings about negative workplace experiences involving greater scrutiny with respect to their performance and harsher criticism.

Kamenou and Fearfull (2006) explored the expectations racial minority women must comply with for access to influential social networks and career advancement. Asian women who do not fit the stereotype of being subservient and self-effacing are harshly criticized (Williams, 2014b), they can often receive unfavorable reactions and be perceived as manipulative and self-interested (Ono & Pham, 2009; Prasso, 2006). Pratto et al. (2006) propose that the backlash experienced by BME women who do not conform with regards to expected, stereotypical behavior, stems from discouraging “deviance” that threatens the status quo and existing social hierarchies. Counter stereotype behavior may be considered as pursuing and achieving success in their careers, taking on roles previously denied to BME women and performing extremely and noticeably well, perhaps better than White female colleagues and BME male colleagues. Defying stereotypes can have detrimental outcomes for BME females in leadership roles, such as undue criticism, opposition, and challenge (Ely, 1994; Heim, 1990; Rudman & Fairchild, 2004). The reaction can deter them from achieving their goals, dampen their aspirations and dissuade them from being visible, exceptional role models who challenge stereotypes (Phelan & Rudman, 2010a; Phelan & Rudman, 2010b; Rudman & Fairchild, 2004; Rudman & Glick, 2008; Rudman & Phelan, 2008).

Self-debilitating behaviors

The backlash against BME female leaders helps perpetuate negative stereotypes, unequal gender and ethnicity-based relations and self-debilitating behaviors (Rudman & Fairchild, 2004; Rudman, Moss-Racusin, Phelan, & Nauts, 2012; Rudman, Moss-Racusin, Glick, & Phelan, 2012). Such behavior impels a leader to think about their stigmatized social identities and can leave individuals vulnerable to stereotype threat. Stereotype threat describes the knowledge group members have of the stereotypes associated with their social group and the effect this can have on their behaviors (Steele & Aronson, 1995). With respect to this study, stereotype threat is BME female leaders being aware of the negative stereotypical beliefs their colleagues have about their ethnicity and religious identity. As a result of this awareness and the effect of negative stereotypes about their group over a prolonged period, members of groups internalize the stereotypes. This can lead to a low sense of self-efficacy, demotivation, and self-debilitating behaviors (Allport, 1954; Bettelheim, 1943; Clark, 1965; Erikson, 1956; Fanon, 1967; Grief & Coobs, 1968; Kardiner & Ovesey, 1951; Lewin, 1941). For example, Davies et al. (2005) research explored whether vulnerability to stereotype threat could persuade women to avoid leadership roles in favor of nonthreatening subordinate roles. The study confirmed that it undermined women's aspirations on an ensuing leadership task. Diverse groups experience varied characteristics and levels of stereotype threat because the stereotypes about them differ in scale, features, and in the circumstances in which they are pertinent and prevalent.

For this study, recognizing stereotype threat is imperative, and how

² A hijab is a head covering traditionally worn by Muslim women.

³ A burqa is a long, loose garment worn by Muslim women covering the whole body and face.

⁴ The shalwar kameez is an outfit worn by South Asian women and men, comprising of wide trousers (shalwar) and a long tunic (kameez).

it influences the participants approach to leadership, engaging with colleagues, positioning themselves in professional spaces, decisions regarding their career, and whether they can work in certain environments or not.

Methodology

Five participants were recruited for this study, all BME females in leadership roles. The sample size for this research was anticipated to be small, since there are fewer BME females in senior leadership roles in the geographical area where the study was conducted. While the research involved a very small sample size, it produced detailed insight. The women in this study have been categorized as BME or BAME by their professional sectors and the media, when their achievements and appointment into a promoted post are mentioned. Predominantly, the participants also self-identify as BME or BAME. One participant clarified that they do not label their ethnicity. Participants were recruited through convenience sampling, through the authors' existing professional and personal relationships.

The research focused on East Asian and South Asian women, recognizing that there are a variety of ethnicities, nationalities and religions within this group including Christianity, Buddhism and Islam. Participant A is of British Chinese ethnicity and a leader in the health and wellness sector. Participant B is a British Pakistani Muslim leading across the education sector. Participant C is of British Malaysian ethnicity and a leader in the education sector. Participant D is a British Pakistani Muslim leader in the political and education sectors and Participant E is a British Pakistani Muslim leader in the political and business sectors. The participants are aged between 50 and 60 years old, seasoned leaders with an abundance of varied experiences and the confidence to tell their story, with authenticity and vulnerability. This provided rich data. The range of ages for the participants was also expected, taking account of the protracted career trajectories and limited opportunities for promotion for BME female leaders.

Materials

Qualitative data was collected by way of a semi-structured 1:1 online interview with each participant, using the Zoom platform and sharing a meeting ID and unique password with each participant. Once the participant had joined the meeting the Lock Meeting option was selected to ensure no-one else could join the interview. Prior to the interview, participants were provided with a brief detailing the purpose of the study and the participants gave informed consent. Participants were reminded that they have the right to withdraw from the research project at any point. The research process was outlined to participants, explaining why the research is being conducted, how the data collected will be used, who will have access to the data and who the information will be presented to.

Each interview involved around 13 open ended questions, centered around the participants' professional and personal experiences, their awareness of being categorized, unfair judgement, and isolation, the impact and how they cope, negotiate, or assimilate these experiences into their professional and personal lives.

Procedure

The study was granted ethical approval by the University of Strathclyde's School of Psychological Sciences and Health Ethics Committee.

The discussion with participants was semi-structured; at times additional or alternative questions were asked in reaction to each participant's response to ensure the most useful participant contribution. The discussive nature of the interviews, presented an opportunity for the interviewer to dig deeper, clarify ambiguities and ask additional questions to obtain more detailed information for incomplete answers. The interview was audio recorded, and a transcription system was employed

to annotate the conversation. Anonymity was maintained in the transcript by removing any references to names and specific organizations and locations. The transcript was shared with each participant following the interview to check accuracy. Participant C confirmed that she was content for the transcript not to be shared with her.

A thorough and reiterated thematic and narrative analysis (Braun & Clarke, 2006) of the interview transcript was carried out, coding, identifying, analyzing, and reporting themes within the data (Fig. 1). The procedure involved becoming familiar with the data; identifying an array of obvious and underlying themes that developed an understanding of the different forms of imbalanced power dynamics experienced by BME female leaders in a professional and social context, the basis of such conduct and the consequent impact on the behaviors adopted by the BME female leaders in their professional and personal lives.

When discussing disadvantage experienced by BME participants, attributed to multiple social identities, there may be an expectation that the research will draw on intersectionality theory (Crenshaw, 1989). While intersectionality provides a theoretical framework for different forms of discrimination and unequal relationships, attributed to multiple social identities, the social psychological theories cited, relating to identity and social hierarchies, provide a more comprehensive explanation of the participants' experiences, accounting for relevant in-group behavior that intersectionality alone cannot.

Following almost two decades supporting DEI initiatives in workplaces, the authors have carefully considered the language and terminology they have used to describe and explain experiences, behaviors, and theories, to avoid the expectation that understanding and being able to relate to the experiences of BME female leaders requires innate racial literacy. The experiences and behaviors described, and the theories offered, are not new, however learning about the experiences and behaviors of the participants from this social group in those positions, who are different, is new.

As one author is a BME female of South Asian descent, the authors' decision to focus specifically on the experiences of Asian women was not intended to imply that they are more susceptible to unbalanced power dynamics than other racial and ethnic groups. It was because of the lack of research involving the experiences of East and South Asian females in leadership roles. This study presented an opportunity to address the research gap.

Throughout the study, the authors had a heightened awareness that their previous research on the experiences of BME staff, in education institutions, of racial harassment and bullying could shape how they approach this research project. The authors paid greater attention that their previous experiences and conclusions should not influence the findings of this research. Sharing the interviewing authors experiences of organizational dynamics in the workplace did help participants to be candid and comfortable during the interview process and it seemed to serve as a strength. As a result, participants seemed more willing to discuss their experiences with the interviewing author than they perhaps would with a White researcher or an unfamiliar researcher. Participants of the study reported that they had not shared their experiences in this way before.

Findings and analysis

Broad themes were identified during data collection and analysis. The three leading themes that emerged were co-existing power dynamics, some because of social identities, gender, race and religion; stereotype threat and the resulting self-debilitating behaviors of participants; and devaluing behavior of dominant and minority groups including self-group distancing and challenging the legitimacy of the BME female leaders in this study.

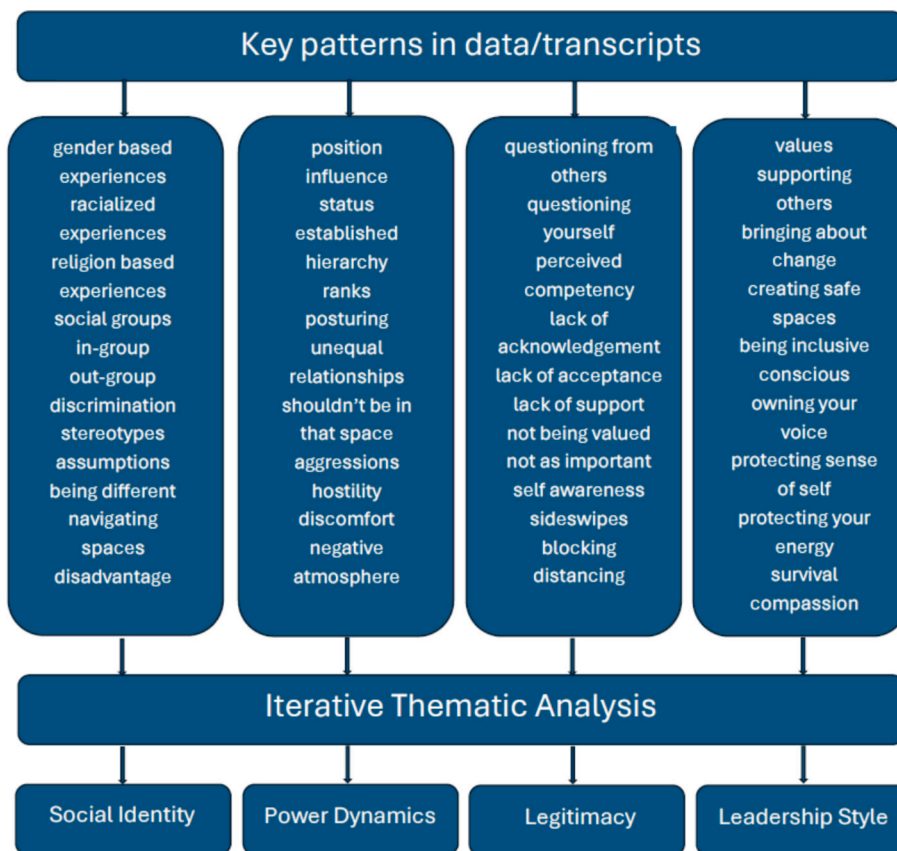


Fig. 1. Illustration of the thematic analysis process in understanding the experiences of BME female leaders.

Co-existing power dynamics

In the context of this study, power is the capacity of one person or group to adversely influence and impact the participants of this study (Mintzberg, 1983; Pfeffer, 1981, 1992; Yukl & Gardner, 2020). This theme will be discussed according to gender, race and religion-based power dynamics that coexist for BME female leaders in their professional spaces. Coexisting and inconsistent power dynamics based on gender, ethnicity and religion, shape the experiences of BME female leaders in this study and introduce further intricacy in their professional and personal experiences.

Gender based power dynamics

All participants of the study experienced a lack of acceptance from members of a similar racial group, based on gender. Two participants of East Asian descent referred to being treated unequally based on their gender by a male family member.

“...as a girl, as a woman...my father didn't make it hidden at all that he would rather have had all sons, rather than two daughters” (Participant A).

“My mum and dad divorced when I was only four. Had I been a boy, my father would have fought for me, but because I was a girl, he let my mum have me” (Participant C).

Participant B and Participant D linked not being valued in their professional domain by BME male colleagues, to gender roles and stereotypical beliefs that males are naturally superior. Participant B talked about a BME male colleague making a derogatory comment to her and Participant D whilst delivering a presentation to Board members:

“...Just because you're in academia, you think that you're competent enough to have these discussions'...”. Participant B considered the male

colleague was “...very much talking down to two Muslim women”, showing them their place and ensuring that they were aware of their lower status.

Whilst working with male East Asian bankers, Participant A became aware of gender-based power dynamics and the adverse impact of not conforming to stereotypical behaviors pertaining to East Asian women.

“...they would be quite bemused because I would look like them, I would dress like them but somehow, my utterings would be totally different from what they would expect. I did feel on a number of occasions that there was an issue of lack of trust, because I didn't quite fall into what they had perceived I should be. I could feel that I would be side tracked” (Participant A).

The belittling behavior of male members of the South Asian community was experienced by Participant E. She discussed an event organized by the BME community. A prominent White female politician and five hundred other guests were invited,

“...they welcomed her with open arms and were kowtowing”.

The host spoke about leaders that had emerged from the South Asian community. The first Muslim Member of Parliament, Councillor, senior Police Officer and others were mentioned, all male personalities.

“They didn't mention my leadership positions as the first Pakistani Muslim female within the political and business arenas and they hadn't invited me to this event”.

Participant E attributes the snub to sexism and an attempt to preserve a patriarchy.

“Men on the whole within our community find it very difficult to accept women as equals. If there's leadership in the community, it's to come from the men. They are very, very exclusionist.” (Participant E).

She also spoke of the paradoxical behavior of the event organizers,

hosts and male community members acclaiming and showing their approval of the White female leader in attendance.

"They're much more open to accepting White women in leadership roles. But if there are women leaders within their own community...they don't want to know. They just can't bear it" (Participant E).

Consequently, participants of this study considered their experiences notably different from White females in leadership positions due to ethnicity.

Race based power dynamics

The experiences of Participant C suggest that ethnicity played a greater role in the power dynamics demonstrated in her workplace.

"I think race has been far more dominant than gender...because I've not had those allies with White women; they're not my sisters" (Participant C).

"...I realized that I was not part of the 'in crowd'...you're not part of anyone. A group of White women feminists considered themselves radicals, they would invite new women who entered the department out for drinks. I never got invited...I was just never part of them...whereas another White woman coming in would immediately get invited" (Participant C).

Participant C revealed that a White male colleague gave her encouragement and an opportunity to move up.

"A good friend of mine, by stepping aside created a space. He did that because he knew that as long as he held that senior lectureship position, I would never get a chance to move up. I've never seen no White woman do that for me" (Participant C).

Participant B talked about White female colleagues refusing to acknowledge her expertise and authority.

"I'm undermined...it's the constant questioning. I question whether they've ever been in that position before where they have to respond to a BAME colleague in that way. The dismissive nature that I come across I feel I can only explain it from the perspective that they're having an issue with being led by a BAME woman" (Participant B).

Whilst working with White male and White female colleagues, race has been more prevalent than gender for Participant A. While Participant A put a lot of effort into building a connection with White women at business networking events, there was a clear disconnect.

"White women not really being too sure how to respond to you... there's a level of discomfort, you can see them squirming. It's like too much effort... so then they'll breakaway" (Participant A).

She reflected on a White male colleague devaluing her professional role and her credentials through making crude comments about using her surname in her health and wellness business name, suggesting clients would think it's a Chinese takeaway.

"20 years ago, references were made to Chinkies... now...a reference to Aung San Suu, snigger snigger. So, am I the butt of the joke?" (Participant A).

Participant E reported being devalued by female colleagues as the only BME team member,

"[Participant E] knew straight away that there was a block...people absolutely determined not to have me as a part of the team...women as well".

When it came to then re-employing Participant E for the following year her White female line manager said,

"...Well, I know you've developed the course but there's somebody else who needs the job more..."

Participant D and her family experienced disproportionate scrutiny from White colleagues in the political arena.

"I was asked continuously about my finances...They wanted to find a criminal element because all Asians are criminals, they can't make their money through legal ways" (Participant D).

She also spoke of being stifled and side lined by White colleagues and being told to stay silent to avoid embarrassment.

As a result of such experiences, the social identity that appears to be most salient to participants of the study in their workplaces is their racial identity.

Whilst race based power dynamics may be attributed to the experiences of participants in this study with White male and female colleagues, exclusionary behavior was also experienced from BME colleagues. Discriminatory and exclusionary behavior was experienced based on religion too.

Religion based power dynamics

Participant D referred to religion being used to exert influence and strong disapproval of her behavior and opinions.

When Participant D engaged with religious entities for professional and personal reasons.

"They just 'othered' me, as if I didn't belong in that space. Women just prodding and poking at you, saying 'you don't know how to wear a dupatta,⁵ it's not thick enough'...they weaponized the religion and disenfranchised me" (Participant D).

She also received death threats on querying the governance of a religious organization.

Three out of five participants in this study identify as Muslim and have experienced derogatory comments in the workplace regarding their religion. The participants expressed a clear palpable threat with respect to religious stereotypes, in the form of a visceral hatred of Muslims, during political discussion, and from professionals in response to points of view shared on social media or in person.

Participant B and Participant E spoke of the hostility they experienced particularly during periods of conflict in the Middle East following 9/11

"...Suddenly there was so much anger and hostility towards Muslims" (Participant E).

"...there were lots of discussions around how terrible Muslims are" (Participant B).

Participant B spoke about hostile online communication received by strangers, in response to her work, that refers to negative religious stereotypes.

"I've experienced hate mail...people commenting on my faith or just commenting on the fact that I need to stop what I'm doing and know my place".

Participant E referred to especially hostile behaviors and discussions in national and worldwide parliamentary institutions that appear to reinforce damaging and prejudicial stereotypes about Islam.

"...that were extremely Islamophobic and unpleasant". "...when they're talking about Muslims, they have some other image in their head. So, when you pipe up 'Excuse me, but I disagree, and I as a Muslim...' and they see somebody who doesn't fit the stereotype they've got in their head then that throws them...it has been an unpleasant time in politics" (Participant E).

⁵ A dupatta is a scarf worn by South Asian women to cover their hair or draped around the neck and shoulders.

Participant A, being of Chinese descent and Buddhist faith, when engaging in Mindfulness professional learning at a Tibetan Buddhist monastery experienced individuals from other East Asian regions recoiling in response to presumed negative national stereotypes about her religious intolerance

"...I actually felt the frying...I could feel the whispers. I was met with a stony-faced reaction when I would seek the wisdom of other people; it would be quite hard to even engage with someone...you're not accepted" (Participant A).

All respondents of this study cited experiencing coexisting power dynamics based on gender, race and religion, reinforced by both male and female colleagues, members of dominant and non-dominant ethnic groups, major and minor religious groups, and social and professional communities. The participants described feeling professionally isolated and cumulative fatigue resulting from awkward, passive aggressive, and on occasions hostile behavior and a lack of social support.

Stereotype threat

Negative gender, racial and religious stereotypes have shaped the professional lives of the BME female leaders in the study. Participants have spent their educational and professional lives challenging the stereotypes defined by social structures and social values imposed on them and the resulting diminished opportunities and judgement of colleagues.

During Participant D's PhD focusing on BME youth, the pre-conceptions of educators and colleagues were clear with respect to her professional ambitions and anticipated progression.

"I was repeatedly told by one supervisor I didn't belong in that space... Senior academic colleagues just sniggered at the title of my thesis...and being told that my research was a hobby, rather than something that was useful to wider society".

Participant B shared her experiences of many years of running away from the stereotype

"...the years of wanting to fit in..."

This has had an impact on her being able to express herself as a researcher.

"Finding your voice for women of color can be difficult. I keep getting told that I need to find my doctoral voice...'Own what you are writing'... Asking a woman of color who has spent her entire career trying to please others, trying to fit in to 'Own your space' 'Own your voice' Really? Are you allowing me to own my voice?".

The ongoing process of evaluating when to share her opinions, and the reaction of her work on her colleagues interferes with her performance,

"It has an impact on how and when you perform" (Participant B).

Participant C reflected on behaviors to offset stereotype threat, by over performing.

"...I often over prepared for things...I spent a lot of my life working so hard, at all hours that I've burned out" (Participant C).

Participant A being aware of the stereotypes associated with Chinese surnames considered the perceptible response to her East Asian surname in the business community

"...for professional reasons, I've taken back my maiden name...I have noticed that the response when I answer a phone call is actually quite different".

Participant A also reflected on the negative stereotype associated with the language she speaks, and assuming protective behaviors in anticipation.

"...It means that I'm less likely to want to stand out in the crowd...even within minority groups. It's then a lot easier to remain small, so that your voice isn't actually heard, so you don't actually bring any attention to yourself" (Participant A).

The BME female leaders in this study spoke of their awareness of the negative stereotypes associated with their gender, ethnicity, or religion, being judged, or treated stereotypically in a personal and professional capacity, the anticipatory behaviors they have adopted, and the heightened cognitive and emotional labor of disconfirming stereotypes. BME women are

"...seen as these docile individuals that do as we are told. So, when we say actually, you've got it completely wrong. You really need to get rid of those stereotypes the environment changes, the language changes, conversations get cut short" (Participant D).

Self-group distancing

The participants of the study are within a very small minority of BME female professionals progressing into higher status positions. Besides being subjected to other group distancing demonstrated by White educated, middle class colleagues who were *"...all very social justice oriented"* (Participant C), they have experienced members of their racial group favoring out-groups because of the perceived power differential and BME contemporaries dis-identifying from their own racial group (as noted by [Ellemers et al., 1988](#); [Ellemers et al., 1990](#); [Seta & Seta, 1996](#)).

Participant D spoke of competitiveness among BME female colleagues, indirectly aggressive behaviors and the belittling of BME women by other women of color. She attended a meeting, wearing a shalwar kameez, with a BME female colleague who is:

"...very White in how she presents herself...she maintained a distance... You're over there, I'm over here. Don't you ever think of crossing into my space...Look at you...You're just not a good fit" (Participant D).

She spoke of the complicity of BME colleagues in strengthening unequal power dynamics by agreeing with and highlighting the negative stereotypes and beliefs about their own group, whilst positioning themselves alongside and giving preferential treatment to other groups.

"BME colleagues explain the stereotype and that cultural baggage to White colleagues who then pick up the stereotype" (Participant D).

Participant C and Participant D shared experiences of BME colleagues that strongly identified with their racial group and who are equality, diversity, and inclusion oriented, at the same time showing self-group distancing. As BME colleagues progressed into roles perceived as a higher ranking and status, some EDI focused, they passed off the work of BME colleagues as their own, criticized the work of BME colleagues and some distanced themselves from BME colleagues in positions of a lower grade or status:

"...In some instances when I've supported other BAME women once they have reached success, I have been ghosted" (Participant D).

The self-group distancing can also take the form of denying the lower professional outcomes for their in-group, not supporting, or even opposing action to address social inequality facing their group. Study participants referred to BME male and female colleagues in promoted posts, avoiding discussion and activity associated with addressing the barriers to career progression for BME professionals, mentioning that they do not have an interest in 'playing the race card' and drawing attention to discriminatory attitudes in the workplace. Participant C mentioned a BME colleague saying *"...I never played the race card...I think to myself, good for you, lucky you, you have made it, but not everybody has"* (Participant C).

This viewpoint can imply that BME colleagues raising such concerns are doing so to gain a professional advantage. It can undermine policies and actions to address inequality in professional outcomes for BME personnel and it may infer that those progressing into positions of more influence and greater perceived power are not advancing based on their skills and expertise but rather as a result of businesses, institutions and governments creating the illusion of diversity at the top.

Leadership style

The participants in this study are not driven to self-group distancing and limiting opportunities for other members of their group or other disadvantaged and underrepresented groups. The participants describe their leadership style as “inclusive” (Participant A), “a very nurturing style of leadership” (Participant B), “people oriented” (Participant C), “...co-leading, co-producing and co-creation...for a common purpose” (Participant D) and “...giving people leeway or encouragement” (Participant E).

While the participants of this study work in bureaucratic and hierarchical organizations, institutions and sectors, their self-professed leadership style is not traditional. The participants consider their approach to leadership as different from their colleagues. With a focus on bringing about change, and challenging the thoughts, judgements and beliefs of colleagues, it can be described as a transformational leadership style. The participants' approach to leading people hinges on empowering people to be the best that they can be, because as one asked:

“How can you expect society to change and progress if you're going to miss everybody that is disenfranchised or already marginalized?” (Participant D).

Participant E recognizes that her colleagues in leadership positions are “...very much about hierarchy” yet she chooses to adopt a different approach, a participative leadership style, where everyone works together “as equals”:

“I don't think I could do it any other way, I could try, but then it wouldn't be me, it would be quite pretentious.” (Participant E).

Similarly, the leadership approach adopted by Participant C is of a listening leader, with a more “collaborative and co-operative way of making decisions”. This meant that decisions at times were not made as quickly as they could have been because “I was trying to find a win win situation” (Participant C).

“...some people saw it as over consulting, and over discussing and over caring” (Participant C)

She was considered as being “too ethical”. However, students and some colleagues appreciated Participant C's open leadership.

The participants of the study are willing to show vulnerability as leaders in their workplaces. They are not afraid to acknowledge when they do not know something and are willing to learn from others and from their misjudgements. Despite working with women who emulate traits associated with masculine leadership, described by Participant E as a “...more macho kind of way of leading” (Participant E) involving a “bullying style”, Participant E focuses on creating a psychologically safe environment, where people can comfortably share their opinions, concerns and acknowledge their mistakes.

The leadership style of the BME female leaders in this study is not a dominant style, it is grounded in compassion and empathy “...to ensure that everyone has got a place, and a voice...” (Participant A). There is an emphasis on greater cohesion, empathy and the ability to see the world from the perspective of those who are different.

Legitimacy of power

The participants of this study have assumed positions of formal authority, associated with legitimate power. Despite that they have

experienced unequal power dynamics in the workplace and wider professional and social communities. The non-acceptance of colleagues and community members, a reluctance to recognize their successes, negative subordinate behavior, and reduced cooperation, unsubstantiated criticism and complaints and unequal remuneration for their leadership roles suggest a perceived illegitimacy of their position and authority.

Participant D expressed reservations about the perception senior leaders in her organization have with respect to her leadership role, because of being paid less than her White contemporaries:

“...if I was valued for the role I was doing, I would get paid the same amount...they get a substantial amount more than I do” (Participant D).

Participant C also mentioned a significant pay gap: “...I was being paid significantly less than pretty much every other Head of School... that is just shocking” (Participant C).

While the BME female leaders in this study are greatly admired by colleagues and leaders in their larger professional circles, in some workplaces subordinates and peers made no attempt to establish an agreeable and positive relationship. The participants spoke of being excluded, blocked, challenged, mistrusted, and overly scrutinized and they questioned whether the workplace behaviors of colleagues can be attributed to not being able to identify with or relate to BME female leaders, and accept leadership from out-group members. The difference between who they would typically see in leadership roles and “unexpected” leaders undermines acceptance of authority and whether the leader is perceived as a legitimate holder of their position.

Claims of tokenism and BME females being appointed into leadership positions as a symbolic gesture leads to BME women in the study experiencing a harder time than White women and BME men, with colleagues suggesting “... ‘you do know that you only got offered that because you're a woman and you're BME. So, they got two in one’...” (Participant C).

Participant C also spoke of mocking from colleagues when she was invited to prestigious events and insinuations that she was being invited to give the impression of diversity in the organization. Participant C's expertise, profound knowledge and her achievements were undervalued with such remarks. The behavior of colleagues resulted in overperforming.

“...The reason I was behaving like that were all forms of trying to prove yourself, that you are capable...that you've not been given this job because you're Black and a woman.....The system will not accept us if we are mediocre...” (Participant C).

Similarly, Participant D experienced disparaging behavior in the political arena

“I wasn't articulate enough; I didn't get there on merit; it was tokenism... That completely made me question my own voice and its value” (Participant D).

In summary, the experiences of the female BME leaders in this study, their interactions and relationships with White and BME colleagues and the devaluing behavior towards them, demonstrates that they are affected by structural, disciplinary, hegemonic and interpersonal power, as described by Collins (1991), influenced by their multiple social identities and social hierarchies.

Conclusion

Exploring the distinctions in how women of different races and religions participating in this study experience power differentials and how their competencies are perceived by them and others, provides a better understanding of the visible and invisible barriers BME women in leadership positions encounter and challenge. From the exploratory work undertaken in this study it appears that White women are not facilitators of equality for BME women and the leadership achievements of

BME women. Moreover, it seems that BME men hold a dominant role in professional spaces and prohibit the women in this study. BME women can also become less inclusive and more dismissive as they advance in their professional positions and organizational hierarchies.

The discussions with participants of the study suggest that as members of negatively stereotyped groups, with gender, race and religion all having a dissimilar effect; their upward mobility into positions, organizations and sectors traditionally dominated by White women or BME men leads to a devalued professional identity (Ellemers et al., 1999). Primed with the awareness of negative stereotypical beliefs held by in-group and out-group members and the expected negative judgement, whilst the participants did not shy away from those professional spaces and conversations, there is a persistent unease. How they should conduct themselves is carefully considered with a determination to disconfirm stereotypes as opposed to conforming to stereotypes.

It was insinuated by BME colleagues of the participants that they are disconnected and have digressed from the South Asian or East Asian community and whilst they may have a darker skin color, do not behave like South Asian and East Asian women. Whilst disproving stereotypical beliefs based on gender, ethnicity, nationality, and religion, as participants of this study have progressed into higher positions, they have not distanced themselves from their social group, despite the group being viewed unfavorably by colleagues from social groups with higher levels of power.

The reluctance and on occasion refusal to accept the participants in leadership positions by White colleagues is evidenced through the negative and disruptive behaviors of those they report to, peers and subordinates. The perceived illegitimacy of their positions within the BME community is also demonstrated by the dismissive approach to their work and achievements, whilst other colleagues move away, professionally, from the participants.

The positive self-regard of participants is affected with self-doubt concerning whether their colleagues believe that they have the necessary skills, competencies, and experience to be in their roles or whether they deem that they have been appointed because they tick several equality, diversity, and inclusion boxes. Participants feel the isolation of being the only one in their positions, experiencing distinctive forms of discriminatory behaviors in their environments. Unease is experienced by participants considering whether others like them have succeeded in leadership positions in their respective fields and inner turmoil considering whether they are prepared to morph into what their colleagues and the domain expects them to be (Schienker & Weigold, 1989; Steele, 1988; Tesser, 1988). The effect on BME female leaders always in survival mode, the emotions, and feelings when their experiences are unsupported by colleagues and the isolation of being othered by your 'own' calls for a study examining the health and wellbeing of BME females in leadership roles.

The study findings provide a deeper understanding of the experiences of BME females in senior leadership roles. Further research on the experiences of diverse minority female groups in leadership positions has the potential to make a practical and social contribution to the support organizations, institutions, professional and social communities can provide to facilitate their progression and retention. This will inform DEI agendas, policies and strategies beyond the visible presence of women of color in leadership roles, shifting the focus to addressing the behaviors and perceptions of others towards BME female leaders.

CRedit authorship contribution statement

Yasmeen Hussain: Writing – review & editing, Writing – original draft, Visualization, Validation, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Kellyanne Findlay:** Writing – review & editing, Validation, Supervision, Project administration, Methodology, Conceptualization.

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