

PERCEPTION OF FEMALE DOCTORS REGARDING FACTORS LEADING TO CAREER DISCONTINUATION IN PAKISTAN: A CROSS-SECTIONAL SURVEY

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Abstract

Objective: To explore the factors that lead to the discontinuation of careers among currently practicing female house officers (HOs) and residents (PGs).

Method: This is a descriptive cross-sectional study on practicing female doctors including house officers and postgraduate residents currently working in Civil Hospital Karachi (CHK). Data were gathered using a self-administered questionnaire with close-ended questions. The study duration was 4 months, from July 2023 to October 2023. The questionnaire included the factors responsible for career discontinuation. Cumulatively, 369 participants completed the questionnaire, out of which 183 (49.6%) were house officers and 186 (50.4%) were postgraduate residents. After the process of data collection data was analyzed through SPSS version 25.

Results: The factors responsible for discontinuing the careers include work-home imbalance (88.1%), prolonged working hours (79.9%), neglecting children (77.5%), hectic on-call schedules (72.1%), physical exhaustion (67.2%), difficulty getting days off (55.6%), and prolonged residency duration (53.1%).

Conclusion: Career discontinuation often stems from work-home imbalance, long working hours, demanding on-call schedules, and physical exhaustion. Various studies carried out in Pakistan highlight these issues, underscoring the urgent need for solutions in developing countries like Pakistan to prevent this loss.

INTRODUCTION

The medical field is indeed appealing especially for females, which is evident by the tremendous increase in their number in medical colleges with time. Unfortunately, they are compelled to abandon their career and years of hardship and dedication due to various domestic and social issues, and those who somehow manage to go on with their career do it with great difficulties and sacrifices. With women making

up about 3.8 billion of the world's 7.6 billion people, there is a growing need to increase the number of female doctors to better serve their healthcare needs and ensure gender balance in the medical field(1). PMDC statistics from 2016 also state that only 30.4% of registered specialists were female doctors, compared to 69.6% males(2). Women constitute 50 to 60 percent of medical students in Canada, and by

2020, it is expected that the number of practicing female physicians will surpass that of male counterparts(3).

Women's career pursuance is influenced by environmental exposure and public perceptions(4). Marriage and restriction from a spouse are also important factors because many women perform pretty well in their career leave after marriage(5). Many practicing female doctors face psychological and social pressures from demanding work conditions that affect their family lives(2). A study in Jeddah, Saudi Arabia, found that 52% of female trainee physicians faced gender discrimination, mainly from supervisors, and 40% experienced regular harassment, causing some to reconsider their careers in medicine. Similarly, an online survey in Pakistan reported that 57.5% of 146 female surgeons, most of whom were trainee doctors, experienced workplace harassment, mostly verbal (64%), yet 91.5% chose not to report it(6). Moreover, the unavailability of baby care setups further adds to the difficulty of childbearing and rearing for a working woman contributing to dropouts(4). Lack of counseling and role models also leads to saturation in some specialties and a complete lack in other specialties (7).

So, there is a dire need in a developing country like Pakistan to take some serious steps to avoid this loss, as has been done in foreign countries(8). It is necessary to make a female-friendly workplace so that while managing their family duties they can continue their career and show their maximum potential(4). Major needs of female physicians are flexible duty hours, workplace safety, transport facility, and baby care facility so that there is less chance of their work-home imbalance(6). Safe transport can also be an initiative and help females overcome these problems(9).

This study aims to find out the factors that seem to be influencing the currently practicing female house officers and residents that lead to the discontinuation of the careers of female medical graduates.

SUBJECTS AND METHODS:

The cross-sectional study was conducted at Dow University of Health Sciences from July 2023 to October 2023. After approval from the Dow Institutional Review Board (IRB), the sample size was calculated using OpenEpi v 3.0 calculator taking the

percentage of female doctors not practicing medicine due to marriage 60%(14), with 5% margin of error and 95% confidence level. Data collection was done using a non-probability convenience sampling method. Female house officers and postgraduate residents including those in all years of residency from varied specialties currently working at Civil Hospital Karachi (CHK) were included in this survey. Female doctors who had left the profession were excluded.

A self-administered questionnaire containing closed-ended questions was used for data collection. After taking written informed consent, house officers and residents were approached working in different specialties in the hospital to fill out the questionnaire. The confidentiality of the participants was assured.

Pretesting was conducted on female house officers and residents who met the inclusion criteria. In the final analysis, pre-test responses were included. They were inquired about their perspective on various factors that may lead to the discontinuation of careers in female graduates, the influence of spouses on their career, and satisfaction scores from their life, job, career, and work environment.

The collected data was entered and analyzed using Statistical Package for Descriptive Statistics (SPSS) version 25.0. Descriptive statistics were presented as mean±standard deviation (SD) for continuous variables (age and satisfaction scores) and as frequencies with percentages for categorical variables in tabular form. A T-test was applied to assess factors leading to career discontinuation. $P \leq 0.05$ was considered statistically significant.

RESULTS:

Cumulatively, 369 participants completed the questionnaire out of which 183(49.6%) were house officers and 186(50.4%) were post graduate residents. Records were not kept on individuals who refused to participate.

Table 2 shows the factors that lead to the discontinuation of a career. The major factors are work-home imbalance 325 (88.1%), prolonged working hours 295 (79.9%), children being neglected 286 (77.5%), hectic on-call schedule 256 (72.1%), physical exhaustion 248 (67.2%), difficulty in getting days off 205 (55.6%), prolonged duration of the residency 196 (53.1%), etc. **Table 3** shows the level of

mean satisfaction scores of House Officers and PGs about their career and workplace environments. Mean values were calculated individually for each domain. The level of workplace environment satisfaction

($p=0.006$) is significant in postgraduate residents as compared to House officers. Whereas the level of career satisfaction ($p=0.119$) is not significant

Table 1: Socio-demographic characteristics and employment details (n=369)

Characteristics	n(%)
Medical college of graduation	
DMC	246(66.7)
Others ^ε	123(33.3)
Marital status	
Married	98(26.6)
Single	271(73.4)
Children(If applicable)	
Yes	53(14.4)
No	316(85.6)
Caretaker of children(if applicable)	
You	1(1.0)
Maid	7(7.1)
In-laws	35(35.7)
Your parents	10(10.2)
Influence of husband's opinion over your job(if applicable)	
Yes	54(14.6)
No	315(85.4)
Total number of participants	
House officers	183(49.6)
Postgraduate Residents	186(50.4)
Night shifts and calls per week	
House officers	
1	40(21.9)
2	143(78.1)
Postgraduate residents	
0	11(5.9)
1	23(12.4)
2	121(65.1)
3	31(16.7)
Working hours per week	
House officers	54.59±3.83
Postgraduate residents	73.41±10.07

^εAKU 2 BUMDC 4 CMC 16 DIMC 6 FJMC 2 GMMMC 6 JMDC 4 KMDC 12 LUMHS 21 PUMHS 9 SMBBMC 16 SMC 23 UMDC 2

Table 2: Factors leading to discontinuation of the profession.

Factors	n(%)
Lack of interest	
Yes	100(27.1)
No	269(72.9)

Prolonged working hours	
Yes	295(79.9)
No	74(20.1)
Hectic on-call schedule	
Yes	256(72.1)
No	103(27.9)
Prolonged duration of residency	
Yes	196(53.1)
No	173(46.9)
Physical exhaustion	
Yes	248(67.2)
No	121(32.8)
Work home imbalance	
Yes	325(88.1)
No	44(11.9)
Children being neglected	
Yes	286(77.5)
No	83(22.5)
Inadequate income	
Yes	151(40.9)
No	218(59.1)
Sexual harassment	
Yes	105(28.5)
No	264(71.5)
Job insecurity	
Yes	67(18.2)
No	302(81.8)
Difficulty in getting days off	
Yes	205(55.6)
No	164(44.4)
Incompatibility with husband's job	
Yes	172(46.6)
No	197(53.4)
Facing intellectual challenges with colleagues	
Yes	66(17.9)
No	303(82.1)
Negative undergraduate experience	
Yes	69(18.7)
No	300(81.3)



Table 3: Level of Satisfaction.

Groups	House Officer	Post Graduate Resident	t-statistic	P-value
Level of career satisfaction	6.37±2.039	6.68±1.855	0.317	0.119
Level of workplace environment satisfaction	4.44±2.213	5.09±2.350	0.654	0.006

DISCUSSION:

Like many developing countries, Pakistan is experiencing a decline in its healthcare workforce for various reasons, with one significant factor being the inability to retain female doctors in the profession (7). As shown by a study(9) the numbers of female doctors graduating is more than the number of doctors entering the workforce. The study has outlined the challenges encountered by female doctors working at Civil Hospital Karachi. Work-home imbalance, prolonged working hours, neglect of children, and long residency durations are the main factors that contribute to career discontinuation. According to another study, among the most common factors leading to career discontinuation among female medical graduates were decreased pay, heavy workload, and difficulty managing work-home life. (10)

A woman is often raised to embrace a stereotypical role in society that of a caretaker. Managing the household and caring for children are seen as central to her identity. As a result, her career is frequently viewed as secondary to these caregiving responsibilities. Thomas J addressed this issue, noting that part-time work by female doctors in the UK leads to a considerable waste of resources, with household duties being the primary factor behind it(8). According to another research majority of female doctors agreed that household obligations were a barrier to women's advancement in the medical sector(11) This is consistent with our study in which 88.1% of female doctors believe that career discontinuation is brought on by work-home imbalance. In a survey of work-life balance satisfaction, only 8.5% of female physicians reported being very satisfied(12). and 26% of females according to another research(13). Most respondents believed that having support would substantially lighten their workload.

Although the medical profession was meant to provide equal opportunities for men and women, research reveals that significant disparities in their biological and social conditions, as well as life experiences, still exist (14). Although the percentage of women entering the healthcare workforce has risen in recent years, female workers continue to encounter numerous obstacles in their professional lives, which adversely affect their quality of life both at work and

at home (15). Due to the pressure of demanding work environments and the toxic norms that are prevalent in the profession of medicine the professional fulfillment of the doctors is increasingly undermined(16)

In our research, 79.9% of female respondents indicated that long working hours were a significant factor leading to their decision to discontinue their medical careers. This finding highlights the impact of extended work schedules on female doctors, who often face additional challenges such as balancing work with family responsibilities, which can be particularly demanding in a profession that requires long irregular hours. Another study also showed that there are several factors that may contribute to the discontinuation of profession in medical women and some of them were financial concerns and work life imbalance(17). As shown by the study Arif et al,(18) financial prospects and domestic obligations were a significant factor in deciding future medical career. Our study also reported financial constraints to be a notable factor for in career pursuance. They expressed that long working hours are a major source of stress, with shifts often exceeding thirty hours. They urged institutions to address this issue, as it disrupts the balance between their family and work life(19). Another study (20) also showed that female doctors are more vulnerable to mental health issues due to prolonged working hours and domestic responsibilities.

Females already have to face a significant burden of family and household responsibilities, and this burden is further increased by the stress and pressure of working in a poorly managed hospital environment. There are always round-the-clock duties, increased patient load, and a constant shortage of doctors, which takes a considerable toll on female practitioners. The hectic working schedules, increased work-related stress, multiple night shifts a week, and prolonged duty hours negatively affect the doctor's performance in the hospital. These findings of our study were consistent with the findings of another study(21). Another study (22) similar to our study reported that excessive work overload negatively affects the quality of life.

Our study also indicated that an uncomfortable workplace environment also caused a significant impedance in satisfaction. This fact is also supported

by the study conducted at Lahore Mayo Hospital(8) According to that study a large number of female doctors reported skipping meals and missing sleep because of lack of a proper place to rest. This fact needs special attention as most female doctors called for a better workplace environment and better necessities at a hospital. Another factor in our study was whether or not a lack of sufficient income was a factor in discontinuing further practice. And a majority of doctors denied it to be the reason. This fact is again supported by a study conducted in Lahore Mayo Hospital that stated that female doctors would work regardless of being financially supported. This shows that other more significant factors lead them to discontinue their careers and they want to pursue it irrespective of financial gain(23). According to another study, doctors reported that they take pride working in their field and it is their driving force to stay in this field, this again shows that doctors all over the world are determined to work but are limited because of the factors mentioned above(24).

Important factors leading to advancement in women's careers are self-confidence and motivation. Our study at Civil Hospital Karachi reported just a few female doctors facing these problems indicating that the majority of them were motivated and confident to work. The study at Mayo Hospital(8) and another study (25) revealed similar findings.

CONCLUSION:

The major factors leading to the discontinuation of their careers include a work-home imbalance, prolonged working hours, a hectic on-call schedule, and physical exhaustion. The research focuses only on the perception of female doctors regarding discontinuation, actual circumstances may vary from their point of view. Furthermore, this study was conducted in a civil hospital in Karachi and different settings can have different perspectives and outcomes. It is recommended that more shifts should be introduced which would decrease the workload. Moreover, daycare centers should be made more accessible to doctors who have children. Working hours should be limited. Female doctors should be able to avail their due offs.

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None

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