CHALLENGES FACED BY FEMALE DOCTORS DURING FELLOWSHIP TRAINING HINDERING THEIR PROFESSIONAL PROGRESS IN A CONSERVATIVE CULTURAL CONTEXT

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ABSTRACT

Objective: To explore the professional challenges faced by female doctors during their fellowship training in semi government hospitals of Pakistan.

Study Design: It was a qualitative study using a collective case study approach.

Place and Duration of Study: This study was carried out in two semi-government hospitals of Rawalpindi i.e. Fauji Foundation and Pakistan Railways hospital, from Jan to Jul 2016.

Material and Methods: Ten female doctors working as a trainee (irrespective of year of training) were interviewed by using semi-structured questionnaire. They were inquired about the challenges and issues faced by them in their training. Thematic analysis of the available data was carried out. Themes identified in the data were compared with themes already explored in literature.

Results: Ten in-depth interviews revealed themes related to challenges faced by female trainees. All of them strongly believed that training was very tough and hectic and they came across many, departmental, institutional and personal problems during their training. All of them expressed their intense motivation for the training, but still felt it to be demanding. They believed they had paid a heavy price for this training by sacrificing prime time of their youth and family.

Conclusion: It was identified by the participants that female encounter countless barriers when they start their fellowship trainings. They come across institutional as well as personal barriers which affect their career, thus hindering their progress.

Keywords: Conservative culture, Fellowship, Female doctors, Health care delivery system, Semi Government Hospital, Training.

INTRODUCTION

In the wake of current situation of our country where there is only one doctor per eleven hundreds of patients, there is utmost need to strengthen health care delivery system of Pakistan by increasing the number of health care professionals[1]. Since majority of medical students are female and they make up to 70% of our health care workforce but we see nearly 50% or less are able to continue their career as a doctor and even very few amongst them are able to come up as specialists[2]. There are no statistics available to show exact decline in female doctors' workforce as a medical school faculty and as a full professor but there is visible discrepancy between the number of female students entering into medical school and female doctors working at higher positions[3]. Although the female graduates outnumber the male while entering into professional colleges all over the world but their representation as specialists remain low as compared to men[4,5]. Female doctors participation has risen considerably in general practice and very few of them are enrolled in fellowship programs and the number of female doctors who attain the top positions is very limited owing to the fact that they are not promoted at the same pace as males. This is because of gender discrimination and inequality at workplace in academic medicine[6]. However, the literature has also shown that female doctors are unable to

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prioritize between career and family nonetheless want to keep both of them, by trying to manage career and family simultaneously with harmony and cooperation before starting their fellowship training[7]. Therefore this study will not only explore the problems and barriers faced by the female doctors during their fellowship training in a conservative cultural context such as Pakistan, but will also help to identify the difference from other cultures.

SUBJECTS AND METHODS

Ten female doctors who had cleared FCPS part one in any specialty, and working as a part two trainee in a respective department irrespective of the year of training were approached and interviewed after informed consent. The study was carried out in Fauji Foundation hospital and Pakistan Railways hospital of Rawalpindi from January to July, 2016. Both hospitals are tertiary care hospitals and offer fellowship training in all major specialties. Before interview all the interviewes were detailed about the questionnaire. Semi-structured questionnaire with sixteen questions was prepared and pilot tested. These questions were covering three domains i.e. personal, departmental and institutional from where female doctors face challenges.

An ethical approval was obtained from the hospital ethics committees. Informed written consent was obtained from all participants of study. This was a qualitative collective case study in which each respondent was a single case and their observations and personal experiences were taken for better understanding of the issue under consideration[8]. All cases were analyzed individually as well as comparisons were made among cases as a 'collection' to understand and theorize the phenomenon. In qualitative studies smaller sample size is acceptable but it should be large enough so that all the desired perceptions and feedback from the participants is achieved[9]. Purposive sampling technique was used and only those female doctors were approached who were doing fellowship training and had desired information needed to achieve the objectives of study. Data were collected through one on one in depth interviews. All the interviewees were briefed about the objective of this study. The trainees were asked to reply in English since transcription in English language is feasibly done on computers. All the interviews were audio recorded and later transcribed. Thematic analysis of the data was done by consolidating, reducing, and interpreting the data and condensing it in such a way that it gives meaning to data also known as the process of "making meaning"[10]. Transcribed data was organized and coded using NVivo software version 11. Conclusion were drawn after interpretation of data.

RESULTS

Themes identified through literature search and through analysis of data have many commonalities and most of the themes are overlapping. However, there are certain themes which are context specific and cultural bound, owing to difference in context and culture of western world (table).

A: ***Imbalance Between Work And Life:*** When the trainee doctors were asked about the personal problems during their training they all had huge list of problems they are going through during their training. All the trainee were married women with children and their response was expected one, that their home is disturbed due to their training, kids are neglected husbands are compromising and trying to cope with the situation. Some of the representative statements of the participants are given below.

"Yes I had idea about its toughness but now picture is clear. It's very tough as very frequent on call duties of 30 hours which literally drain us. Patient load is too much and trainees are not sufficient to meet the demand. All of us have children at home we have to make arrangements for our kids. With out in laws and husband support it was nearly impossible to do this training." (Participant 2)

"My mother in law looks after my kids and many times husband has to stay home to see kids.

He is a business man he is very busy but he is very helping man. I'm usually every third or fourth day on call duty. After on call duty I'm so tired that I just lie down in bed and take rest because next day is another busy day."(Participant 5)

B: *Sacrifices Versus Achievements:* When the participants were asked about the sacrifices they made while going through training, they were all in the opinion that training is quite tough and frequent on call duties which last for 30 hours are really very demanding and we are so tired that we are unable to manage our kids and home properly. Few participants said that their health has been influenced due to tough training; they also said that few of us have developed hypertension due to this training. Other health problems were headache, anxiety, depression and so many stomach problems. Mostly of them also said that our golden time of youth has been ruined during training we didn't enjoy our life with our husband as we had fancied of.

C: Burn Out: Participants were asked about the ill effects of training on their health and work, they all mentioned especially those working in gynecology department that we are under pressure all the time, this is because of work load, frequent night calls, peer pressure, stress and much more. This situation not only effects our mental and physical health but our working capabilities as well. Therefore many of us end up in 'burn out'. Some of the representative quotes are given below:

"Yes this training is very tough every fourth day is a call day when I get back home I don't feel like talking to anybody even my kids so they try to come close to me I'm harsh and rude with them, my weight has increase because of increase appetite and I feel bad when I see myself in mirror. Moreover tolerance is declined, migraines are now very often my companion. It's not easy to stay fresh during training." (Participant 5)

"Ahh huge list of health issues due to long working hours, night on call duties. I'm suffering from headaches and all my fellows have developed tension headaches, I have put on weight due to stress I eat a lot. I have no time for myself." (Participant 1)

D: Institutional Stressors: All the participants stated that there are various institutional problems which need to be solved but with administrative support. They all believe that their training could have been less tiring if more trainees are employed specially in gynecology department as work load is at peak in gynecology most of the time. Another problem is salaries of

Table: Comparison of themes and strength identified by the female trainees.

S No.	Theme	Identified in literature search	Identification through Data
1	Work-life imbalance	+ + + +	+ + + +
2	Peer Pressure	+ + + +	+ +
3	Burn out	+ + +	+ + + +
4	Reward and remunerations	+ +	+ + + +
5	Career uncertainty	+ +	+ + + +
6	Family Support	+	+ + + +
7	Sluggish Career Advancement	+ + +	+ + + +
8	Effect of male dominance / sexual harassment	+ + + +	+
9	Institutional Policies	+ +	+ + + +

+ + + + Denotes very strong effect of factors on female progress
+ + + Strong effect of factors
+ + Factors have effect but less stronger than b
+ Factors have less effect than c

the trainees, they all claimed that salaries are not appropriate as compared to other institutes. They also stated that we are not provided with proper canteen and prayer area, no help is given to get us food and tea for us during night shifts.

DISCUSSION

The study titled "Challenges faced by female doctors during their fellowship training hindering their professional progress in a semi government hospital" portrays the problems to the working female doctors doing fellowship training. Pakistan like all developing countries is losing the health care workforce due to multiple reasons, but one major reason is lack of retention of female doctors in the profession. However it is known fact that that majority of females don't work after graduation due to various issue but those who opt for fellowship training face many challenges[11]. Only few themes which have strong influence are discussed below:

It is obvious from the literature of Pakistan which shows that more females are entering for training as compared to males but due to difficulties faced to them during training that they give up at times[12,13]. Similar trend of challenges to female doctors are found in other parts of world, literature stating that numerous barriers to work like balance are usually having their origin in the professional culture of that part of the world[14,7]. One study carried out by Beutell in Drexel university states that if a career oriented female is married to a career oriented man then female experience more problems in balancing the two roles as husband provides little emotional support to her owing to his career oriented nature[15]. This doesn't mean husbands should not be career oriented but both partner should provide emotional support to one another[16]. It is seen that looking after kids and home is considered as female duty because in our society domestic responsibilities are on female shoulders. This concept can be supported by Gender schema theory where children are influenced by society's ideas about what it means to be a male or female in their culture and explain how individuals become gendered in society. The gender schematic processing model stated that information is organized and structured into the gender schema not by categories of masculine things' and feminine things' but by categories of things for me' and things not for me'. Therefore looking after kid is a mother duty not father's, similarly domestic chores is a female duty[16].

It has been observed in our study that our female doctors complained of stress and anxiety as a unified part of training, this is because of workloads, night calls, unpaid trainings, peer pressure, lack of family support. Expectation from the trainee are far more than the ability of a trainee therefore trainees are under constant depression. Sometimes this stress and psychological disturbances end up in "Burn Out." This condition creates problems both for doctors and patients, because doctors are emotionally exhausted and depersonalized and they are not in the state to treat patients therefore make frequent mistakes[17]. Similar trend of burnout has been observed in doctors around the world, it is estimated that 12-15% of female doctors are prone to burnout if there work load is increased by five hours a week, whereas in female physicians burnout is 60% more prevalent than male physicians[18,19].

In order to retain the workforce in the health care, they should have attractive salaries along with favorable working environment. In Pakistan majority of the trainee are doing unpaid training where they are supposed to carry out same tasks as compared to those who are salaried. A systematic review carried out in developing countries shows that though financial incentives are major contributors in enhancing motivation in workers but recognition is highly persuasive in boosting the morale of working doctors[20]. Similar trend is observed in other countries like Asian and Pacific countries like Indonesia, Malaysia, Australia, Maldives etc. has been facing the shortage of health workforce. Therefore they have developed incentive packages for working doctors in order to motivate them and retain them in the system. It is

reported in the literature that working doctors around the world can't provide the quality care until and unless the problems of the demotivated staff are adequately addressed[21].

Participants mentioned institutional issues under two main categories i.e. institutional policies and on call duty issues. They said that long working hours are one of the biggest stress and this duty lasts more than thirty hours, they demanded that institution should do something regarding this problem because this imbalances our family and work life[22]. They stated that we are lacking administrative support which is required for many issues as for example their trainings are mostly unpaid in the beginning so there must be a policy to enroll few but they must be paid, then there are lack of proper canteen, cafeteria and prayer area for us[23]. All the participants' reported that we have lots of stress here as working environment is not promising. They said our physical needs are not met that influence our efforts to achieve our goals hence effecting our wellbeing. My study finding are comparable to Deci and Ryan in the regard that human psychological needs must be met that motivates him for work[24]. However one of the study carried out in UK, its findings are comparable to my finding that if trainees are paid and given some incentives their motivation to work increases hence performance is improved[25].

CONCLUSION

It was identified by the participants that female encounter countless barriers when they start their fellowship trainings. They come across institutional as well as personal barriers which affect their career, thus hindering their progress.

RECOMMENDATIONS

There are few recommendations authors would like to mention here that can lessen the barriers if not completely eliminate them. These are as follows:

a. Institutions should provide the administrative as well as monetary support to all female doctors doing their fellowship training as most of the trainees are doing unpaid training.

b. Female trainees should learn coping strategies to counteract stress both at home and work.

LIMITATION OF STUDY

Since this study was carried out in semi government hospitals therefore cannot be generlized as the themes originated from the data are context specific.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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