

Barriers Faced by Female Doctors in Career Development at King Edward Medical University

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Abstract:

A career is the combination and sequence of roles played by a person during the course of a lifetime.

Objective:

To find out the barriers faced by female doctors in career development at King Edward Medical University.

Methods:

At Mayo Hospital, Lahore, 100 practicing female doctors including house officers, medical officers and post-graduate doctors were selected by simple random sampling. Data were collected through pre-tested questionnaire. The duration of study was 6 months. Data were compiled and analyzed using SPSS version 21.0.

Results:

Out of 100 doctors, more than 70% attributed early marriage, non-supportive spouse and demands of in-laws as barrier to career advancement. Preference of male doctors by patients 71% and by employers 58% was also reported to be a hurdle. More than 60% were of the view that hectic work schedule and difficult night duties were draining for them. 86% said that long working hours affect their work quality. Above 80% reported that commute problems and uncomfortable circumstances at work place act as a deterrent. However, majority were of the view that socioeconomic conditions and self-efficacy of female doctors play only a trivial role in their career development.

Conclusions:

This study has demonstrated that extrinsic barriers play a significant role in hindering career development of female doctors. Of these, unsupportive spouse, family pressures,

professional male dominance, stressful work routine, commute problems and uncomfortable working situations are notably important. Intrinsic barriers are far less important.

Key words:

Barriers, career development, household, gender bias, work environment

Introduction:

A career is defined as the combination and sequence of roles played by a person during the course of a lifetime¹. Career has also been understood as advancement, creating positive references towards career aspirations, promotions and development². Barriers to career development are defined as structural and subtle impediments to the career³. These may be external i.e. outside of their control or internal barriers hindering women's career⁴. Career development is described as the total constellation of psychological, sociological, educational, physical, economic, and chance factors that combine to influence the nature and significance of work in the total lifespan of any given individual⁵. It is a presumed notion that all doctors irrespective of their gender will get equal opportunities and conducive environment to pave a smooth career path. Contrary to this belief, female doctors fail to procure their desired position in the vertical hierarchy of medical profession. The advancement of female doctors in this profession has not kept pace with present day needs. Thus lady doctor's career has become the leaking pipeline of medical profession⁶.

According to Economic Survey of Pakistan (2014-15), there were 175,223 registered doctors, which mean 1 doctor for 1073 people in Pakistan. Pakistan is already ridden with women and child

health issues, hence wasting of such an important human resource can never be justified⁷. The research and studies in recent years indicate that female doctors face monumental challenges posed by domestic, professional, social and cultural norms. Female doctors are tangled between their household and workplace as stated by Glese Verlander⁸. One of the hardest but seemingly obvious lesson that 'I learned overtime is that I can't be' in more than one place at a time. Women who pursue career in academic medicine sometimes are precluded from rising to leadership positions because of their family demands⁸. Women apparently downscale their career aspirations to accommodate the realities of combining motherhood with career⁹. Moreover, perception of a woman as homemaker and mother creates serious conflicts when jobs are demanding and time intensive¹⁰. Female doctors frequently state that their interest in academic medicine is lessened due to concern about balancing their multiple roles¹¹. Besides this, Gender discrimination has been shown to result in career impediments for women physicians, including lower aspirations, motivation, commitment to medical institutions and career derailment and changes³. Research indicate that female doctors show insecurities about self-efficacy which is decisive factor in this field of life and death. Self-efficacy expectations determine whether or not a behavior will be initiated, how long the behavior will be sustained in the face of obstacles and aversive experiences¹². Why medicine, a noble profession, is not feasible for all women? The researchers wanted to identify the causative factors favoring this gravitational pull of prevailing system,¹³ that is withholding female doctors to advance in their career by delineating the intrinsic and extrinsic influential factors. The researchers tracked down the inciting agents causing immobilization of female doctors in career advancement despite having talent. The researchers mentioned what further research may be conducted in this field. Finally, the

researchers suggested strategies to overcome these barriers.

Methods:

This cross-sectional study was conducted on 100 qualified MBBS female doctors and post-graduate trainees working at King Edward Medical University (KEMU) / Mayo Hospital, Lahore. The duration of study was 6 months. Candidates were selected by simple random sampling. After informed consent, they were given pre-tested closed-ended questionnaires. Collected data were then compiled and analyzed using SPSS version 21.0. The frequencies and percentages of individual factors were tabulated.

Results:

A total sample of 100 practicing female doctors were chosen randomly from every department of Mayo Hospital, Lahore. The participants included qualified MBBS doctors; 66 House Officers and 34 Medical Officers and Post-graduate Residents. 25 of them were unpaid, 48 were receiving less than Rs.50,000 per month and 27 were paid more than Rs.50,000 per month. Out of the 100 doctors, 65 were non-boarders and 35 were boarders. 78 of these doctors were unmarried and 22 married, as shown in Table 1.

Variables	Frequency
Designation of participant	
House officer	66
Medical officer	34
Salary of participant	
Unpaid	25
Less than 50,000	48
More than 50,000	27
Residence of participant	
Non-boarder	65
Boarder	35

Marital status of participant	
Unmarried	78
Married	22

Table 1: Specifications of participants

The statistical relevance of extrinsic and intrinsic barriers faced by the female doctors is shown in Table 2. As seen in the table, the extrinsic barriers such as household responsibilities including non-supportive spouse, early marriages and demanding in-laws played a significant role in career decisions. 93% candidates felt a household helper may improve their situation. 71% candidates stated that patients prefer male doctors. Work stress including hectic schedule, difficult night shifts and long working hours affected career development. 86% doctors were of the view that long working hours affected their work quality. 83% respondents reported transport difficulty, 93% to bumpy roads and 58% stated long distance to work as problem. The female doctors of Mayo Hospital were having uncomfortable living conditions, 80% reported often skipping meals and 76% were having no place to rest. 83% demanded better living conditions. 84% were comfortable with the work environment and 15% reported sufficient earning of husband as a reason for not continuing the practice. Factors such as lack of self-confidence, physical stamina and persistence did not play a significant role. 81% felt confident in work they were doing. 65% reported that they will not change their field if given the option.

Variables	Percentage
Household responsibilities	
Negative effect of early marriage	70
Non-supportive attitude of spouse	74
laws demands	74

Negative effect of pregnancy	34
Children obstruction to career	39
Helper reduces workload	93
Gender bias	
Patients prefer male doctors	71
Employers favors male doctors	58
Exam system favors male candidates	13
Society does not approve of working women	47
Work Environment	
Uncomfortable	16
Emotional and physical harassment	11
Stressful routine	
Hectic work schedule	60
Difficult night duties	69
Long work hours affect work quality	86
Work related stress	57
Commute Problems	
Difficult Managing Transport	83
Bumpy Roads	93
Long Distance travel to work	58
Uncomfortable Circumstances	
Skipped Meals	80
No place to rest	76
Want better living conditions	83
Economic	
Working - a need not a choice	20
Not Practice if husband earning sufficiently	15
Lack of Self Efficacy	
Lack of Self Confidence	19
Lack of Physical Stamina	28
Language Barrier	30
Lack of Motivation	48
Lack of Persistence	35
Hesitancy towards male patients	28
Uneasy at sight of blood	16
Chosen Different field	35

Table 2: Factors acting as barriers in career development

Discussion:

The study has delineated extrinsic and intrinsic barriers faced by female doctors practicing at Mayo Hospital, Lahore. The extrinsic barriers had been broadly divided into household responsibilities, gender bias, work environment, commute problems, stressful routine, uncomfortable circumstances and economic factors. All these factors overlap greatly. A woman generally grows up with certain stereotypical character to play in the society – the caretaker. Caring for the household and children is ubiquitous to her existence in society. Her profession is supernumerary to her care taking task. This point was taken up by Thomas J and he discussed that how part time work by female doctors in UK was the waste of resources, the biggest cause of which remains household responsibilities¹⁴. Another research showed that a large majority 78% agreed that demands of household were a barrier to the advancement of women in medicine¹⁵. This was consistent with current study in which more than 70% respondents agreed that early marriage, non-supportive spouse and demanding in-laws act as hurdles in their career. This demands the full-time female doctor and house-maker to be super woman. However, current research showed that a majority agreed that pregnancy and children do not serve as barriers. In fact some go as far as to say it increases job satisfaction^{16,17}. Vast majority felt that a helper would really reduce the work load. Medical profession was designed to equate men and women in the fields even though a large difference existed in their biological and social conditions and life experience as seen in the research¹⁸. The medical professional hierarchy was designed in a fashion to promote male professionals and not keep in view the hurdles inevitably faced by their female counterparts. According to current findings, preference is generally given to male doctors by both employers and patients. This may be attributed to the religious and social norms of our society. The exam system, however, is

neutral. Society plays a major role in setting stereotypes for men and women in all aspects of life and behavior including their careers as seen in a research conducted by Michael M¹⁹. The females who chose a specialty deemed as predominantly male and off limits for women suffered in terms of their family. This was in view of our research in which 47% doctors at Mayo Hospital believed that society disapproves of female doctors. Harassment of any kind serves as a major discouragement to women in any field. Current study showed that female doctors at Mayo Hospital did not suffer from sexual or emotional harassment at the hands of patients, this is a wide contrast to investigation carried out in England and US^{20,21}. This may be explained by cultural differences existing between western and eastern societies. Women already suffer stress at the hand of family and home demands, add to that the stress and anxiety of the hospital. Round the clock duties, shortage of doctors and massive patient load plays on the nerves of female practitioners. Female doctor's report experiencing stress during their work. The hectic working routine, difficult night shifts and long working hours hinder their performance and act as barriers to progress. A similar research conducted in Ayub Medical College, Abbottabad showed consistent results²².

The energy spent travelling to and fro on the busy and heavily polluted roads of Lahore plays a toll on the female doctors of Mayo Hospital. The study showed that commute problems increase stress among female doctors. Majority doctors find it difficult to manage transport. Their trip to the hospital is arduous usually with bumpy roads and long travelling hours. Commute has been highlighted as a major barrier by the respondents. This was consistent with a similar research in the past³. The significance of this barrier lies in the fact that it may easily be overcome by improving transport facilities.

Current findings highlighted that uncomfortable working conditions were a major barrier to work performance. A vast majority of female

practitioners at Mayo Hospital report skipping meals and having no place to rest. These doctors demand a better working environment. In Pakistani society the man is considered the bread earner and the woman is expected to stay at home. This implies that women are not supposed to work if they are being monetarily supported by their guardians. Does economic stability mean that the female doctor becomes a stay at home housewife? Female doctors however, hold the view that they would continue work even if they were financially supported. According to current study, working is a choice not a need. A previous research showed that a small net financial gain from working didn't act as a deterrent, but they felt strongly motivated to work for other reasons²³. The intrinsic barriers to a woman's career development include factors that were associated with every individual doctor personally. These factors include a lack of self-confidence, physical stamina, persistence and motivation. Female doctors at Mayo were confident about their self-efficacy and competence in their job as seen in this study. However, half of the respondents felt a lack of motivation in their work, this lack has been explained in a research conducted in Abbottabad²⁴. In addition to this it is imperative for all medical practitioners to be able to communicate with all patients in their local language irrespective of their gender. According to popular and false belief female doctors fall short in these aspects of their jobs. Current findings negates any such ideas.

Conclusions:

This study has demonstrated that extrinsic barriers play a significant role in hindering career development of female doctors. Of these, unsupportive spouse, family pressures, professional male dominance, stressful work routine, commute problems and uncomfortable working situations are notably important. Intrinsic barriers are far less important. Efforts to remove barriers must be made. In addition female medical students should receive

psychological counseling regarding their professional life. Further research in this field should be conducted.

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