



CODEN [USA]: IAJPB

ISSN : 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

<http://doi.org/10.5281/zenodo.4046396>
Available online at: <http://www.iajps.com>

Research Article

BARRIERS FACED BY FEMALE DOCTORS IN THEIR CAREER DEVELOPMENT: A PERSPECTIVE BY FEMALE DOCTORS WORKING AT JINNAH HOSPITAL, LAHORE

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Article Received: July 2020

Accepted: August 2020

Published: September 2020

Abstract:

Background: A female doctor faces various barriers during her medical life which play significant role in her career development and which affect the way she performs in her practical life. This research was conducted to get insight of various aspects of perceived barriers by female doctors.

Objectives: To analyze the various barriers perceived by female doctors, to assess the magnitude of these barriers and to compare the barriers discussed in our research with the already existing literature present on this topic.

Material and Methods: Study Design: Cross sectional study

Study Setting and duration: Study was conducted at Jinnah Hospital situated on Allama Shabbir Ahmed Usmani Road, Lahore, Pakistan. The duration of this study was three months.

Inclusion criteria: All the female Post Graduate Residents and House Officers (Both married and unmarried) working at Jinnah Hospital, Lahore.

Data Collection and analysis: 200 female doctors were chosen randomly from different departments of Jinnah Hospital regardless of their marital status. All the selected ones gave their consent to fill in the questionnaire which consisted of 20 questions in total regard with various barriers they have faced or are currently facing in the development of their medical career.

Results: Out of 200 respondents, the major aspects identified as barriers are the following: sociocultural values of Pakistan 46.5% (fig. 2), non-supportive behavior of in-laws 68.4% (fig.3), refusal to leave their children in day care centers 68.4% (fig.4), weaker physique as compared to men (25.1%), conveyance issues 25.3% (fig 6), lack of mentorship 20% (fig 7), observance of hijab 10% (fig 8), and self-doubt 31.5% (fig 9), uncomfortable workplace environment 38% (fig 10), discriminating masculine attitude 11% (fig 11), and an inability to take time out for attending seminars and research activities 55.5% (fig 12).

Conclusions: The conclusion of our study is that though there is strong parental support but numbers of barriers hindering their carrier development are perceived by female doctors. Social and cultural values, behavior of in-laws and spouse and working conditions were important perceived barriers by female doctors. Male doctor's attitude and gender discrimination is also important barrier.

Key words: Barriers, Female doctors, Career Development.

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Please cite this article in press Falak Sana et al, *Barriers Faced By Female Doctors In Their Career Development: A Perspective By Female Doctors Working At Jinnah Hospital, Lahore., Indo Am. J. P. Sci, 2020; 07(09).*

INTRODUCTION:

A barrier is something, material or nonmaterial, that stands in the way of literal or figurative progress. Career development is the lifelong process of managing and learning in order to move towards a personally determined future. Many conducted researches affirm that female doctors face multiple obstacles in the course of their professional career. Although women are entering medical schools in large numbers, the percentage of women in medical school faculty members holding associate or professor ranks remains well below that of men [1]. Women have dual roles to perform, both at home and at workplace [2]. Work place isolation [3], shortage of daycare centers [4], ‘cultural insensitivity’ to women’s time demands³, sociocultural values and masculine attitude that confines women responsibilities to childcare and household chores [5] are the most frequently cited issues. Women also suffer from serious lack of mentors and role models [6]. There is bias in the selection of women as advisees, both because mentors prefer to work with people like themselves or due to the assumptions that women are less likely to succeed in academic medicine [7]. Another reason for disparity between genders is lesser number of scientific publications by women and their underrepresentation on the editorial boards of major medical journals [8,9,10]. The most cited reasons for this notion are clinical workload, insufficient institutional and financial support for research, restricted office/lab space, exhaustion [8], and working part-time due to family responsibilities [11]. In addition, women are criticized for their appearance if they are either too attractive or too unfeminine [1]. Women are thought to lack decision making skills, management skills⁹, and self-confidence [12]. Mistreatment in the form of gender discrimination and sexual harassment, affects the choice of medical specialty [13], and reluctance to have females as supervisors and equals was frequently cited [14]. This leads to issues like lack of training, delayed promotions and lower salaries for women [15]. In fact, surgery is identified as the least hospitable field of practice for women [13], and because of weaker physique and only 2% of the MD faculty of orthopedic surgery are women [16]. They face issues like few maternity leaves [1], peer pressure and resentment, and stressful working hours. Also, long periods of residency increase the risk of infertility [17,18]. In order to flourish in their academic and clinical career, female doctors must learn to balance their emotional and professional needs [19].

Despite a flooding of females in medical schools over the past few years, there is still a persistent lack of female doctors at higher ranks. Their number has yet

to rise as far as Deans of departments, Medical Journal Authorship and Professors of General Surgery and Orthopedics are concerned. In addition to discussing the Western barriers cited in earlier researches, we are going to lay special emphasis on the effects of Pakistani socioeconomic culture on career aspirations of female doctors.

OBJECTIVES:

The objectives of this study were:

- To analyze the various barriers perceived by female doctors.
- To assess the magnitude of these barriers.
- To compare the barriers discussed in our research with the already existing literature present on this topic.

Operational definition:

- **BARRIER:** A barrier is something, material or nonmaterial, that stands in the way of literal or figurative progress.

MATERIAL AND METHODS:**Study design:**

Cross sectional study

Study Setting:

Study was conducted at Jinnah Hospital situated on Allama Shabbir Ahmed Usmani Road, Lahore, Pakistan. The duration of study was 3 months.

Duration of study:

The duration of study was three months.

Sample size:

A total of 200 female doctors were selected randomly from various departments of Jinnah Hospital, Lahore.

Sampling technique:

Non probability / purposive sampling.

Sample selection:

200 female doctors were chosen randomly from different departments of Jinnah Hospital, Lahore irrespective of their marital status.

- **Inclusion criteria:**
All the female Post Graduate Residents and House Officers (Both married and unmarried) working at Jinnah Hospital, Lahore.
- **Exclusion criteria:**
All the female doctors meeting the criteria but refusing to give consent and all the male doctors working at the Jinnah Hospital, Lahore.

Data collection procedure:

All the female doctors meeting the criteria were asked to give their consent to fill in the questionnaire which consisted of 20 questions in total regard with various barriers they have face or are currently facing in their medical career development.

Data analysis procedure:

The data of this survey was analyzed using SPSS version 17 and association between different variables was checked using Chi Square Test.

RESULTS & MAIN FINDINGS:

Out of 200 respondents, 93.5% had an age between 21-30 years (table 1). Among them 52.5% were post

graduates and 47.5% were house officers (fig. 1). 45.5% were married and 54.5% were un-married (table 2). The candidates we questioned, considered the following aspects as barriers to their career development: sociocultural values of Pakistan 46.5% (fig. 2), non-supportive behavior of in-laws 68.4% (fig.3), refusal to leave their children in day care centers 68.4% (fig.4), weaker physique as compared to men 25.1% (fig 5), conveyance issues 25.3% (fig 6), lack of mentorship 20% (fig 7), observance of hijab 10% (fig 8), and self-doubt 31.5% (fig 9), uncomfortable workplace environment 38% (fig 10), discriminating masculine attitude 11% (fig 11), and an inability to take time out for attending seminars and research activities 55.5% (fig 12).

Table no: 1 Age distribution of respondents

| Age | Frequency | Percent |
|-------|-----------|---------|
| 21-30 | 187 | 93.5 |
| 31-40 | 13 | 6.5 |
| Total | 200 | 100.0 |

Table no: 2 Marital status of Respondents

| Marital status | Frequency | Percent |
|----------------|-----------|---------|
| Single | 109 | 54.5 |
| Married | 91 | 45.5 |
| Total | 200 | 100.0 |

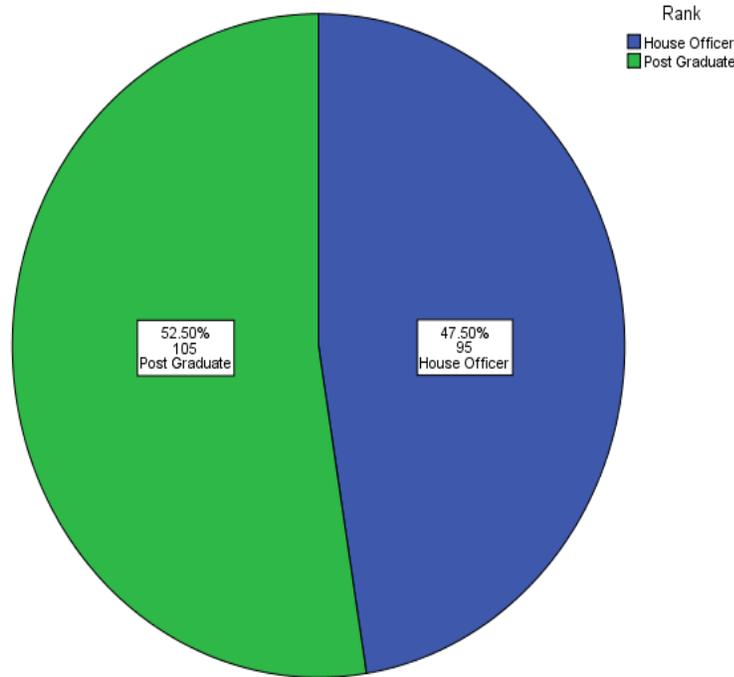


FIGURE 1. DESIGNATION OF RESPONDENTS

| | Responses | | Percent of Cases |
|---|-----------|---------|------------------|
| | N | Percent | |
| My parents have always supported me throughout my medical education. | 182 | 27.0% | 95.3% |
| My family is against the working of women outside home. | 9 | 1.3% | 4.7% |
| My husband is broad minded, understanding and supports me in my career. | 56 | 8.3% | 29.3% |
| I find it difficult to manage my time between work and family. | 16 | 2.4% | 8.4% |
| My in-laws are cooperative, concerned and encourage me in my job and other matters. | 31 | 4.6% | 16.2% |
| I would feel comfortable to leave my children in day care centers or with maid while I'm at work. | 3 | .4% | 1.6% |
| Travelling and conveyance to my workplace are affordable and easily available for me. | 58 | 8.6% | 30.4% |
| My hijab hinders me in carrying out my clinical duties. | 8 | 1.2% | 4.2% |
| I think women's weaker physique prevents them from carrying out their work effectively. | 19 | 2.8% | 9.9% |
| I get easily tired and fatigued and it affects my working capabilities. | 14 | 2.1% | 7.3% |
| I often doubt myself and find it hard to make quick decisions. | 16 | 2.4% | 8.4% |
| The female MO and HO rooms in the wards are comfortable and private. | 33 | 4.9% | 17.3% |
| I think being stylish and attractively dressed gets you more attention from people at work. | 24 | 3.6% | 12.6% |
| I get the same level of acknowledgement and appreciation as my male colleagues. | 41 | 6.1% | 21.5% |
| I am satisfied with the mentorship and counseling that i receive from my seniors regarding my career. | 36 | 5.3% | 18.8% |

| | | | |
|---|-----|--------|--------|
| I get due respect from my male colleagues. | 41 | 6.1% | 21.5% |
| I find it hard to take time out for seminars and research activities. | 23 | 3.4% | 12.0% |
| I think patients have a more trusting attitude towards male doctors as compared to female ones for clinical consult and procedures etc. | 28 | 4.2% | 14.7% |
| Our sociocultural values don't approve of ambitious working women. | 21 | 3.1% | 11.0% |
| Women are disadvantaged because of lesser experience and find it harder to deal with stressful situations | 14 | 2.1% | 7.3% |
| Total | 673 | 100.0% | 352.4% |

Table no.4 Perceived Barriers Strongly Disagree Frequencies

| | Responses | | Percent of Cases |
|---|-----------|---------|------------------|
| | N | Percent | |
| My parents have always supported me throughout my medical education. | 8 | 1.1% | 4.3% |
| My family is against the working of women outside home. | 151 | 20.2% | 80.7% |
| My husband is broad minded, understanding and supports me in my career. | 4 | .5% | 2.1% |
| I find it difficult to manage my time between work and family. | 13 | 1.7% | 7.0% |
| My in-laws are cooperative concerned and encourage me in my job and other matters. | 5 | .7% | 2.7% |
| I would feel comfortable to leave my children in day care centers or with maid while I'm at work. | 90 | 12.1% | 48.1% |
| Travelling and conveyance to my workplace are affordable and easily available for me. | 19 | 2.5% | 10.2% |
| My hijab hinders me in carrying out my clinical duties. | 82 | 11.0% | 43.9% |
| I think women's weaker physique prevents them from carrying out their work effectively. | 66 | 8.8% | 35.3% |
| I get easily tired and fatigued and it affects my working capabilities. | 41 | 5.5% | 21.9% |
| I often doubt myself and find it hard to make quick decisions. | 46 | 6.2% | 24.6% |
| The female MO and HO rooms in the wards are comfortable and private. | 56 | 7.5% | 29.9% |
| I think being stylish and attractively dressed gets you more attention from people at work. | 33 | 4.4% | 17.6% |
| I get the same level of acknowledgement and appreciation as my male colleagues. | 15 | 2.0% | 8.0% |
| I am satisfied with the mentorship and counselling that i receive from my seniors regarding my career. | 11 | 1.5% | 5.9% |
| I get due respect from my male colleagues. | 6 | .8% | 3.2% |
| I find it hard to take time out for seminars and research activities. | 14 | 1.9% | 7.5% |
| I think patients have a more trusting attitude towards male doctors as compared to female ones for clinical consult and procedures etc. | 22 | 2.9% | 11.8% |
| Our sociocultural values don't approve of ambitious working women. | 21 | 2.8% | 11.2% |
| Women are disadvantaged because of lesser experience and find it harder to deal with stressful situations. | 43 | 5.8% | 23.0% |
| Total | 746 | 100.0% | 398.9% |

a. Dichotomy group tabulated at value 1.

DISCUSSION:

The focus of this study was a comparison and contrast between the barriers that have been identified by Western authors in their works, and those that were perceived by the female doctors working in the socioeconomic cultural background of an Eastern third

world country i.e. Pakistan. The study revealed an amazing array of aspects that hindered academic progress for women in our country, and equally shocking was the fact that some factors that are normally thought to be obstacles for women are not really obstacles at all.

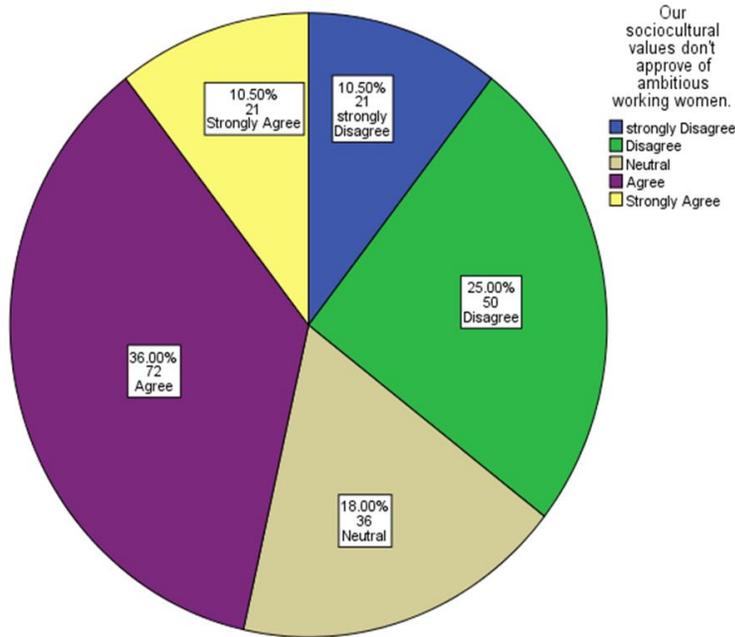


Figure no 2. Response regarding sociocultural values.

This can be illustrated by the fact that most of the married women we questioned, claimed to have in-laws that were supportive regarding matters of both home and work (Figure no. 2) This goes contrary to the popular belief that women are not allowed by their in-laws to practice medicine after marriage, and shows that there is now an increased awareness in our society

about the beneficial role that women can play in the noble profession of medicine. True, that our sociocultural values don't highly approve of the working of women outside homes⁵, but our research shows that our young female doctors are ready to face this challenge and to overcome it.

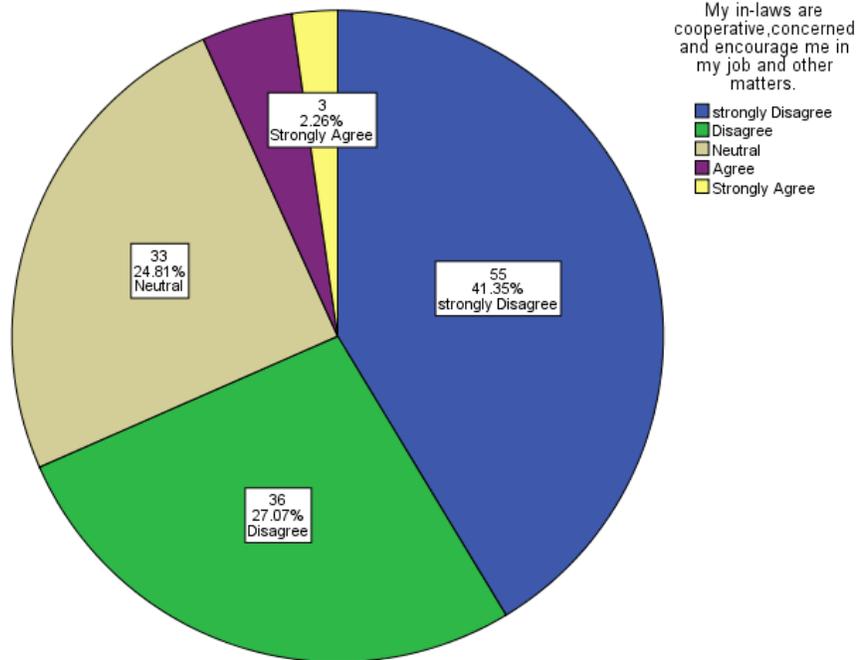


Figure 3. Response regarding behavior of in-laws.

Another rather intriguing response was regarding the attitude of male colleagues and seniors. The literature that we reviewed highlighted the inattention and condescending attitude that female doctors received from other male doctors⁵. Also, gender discrimination and sexual harassment were reported to be a major

deterrent to women in achieving their full potential¹³. But there waited for us a highly positive response from the women we questioned at JHL. 71% of the female doctors responded that they received due respect and regard from their male colleagues.

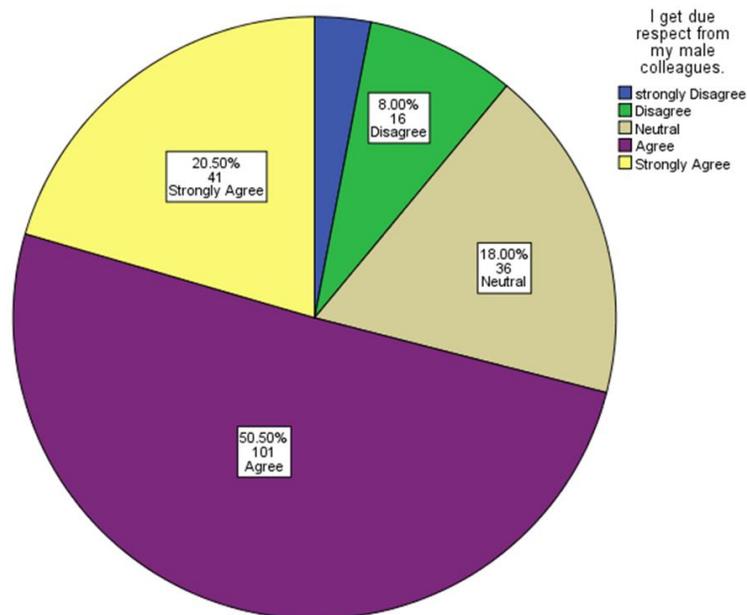


Figure no 4. Response regarding respect from male colleagues.

Regarding seniors, the Western studies showed that female doctors complained of a lack of mentors [6] and role models [7]. There was also a lack of guidance and support for job promotion [3]. Contrary to this, our

study showed that female doctors at JHL were highly satisfied by the counseling and mentorship they received from their seniors.

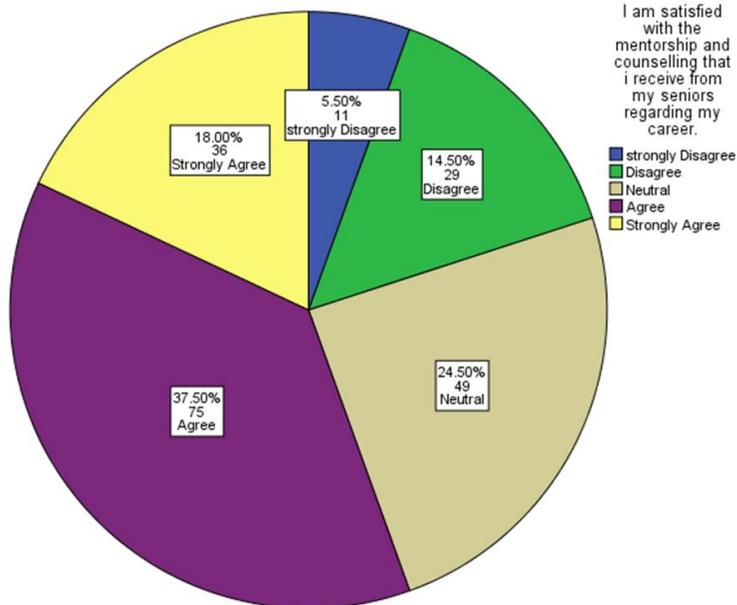


Figure no 5. Response regarding mentorship

A point that was commonly agreed upon by women worldwide was regarding leaving their children at daycare centers [4] or with babysitters. Both in our reviewed literature and in our own study, a prominent majority of the female doctors stated that they would not be comfortable to leave their children off at these centers during work. Also, an inadequacy of quality daycare centers [4] was reported, which affected the amount of working hours that a professional mother

could give to her work. Another issue which we addressed was the weaker physical and emotional nature of the female gender. This is a plausible reason for the paucity of females in fields like General Surgery [13] and Orthopedics [16]. Also it was thought that women find it hard to make quick decisions in cases of emergency [9], but the majority of them (%) responded that they have overcome this by practice and dedication.

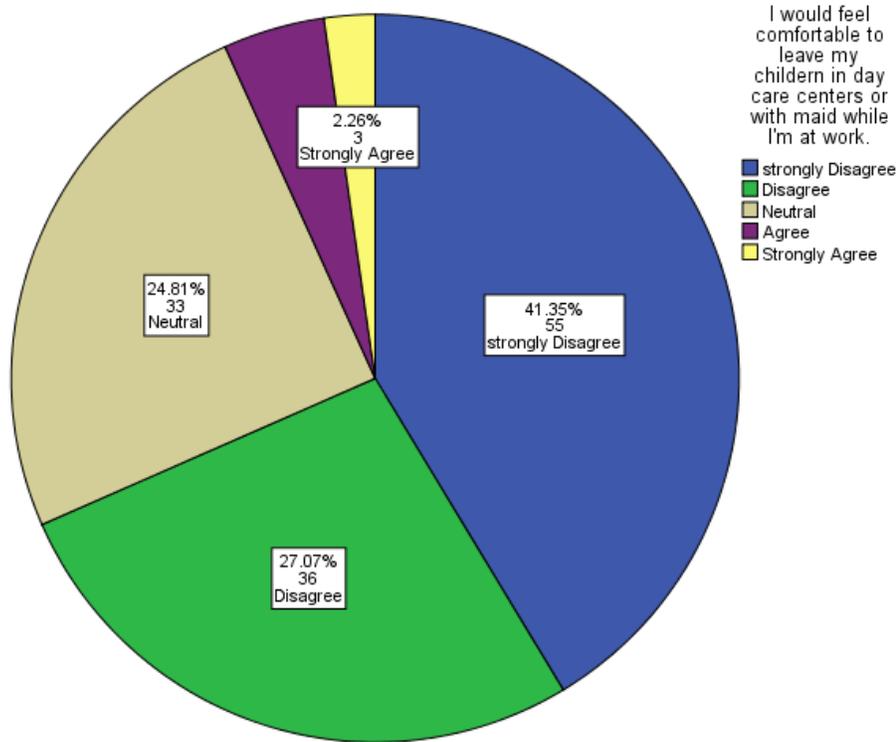


Figure no 6. Response regarding daycare centers

One point that was solely unique to our research was regarding the wearing of hijab, an issue gaining increasing interest worldwide, owing to the bans being put on it in various Western countries. We wanted to analyze whether or not the hijab became a barrier for women of the working class, and also to assess the

magnitude of this situation in case that were true. But our research showed that a strong 60% of the women we questioned totally disagreed to identify the observance of hijab as an obstacle in the course of their career.

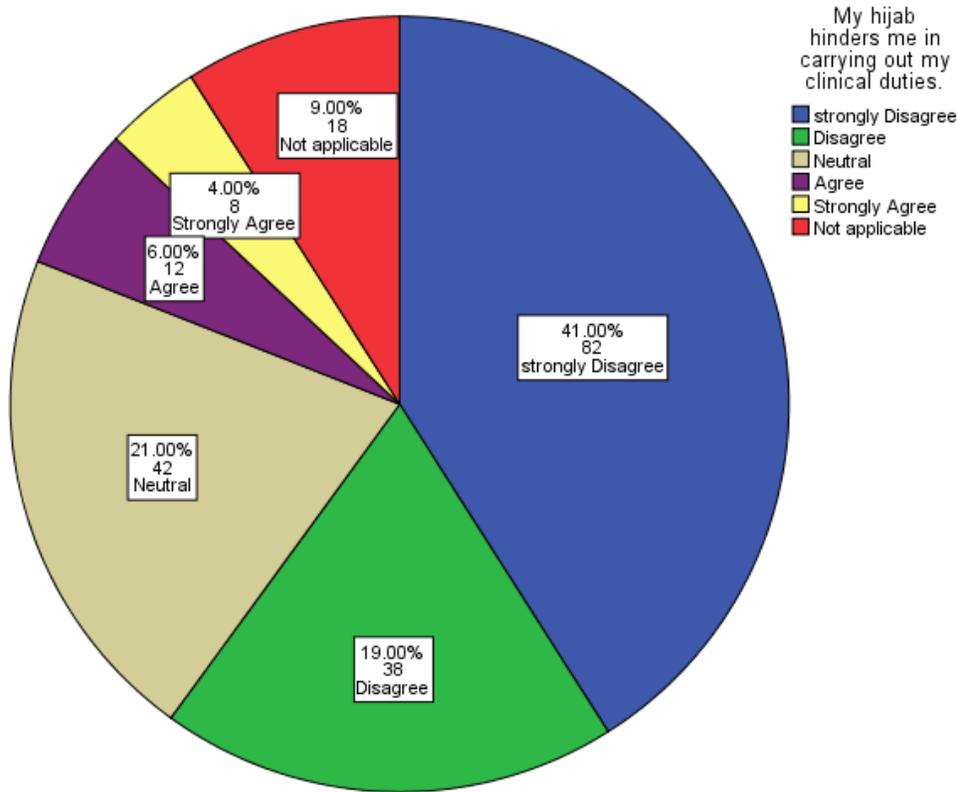


Figure no 7. Response regarding observance of hijab.

Another point that is universally discussed is the difficulty to manage time between work and family, a dual role² that has been adorning women since the beginning of time itself. Issues of conveyance and travelling hours were also discussed, along with the easily fatigability and weaker physique of the female gender.

Another important point that needs to be highlighted is the lack of time for seminars and research activities, an issue faced by Western and Pakistani women alike. Other aspects discussed in the study are a perceive lack of acknowledgement from seniors⁶ and a disadvantage due to lesser workplace experience as compared to men.

CONCLUSION:

The conclusion of our study is:

- Though there is strong parental support but their exits a vast number of barriers perceived by female doctors, hindering their career development.
- Despite the sociocultural norms of the country, female doctors continue to advance in their profession.

- Majority of the married women we questioned had in-laws that were supportive; a fact that goes against the normal perception in our social setup.
- The attitude of male colleagues and seniors was reported to be much better in our research as compared to the literature that we had reviewed, but was still persists to be a barrier to career development of females.
- The feature exclusive to our research was regarding the observance of hijab, and we received a positive response with the majority of women stating that they found it comfortable and undemanding.
- Important barriers perceived were a clear reluctance to leave children in daycare centers, conveyance issues, easy fatigability, workplace difficulties and the perpetual issue of playing dual roles in both their family and academic profession.

Limitations:

This study has several limitations that need to be acknowledged.

- First, all of our respondents graduated from and are working in same public medical college which is one of the top medical institutions of the country. Thus, there exists here a more competitive environment and this sense of academic barrier may be overwhelming.
- Secondly, health care of our country and its infrastructure is almost working at a very low level and these perceived barriers may be inherent in the system.
- Thirdly, we did not address current law and order situation of the country, and its subsequent effect on the career aspirations of female doctors in Pakistan.

Acknowledgment:

We are highly grateful to our Head of Department Prof. Dr. Rakshanda Farid for supporting and guiding us to approach this sensitive issue in a manner that highlighted most of the burning issues in the career development among female doctors.

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QUESTIONNAIRE**BARRIERS FACED BY FEMALE DOCTORS IN CAREER DEVELOPMENT**

NAME:----- AGE:----- DEPARTMENT:-----

| | | 1 | 2 | 3 | 4 | 5 |
|-----|--|---|---|---|---|---|
| 1. | My parents have always supported me throughout my medical education. | | | | | |
| 2. | My family is against the working of women outside home. | | | | | |
| 3. | My husband is broad minded, understanding, and supports me in my career. | | | | | |
| 4. | I find it difficult to manage my time between work and family. | | | | | |
| 5. | My in-laws are cooperative, concerned and encourage me in my job and other matters. | | | | | |
| 6. | I would feel comfortable to leave my children in daycare centers or with a maid while I'm at work. | | | | | |
| 7. | Travelling and conveyance to my workplace are affordable and easily available for me. | | | | | |
| 8. | My hijab hinders me in carrying out my clinical duties. | | | | | |
| 9. | I think women's weak physique prevents them from carrying out their work affectively. | | | | | |
| 10. | I get easily tired and fatigued and it affects my working capability. | | | | | |
| 11. | I often doubt myself and find it hard to make decisions. | | | | | |
| 12. | The female MO and HO rooms in the wards are comfortable and private. | | | | | |
| 13. | I think being stylish and attractively dressed gets you more attention from people at work. | | | | | |
| 14. | I get the same level of acknowledgement and appreciation as my male colleagues. | | | | | |
| 15. | I am satisfied with the mentorship and counseling that I receive from my seniors regarding my career. | | | | | |
| 16. | I get due respect from my male colleagues. | | | | | |
| 17. | I find it hard to take time out for seminars and research activities. | | | | | |
| 18. | I think patients have a more trusting attitude towards male doctors as compared to female ones, for clinical consult and procedures etc. | | | | | |
| 19. | Our sociocultural values do not approve of ambitious working women. | | | | | |
| 20. | Women are disadvantaged because of lesser experience, and find it harder to deal with stressful situations. | | | | | |