

Research Article

Career Pursuits of Female Graduates of a Private Medical College and their Hurdles

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Abstract

Background: There is a global shortage of health workforce. Females do not continue their careers due to a number of reasons. This study aims to find out the career pursuits of female doctors & their associated hurdles.

Methods: After approval from IRB, this analytical cross-sectional study was conducted on 255 female doctors who graduated from a private medical college in Lahore from July to December 2022. Simple random sampling was done after getting lists of graduated female doctors from the medical college. The self-structured questionnaire consisted of sociodemographic data, hurdles of career pursuits, and harassment at the workplace. Data were entered and analyzed by SPSS version 23, and the chi-square test was applied to find an association between the hurdles in practicing and non-practicing female graduates. A p-value of <0.05 was considered statistically significant.

Results: Two hundred and fifty five participants were included in the study. Out of which 222 were practicing. 36(14%) experienced harassment at the workplace. The most frequently faced hurdles for career pursuits were less pay, increased workload, difficulty to take time off, and difficulty to give time to family.

Conclusion: In this study 81.7% of the female graduates of the private medical college were working but are facing hurdles during their careers. Harassment in the workplace is common even in the medical profession. There is a lack of support from the family or in-laws, the expectation from women to be the homemaker, and women feeling guilty about prioritizing their careers over their children and family life.

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Introduction

World Health Organization has building blocks for health, of which one of them is human resource for health. Strengthening and expansion of

existing human resource requires the active engagement of female health professionals.¹ Women career inequality is a challenge even in medical profession. In 2022, approximately 3.32 billion healthcare professionals were employed worldwide, of which 9.2 million doctors and 18.1 million nurses were employed. Women select the medical profession with great zeal and passion but only 20%-30% continue their career while the continuation



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percentage of the males is 69%.² Though in developed countries females have equal rights and enabling environment studies show that in US female surgeons were 19.2% in 2016.³ In developed countries like New Zealand and Australia, the percentage of working female doctors is very low as compared to working male doctors.⁴

In Pakistan, there are 274994 registered practitioners with PMDC.⁵ Almost 70% of medical students were female but 34% did not continue their job due to different hurdles.⁶ As the world is heading towards universal health coverage, human resource for health is an essential building block for achieving SDGS & universal health coverage. There is a worldwide shortage of human resource for health, and in order to cover such shortage non-working class should be targeted. Worldwide Sexual harassment, aggression, and violence against doctors are among the causes of the low percentage of working female doctors. It is reported that almost 85 percent of doctors face violence incidents, few faced moderate violence and some percentage of female doctors faced severe incidents of violence and aggression.^{7,8}

A number of Pakistani female doctors quit their careers due to the non-availability of workplace facilities, difficulty in maintaining a balance between their family and job, and male dominating environment.⁹ Many female students chose medicine but were unable to pursue their careers due to the influence of their in-laws, lack of support from family, and social norms. As female goes through a phase of motherhood and many female doctors find it difficult to continue their career with pregnancy or with children. Many women in the child-bearing age range of 25–45 years quit their jobs because of marriage, pregnancy and childbirth, and motherhood.^{10,11} This study aims to find out the career pursuits of female doctors & their associated hurdles. This study will help us understand the causes and circumstances faced by females for opting for their careers. This study will give insight to the policymakers that females should be involved constructively as we already are facing shortage of workforce.

Methods

After approval from the Institutional Review Board Akhtar Saeed Medical and Dental College Lahore (No. M-22/83/-CM), this analytical cross-sectional study was conducted on female doctors who graduated from a private medical college in Lahore, Pakistan from

July to December 2022. The sample size was calculated to be 255 with a 95% confidence interval and 5% margin of error using anticipated frequency of harassment at 21%. Graduated female doctors from the year 2012 to 2021 were included in this study. Lists of graduated female doctors were traced from the record of the medical college of Lahore. There were 1100 graduated female doctors. A simple random sampling technique was used for the collection of data after informed consent using computer generated numbers. The self-structured questionnaire consisted of sociodemographic data, hurdles of career pursuits, and harassment at the workplace developed after literature search. Sociodemographic data consisted of age, marital status, working status, level of job and residence. In harassment of workplace the frequency and source of harassment were asked. The hurdles were assessed as 27 questions developed through literature search. Pilot testing was done on 20 participants. The nonresponse rate in this study was 15%. Data were entered and analyzed by SPSS version 23, and the chi-square test was applied to find an association between the hurdles in practicing and non-practicing female graduates. A p-value of <0.05 was considered statistically significant.

Results

Total 255 female graduates of a private medical college were included in the study. The non-response rate was 15% in our study. The mean age of respondents was 27.7 years with a standard deviation of 5.56 years. 200 (78.4%) were married, 50 (19.6%) were unmarried, and 5 (2%) were divorced or widowed, or separated. 222 (87.1%) of the females in the study were currently practicing while (33) 12.9% were not currently practicing medicine. In practicing females (195) 76.5% were practicing in their field of choice. 52% of females were in the position of a medical officer, 29% are Postgraduate trainees, and 15% were consultants. 44 (21.8%) had their spouse in the field of medicine. 217 (85%) of respondents were from Punjab, 9 (3.5%) were from KPK, 4 (1.6%) were from Kashmir, 15 (5.9%) were from Islamabad and 10 (3.9%) were from abroad.

Table 1 shows the frequency and source of harassment at workplace for female medical doctors. Out of the respondents 36 (14.1%) had faced harassment at work-

Table 1: Harassment at the Workplace among Respondents n=255

Variable	Frequency	Percentage
Lobbying at Workplace	104	40.8
Harassment at Work	36	14.1
Source of Harassment		
Attendants	1	2.8
Clerks	2	5.6
Colleagues	4	11.1
House Officer	3	8.3
Medical Officer	4	11.1
Postgraduate Trainee	6	16.7
Professor	3	8.3
Senior Doctors	10	27.8
Watchmen	3	8.3

Table 2: Hurdles for Career Pursuits of Female Practitioners

Variable	Frequency	Percentage
Less Paid at Job	152	59.6
Gender Biasness at Work	104	40.8
Unequal Opportunities for Women at Work	106	41.6
Faced Cultural Barriers in Opting Field of Interest	115	45.1
Faced Difficulty in Reaching Working Place Due to Transport Issues	116	45.5
Increased Workload at the Workplace	153	60
Work Incompatibility with Partner's Job	79	31
Limited Promotion Opportunities	128	50.2
Negative Effect of Work on School Performance of Children	72	28.2
Negative Impact of Work on Relationship with Spouse	62	24.3
Negative Effect of Work on Relationship with Colleagues	93	36.5
Lack of Job Security	112	43.9
Pressurized by Spouse or In-Laws regarding Job	58	22.7
Lack of Opportunity to Take Time Off	133	52.2
Experience of Being Disrespected at Work	77	30.2
Feeling Unsatisfied with your Work	81	31.8
Experienced Lack of Motivation at Work	97	38
Poor Relationship with Colleagues	69	27.1
Lack of Appreciation at Work	102	40
Isolated at Workplace	87	34.1
Lack of Support from Seniors at Work	102	40
Satisfaction with Current Status	163	63.9
Facing Difficulty in Carrying out Household Responsibilities	178	69.8
Lack of Support from Family	71	27.8
Presence of Domestic Help	202	79.2
Feeling Guilty for Not Giving Time to Family Due to Work	133	52.2
Burnout Experienced at Work	146	57.3

Table 3: Bivariate Analysis of Perceptions between Practicing and non-Practicing Females n=255

VARIABLE	Non Practicing n (%)	Practicing n (%)	p-value
Satisfied with the current status			
NO	21 (63.6%)	153 (68.9%)	0.157
YES	12 (36.4%)	69 (31.1%)	
Presence of Domestic Help			
NO	15 (45.5%)	38 (17.1%)	.001
YES	18 (54.5%)	184 (82.9%)	
Unequal Opportunities for Women at Work			
NO	16 (48.5%)	133 (59.9%)	0.146
YES	17 (51.5%)	89 (40.1%)	
Negative Effect of Work on School Performance of Children			
NO	20 (60.6%)	163 (73.4%)	0.095
YES	13 (39.4%)	59 (26.6%)	
Pressurized by Spouse or In-Laws regarding Job			
NO	25 (75.8%)	172 (77.5%)	0.489
YES	8 (24.2%)	50 (22.5%)	

place. Hurdles faced by female medical doctors in career pursuits are shown in Table 2. Bivariate analysis of hurdles of career pursuits between practicing and non-practicing females are shown in Table 3. Presence of domestic help was significantly higher in practicing females 184 (82.9%) as compared to non-practicing females (p-value 0.001).

Discussion

Human resource for health is critical for achieving universal health coverage. For this females not pursuing their careers should be targeted to overcome the shortage of human resources. The aim of this study was to look for the hurdles female doctors are facing in pursuing their careers, as in developing countries like Pakistan despite the high percentage of female doctors they have a poor continuation rate. In this study 36 (14.1%) women faced harassment at workplace. The most common hurdle at workplace was increased workload at workplace faced by 153 (60%) females.

In this research data, 78% of female physicians were married. A large proportion is married and pursuing their profession. The same results were found in research that showed 85% were married only 4%

were divorced.¹² This research manifests that about 83% of spouses have a profession that is not medical related and 17% were those who have a medical profession. In research conducted at Kyoto University revealed that 83.3% of female husbands were doctors.¹³ 40% of females have their in-Law in medical fields. 44% of females were residents of Lahore, 87% of postgraduate students were working as doctors and 12% were not pursuing their profession. Fields of specialty like medicine, gynecology, and pediatrics were major fields of specialization and few opted for surgery, same results were found in BMC health service research.¹⁴

About 69% of the female doctors find it difficult to carry out household responsibilities because of their work. 34% of women doctors reported that they were able to handle both work and household responsibilities while 31% were discontented due to insufficient time spent with their loved ones due to their ornate professional work.¹⁵ 70% females cooked food by themselves and 68% do grocery shopping but some have employed workers for household duties. Majority of them worked for 1-8 hours.¹² This research shows that 72% of female doctors have a supportive background. Contrary results were found among female doctors at King Edward medical university and research by Kamari.^{15,16} This may be due to reason that the study was done on female graduates of private medical colleges of Lahore. In private medical college most are from upper middle to upper socioeconomic status which might be the reason for supportive background.

About 59% of female doctors feel that they were being paid less at their workplace. Same results were found in research carried out at Mayo Hospital.¹⁴ In contrast to that research in University Hospital in Riyadh Kingdom of Saudi Arabia, revealed that 69% of Female and 76% of male Physicians accept that there were equal salaries.¹⁷ Approximately 59% of females experienced no gender bias in the workplace. Similar results were found in research among female physicians in Pakistan.¹⁸ About 59% of female doctors reported that there was lobbying at the workplace. Another study showed that 84% of female doctors were comfortable with their working environment but 76% of female physicians complained that there is no place to repose and 83% female physicians demand finer living conditions.^{19,20}

In this study 14.1% of female doctors reported harassment. A study done Jeddah, Saudi Arabia

showed large number experience harassment, that was mainly verbal and emotional.¹⁶ The research shows that cultural barriers hinder the professional progress of about 57% female physicians. Similar results show in research conducted at Jinnah Hospital Lahore women were not permitted by their in laws to continue their profession after marriage. Approximately 54% of female physicians face difficulty to reach their workplace due to transport issues. The same results were found in research, according to that 83% faced transport issue.¹⁸

In this research, 71% of Female doctors felt that there is no negative impact on the performance of their child at school due to their work life. But these were contrary to the results of a survey that shows 80% have a negative effect on their children due to work.¹⁸

Results of this research were supported by research that manifests that 51% of female physicians said that their children acknowledged them in their careers. About 75% have no negative impact on their relationship with their spouse but contrary to these results research shows 77% of female physician have persistent disagreement with their spouses.²¹

This research shows that 63% of female doctors have good relationships with their colleagues and 63% don't feel any difficulty in communicating with them. Some results were found in research that shows 76% of females and 78% of Males agreed that they interconnect conveniently with one another in their work environment.¹⁷ Sixty-nine percent never felt disrespected at their workplace. Sixty-eight percent were satisfied from their work and from their current job. The same results were found in research that showed their pregnancy and children did not act as barriers but they increased job satisfaction.²¹

The strength of this study was that hurdles in the career pursuits of female graduates were studied in detail. The sample size was adequate and random sampling was done. However, there were certain limitations like the non-response rate was 15%. This study was done on graduates of a single private medical college. To improve the female participation in medical field the barriers should be highlighted and appropriate interventions should be designed to reduce the barriers.

Conclusion

In this study majority of the female graduates of the college were working but are facing hurdles during their careers. Harassment in the workplace is common even in the medical profession. There is a lack of support from the family or in-laws, the expectation from women to

be the homemaker, and women feeling guilty about prioritizing their careers over their children and family life.

Ethical Approval: The Institutional Review Board, Akhtar Saeed Medical & Dental College, Lahore approved the study vide IRB Approval No. M-22/83/-CM.

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Authors' Contribution:

IM: Conception and design, final approval of version to be published

SN: Acquisition of data, or analysis & interpretation of data

MN: Drafting of article, final approval of version to be published

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