

Editorial

Empowering Women in Healthcare: Breaking Barriers, Building Leaders

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Introduction:

In Pakistan, women comprise over 70% of the health workforce yet confront multifaceted challenges limiting their advancement and well-being.¹ Pakistan ranks the second lowest in the world for women's labor force participation, and deep-rooted gender biases permeate the workplace.² Concrete action is imperative to transform the status quo and empower women across health system levels.

Leadership Disparities

Pakistani women are grossly underrepresented in healthcare leadership despite high representation in the workforce³. At public sector hospitals, less than 5% of leadership positions are held by women.⁴ Male-dominated organizational cultures, lack of succession planning for women, and absence of female role models in high-level positions perpetuate the leadership gap.^{5,6} Family responsibilities and lack of mobility also constrain women from pursuing leadership roles.⁷

Lack of mentorship, gendered networking practices, and biased hiring procedures are contributing factors to fewer women leaders. Leadership training, quotas, blind recruitment, and policies like on-site childcare are needed to get more women into decision-making

roles.^{8,9} Supporting women's leadership networks and intentionally grooming emerging women leaders can boost representation.^{10,11} Without concerted action, healthcare leadership will remain significantly male-dominated.

Tackling Workplace Harassment

Over 80% of Pakistani female doctors report workplace harassment, ranging from gender discrimination to sexual coercion¹². Yet few facilities have clear anti-harassment policies, reporting mechanisms, investigative procedures, or sanctions for offenders. Beyond policies, training must educate all staff on recognizing harassment while shifting workplace culture. Anonymous feedback mechanisms could highlight problem areas.¹³

On-site daycare, flexible schedules, and telehealth options support work-life balance for women managing families and improve retention.¹⁴ Women should not be penalized for maternity or forced to quit their careers after marriage. A diversity of perspectives enhances leadership, and women bring critical experiences to decision-making.¹⁵

Health Systems Strengthening

Applying a gender lens in Pakistan's health workforce policies is crucial. Despite women being the majority, HR processes often align with men's life patterns. Resources must be allocated to address occupational burnout, mental health, and bias female providers uniquely encounter. Access to antenatal care, breastfeeding breaks, and mental health services at facilities demonstrate

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commitment to women's needs.

Women's input into health systems redesign can ensure policies empower rather than oppress them. For instance, more female community health workers are needed in rural areas to reduce maternal mortality. Task-shifting clinical roles to trained midwives and nurses could confront gendered hierarchies amongst providers.

Beyond Policy Papers

On paper, Pakistan endorses gender equity in healthcare leadership and delivery. The reality on the ground shows yawning gaps. Stakeholders must move beyond lofty policy documents to implementation. Political will, community engagement, public-private partnerships, and legal reforms may be necessary to upend structural inequalities.¹⁶

Women represent the backbone of Pakistan's health system. Their empowerment is critical for gender equity and delivering quality care to all. Holistic initiatives to overcome barriers at personal, organizational, and policy levels are the need of the hour. All those who work for health must work for women's empowerment.

Key Recommendations for Empowering Women in Healthcare

In order to truly empower women across all levels of Pakistan's health system, concerted efforts are needed to:

- Support female leaders at all levels and encourage women to value leadership roles and credit themselves high with self-confidence. Define female maternity leave and nutritional policies to create a supportive environment for women to progress in their career trajectory.
- Improve state gender policies, sensitize society to actively listen to women's perspectives, credit female co-workers' ideas fairly, and develop policies for female security to address male-dominated society.
- Allocate more resources for research in maternal sexual and reproductive health, discourage under-treatment of women's pain, and address burnout in females due to multiple responsibilities to tackle challenges faced by women in healthcare.
- Encourage initiatives to address causes of inter-

personal conflicts, upgrade mental health services quality, combat violence, and encourage economic empowerment and female participation in policy-making to improve mental health.

- Provide opportunities for women to get more training in planning and processing things in advance and allow them to negotiate flexible or part-time hours to help manage family life.
- Build organizations that provide basic education, vocational training, self-awareness, self-employment, and critical thinking for women empowerment.
- Develop therapeutic relationships between colleagues and seniors to help women define goals and create self-exploration to provide career counseling.
- Promote family planning services with whole family support, address childhood pregnancy, and strictly implement laws for unsafe abortions to improve reproductive health.
- Develop gender crime cells to efficiently collect data on violence against women, provide staff training, and appoint more female staff in judicial reforms to address workplace harassment.
- Ensure child protection policies are implemented, provide community services and financial assistance to families, and promote collaboration across sectors and public response settings. Provide all human rights and safeguard them, ensure positive rehabilitation, and promote social inclusion at all levels of society for this vulnerable population group.
- Establish day care centers at departmental/ institutional levels operating 24/7 or at least till 10 pm along with pick and drop services.
- Conduct regular medical/psychological checkups for healthcare professionals.
- Build the capacity of lady doctors in primary care with greater job opportunities as family physicians.

True women's empowerment requires dismantling systemic barriers at personal, institutional, and societal levels. All stakeholders must commit to concrete action to support and retain talented women advancing Pakistan's health agenda.

References

1. Tasneem S, Cagatan AS, Avci MZ, Basustaoglu AC. Job Satisfaction of Health Service Providers Working in a Public Tertiary Care Hospital of Pakistan. *The Open Public Health Journal*. 2018; 11(1).
2. World Economic Forum. Global Gender Gap Report 2021. World Economic Forum. 2021. Available from: <https://www.weforum.org/reports/global-gender-gap-report-2021/>
3. Inam H, Janjua M, Martins RS, Zahid N, Khan S, Sattar AK, et al. Cultural Barriers for Women in Surgery: How Thick is the Glass Ceiling? An Analysis from a Low Middle-Income Country. *World Journal of Surgery*. 2020; 44(9):2870–8.
4. Bryant DL. Workplace Incivility of Female Managers on Self-Confidence, Self-Workplace Incivility of Female Managers on Self-Confidence, Self-Awareness, and Self-Esteem of Female Workers Awareness, and Self-Esteem of Female Workers [Internet]. Available from: <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=9538&context=dissertations>
5. Sarwar A, Imran MK. Exploring Women's Multi-Level Career Prospects in Pakistan: Barriers, Interventions, and Outcomes. *Frontiers in Psychology*. 2019; 10(1).
6. Malik AA, Yamamoto SS, Haque A, Butt NS, Baig M, Sauerborn R. Developing and assessing a tool to measure motivation among physicians in Lahore, Pakistan. van Wouwe JP, editor. *PLOS ONE*. 2018; 13(12): e0209546.
7. Qazi MA, Schofield S, Kennedy C. "Doctor Brides": A narrative review of the barriers and enablers to women practicing medicine in Pakistan. *J Pak Med Assoc*. 2021; 71(9):2237–43.
8. Chaudhary N, Dutt A. Women as Agents of Change: Exploring Women Leaders' Resistance and Shaping of Gender Ideologies in Pakistan. *Frontiers in Psychology*. 2022; 13(1).
9. Biggerstaff LE, Campbell JT, Goldie BA. Hitting the "Glass Ceiling": Golfing CEOs, Exclusionary Schema, and Career Outcomes for Female Executives. *Journal of Management*. 2023; 014920632311613.
10. Khan IG, Abbas S, Waseem S. Behind the curtain: Workplace violence against nurses in Pakistan. *Annals of Medicine and Surgery* [Internet]. 2022; 81(1): 104378.
11. Shaukat Ali Jawaad. Women physicians, their social issues & Barriers to their success in Academic Medicine. *Pak J Med Sci*. 2022; 38(8).
12. Malik MA, Inam H, Martins RS, Janjua MBN, Zahid N, Khan S, et al. Workplace mistreatment and mental health in female surgeons in Pakistan. *BJS Open*. 2021; 5(3).
13. Álvarez-Villalobos NA, De H, Gerardo F, Guadalupe G, Vaquera A, Javier F. Prevalence and associated factors of bullying in medical residents: A systematic review and meta-analysis. *J Occup Health*. 2023; 65(1).
14. Lyubarova R, Salman L, Rittenberg E. Gender Differences in Physician Burnout: Driving Factors and Potential Solutions. *Perm J*. 2023; 27(2):130–6.
15. Iftikhar S, Yasmeen R, Khan RA, Arooj M. Barriers and Facilitators for Female Healthcare Professionals to Be Leaders in Pakistan: A Qualitative Exploratory Study. *J Healthc Leadersh*. 2023; 15(1):71–82.
16. Zeinali Z, Muraya K, Molyneux S, Morgan R. The Use of Intersectional Analysis in Assessing Women's Leadership Progress in the Health Workforce in LMICs: A Review. *International Journal of Health Policy and Management*. 2021; 11(8):1262–73.