



Gender Perspective in the Workplace: The Experience of Women Medical Doctors.

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Abstract

Background. Women are a considerable part of the population and contribute to every facet of life with significant participation in all professions, however, despite such advancements by women, there is still a gender bias in all walks of life including the medical field. This study aimed to evaluate the opportunities, challenges, and job satisfaction of women doctors in the workplace.

Methodology. This was a descriptive, cross-sectional study conducted among 165 women medical doctors living in Rivers State, Nigeria. Data was collected using a structured, self-administered questionnaire and results have been reported as frequencies and percentages for categorical variables.

Results. Of the 165 women recruited, 62(37.6%) were working as resident doctors, 43(26.1%) were medical officers and 42(25.5%) consultants. Only 85(51.5%) women reported global satisfaction in their workplace while 69(41.8%) admitted to career satisfaction. Most of the respondents agree that their career has limited the time available to spend with their family (74.5%) and their friends (78.2%) outside their working environment. The greatest challenges perceived at work include poor work-life balance in 123(74.5%) and lack of career advancement opportunities in 46(27.9%) respondents. While 112 women doctors (67.9%) had experienced insubordination from a junior male colleague in the workplace, 75(45.5%) had experienced some form of physical violence in the workplace (from staff or patients). One hundred and twenty women (72.7%) had experienced some sort of sexual harassment from both their male colleagues and male patients in the workplace, with 11(6.7%) reporting frequent sexual harassment from their male colleagues.

Conclusion. Gender disparities and bias do exist in the medical field and should be discouraged at every level. When there is a positive organizational culture and supportive environment at work, women medical professionals can offer excellent medical care and break both clinical and academic glass ceilings.

Keywords: Women, Doctors, Workplace, Challenges, Nigeria

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Introduction

Since the beginning of the 20th century, women have made added efforts to achieve equal opportunities and professional treatment in the workplace. Discriminations against women have been recorded since ancient times, with women deliberately deprived from things as simple as education, economic empowerment, maternal health or even working outside their homes,^[1] and the fight is still ongoing today to achieve gender equality in the workplace and globally. Gender inequality refers to the unequal treatment, opportunities, and outcomes experienced by individuals based on their gender, where women are often underprivileged and debased compared to men,^[2] and this often results from personal values, traditional perceptions held about men and women by the society at large.^[3] Of 189 economies assessed in 2018, 104 economies still have laws preventing women from working in specific jobs while 59 economies have no laws on sexual harassment in the workplace.^[4] In these societies, women's contribution and skills are not recognized despite women having skills, talents, commitment, dedication, and hard work equal to men. Due to poor representation of qualified women, it has been extremely difficult to secure top management jobs and attain leadership positions which has created a "gender gap" in society and the workplace.^[5] Despite advancements towards gender equality in many societies, research consistently highlights the persistence of bias and its adverse effects on individuals and organizations alike, and this seems to be worse in our clime. With the gradual rise in the number of women pursuing residency training in the field of medicine, it is disappointing that subspecialties like surgery for example, continue to be predominantly seen as a domain reserved for men.^[6] Women doctors face problems and challenges at the workplaces like women in other professions, such as denial of opportunities, lack of encouragement and support, poor work life balance and harassment in the workplace. This can discourage women doctors as well as disrupting the maintenance of a pleasant environment at the workplace.^[7]

This study aims at exploring the complex issues of gender perspective, the experiences of women medical doctors in the workplace and highlight the opportunities and perceived job satisfaction of women doctors as well as to elucidate their work life balance and to describe the challenges and harassments women doctors face in the workplace in our environment.

Materials and methods

Study design: This study was a descriptive, cross-sectional study conducted among women medical doctors living in Rivers State, Nigeria. Rivers State is one of the thirty-six states of Nigeria, located in the southernmost part of the country.

Study population: The study population of the research consisted of one hundred and sixty-five (165) women doctors working in the Government owned and Private Health Care facilities in Rivers State who were recruited via convenience sampling method. Fully informed and appropriate consent from the participants was sought and obtained, and ethical approval was obtained before commencement of the study.

Data collection tool: Data was collected using a structured, self-administered questionnaire. The questionnaire contents were adapted from literature from several similar studies. The questionnaire comprised of two sections. The first section includes questions about participants' demographic characteristics including age, gender, years of practice, and private or public practice types. The second section included questions about the opportunities, challenges, stress, work life balance, and job satisfaction of women doctors in the workplace. The constructed questions were closed and multiple choices in nature. Some of the questions were designed as itemized, graphical rating or scored on a five-

point rating scale ranging from 1 to 5 (strongly disagree to strongly agree). The respondents indicated their response on this scale.

Data management: Data was entered into Microsoft excel spreadsheets and then exported into and analysed using Statistical Package for Social Sciences (SPSS) version 25 (IBM Inc., Armonk, USA). Data was expressed as frequencies and percentages for categorical variables.

Results

A total of 165 women medical doctors were recruited into the study, with the majority working in a government facility. The majority of the women 71 (43.0%) were aged between 30-39years. About half of the respondents had been practicing for 10-19years after graduation from medical school and were mostly working as medical officers, residents, or consultants. Seventy-nine (47.9%) women reported working for over 40 hours in a week but only 31(18.8%) women doctors in this survey were in a managerial position in their workplace. (Table 1)

Table 1. Socio demographic characteristics of the women doctors

Variable	Frequency (%)
Age group (years)	
20-29	30(18.2)
30-39	71(43.0)
40-49	52(31.5)
50-59	10(6.1)
≥60	2(1.2)
Place of work	
Government owned facility	135(81.8)
Private facility	30(18.2)
Years of experience as a doctor post qualification	
0-9	66(40.0)
10-19	82(49.7)
20-29	11(6.7)
≥30	6(3.6)
Marital status	
Single	38(23.0)
Married	114(69.1)
Divorced	13(7.9)
Professional cadre	
House doctors	11(6.7)
Resident doctors	62(37.6)
Consultants	42(25.5)
Medical officers	43(26.1)
Others	2(1.2)
Hours of work per week	
<10	7(4.2)
11-20	7(4.2)
21-30	18(10.9)
31-40	54(37.7)
≥41	79(47.9)

Work life balance:

Only 85(51.5%) women doctors report global satisfaction in their workplace while 69(41.8%) admit to career satisfaction in the workplace. One hundred and twenty-three (74.5%) respondents opined that their career had limited the time available to spend with their family while 129(78.2%) women reported limitation of time available to spend with their friends outside their working environment. Whereas 44(26.7%) women doctors reported quitting a job because of family needs or childcare, 27(16.4%) turned down a promotion, 30(18.2%) admit to currently working part time and 32(19.4%) had taken significant time off work to attend to their family.

Pertaining to motherhood, 33 women (20.0%) have admitted having to postponed having children because of their occupation, 56 women (33.9%) noted that they had limited their number of children due to their career while 12 (7.3%) admitted to infertility problems which they ascribe to their career. Only 35(21.2%) women had a comfortable creche/nursery in their organisation and 61(37.0%) agree that their organisation supports parenthood.

Evaluation of the workplace:

A total of 52(31.5%) respondents agreed that career opportunities for women doctors are restricted while 69(41.8%) have been discouraged from commencing a particular speciality because of their gender. A third of the respondents, 55 persons (33.3%), propound that men have better promotion/advancement opportunities in their workplace, whereas, almost 90% (148 women) have had their clinical ability doubted or undervalued because of their gender and 135(81.8%) feel less respected in the workplace compared to their male colleagues as a result of their gender.

Almost a quarter (24.8%) of women doctors' state that more is expected from them in their workplace because of their gender and 40(24.2%) women have reported receiving overly negative work evaluation which they attribute to their gender. Only 25(15.2%) women report receiving less mentoring/instructions/support compared to their male counterparts while 34(20.6%) have been given more undesirable tasks in the workplace. While all women doctors get full cooperation from their male colleagues in the workplace, 29 (17.6%) report lack of support or mentorship from fellow women doctors.

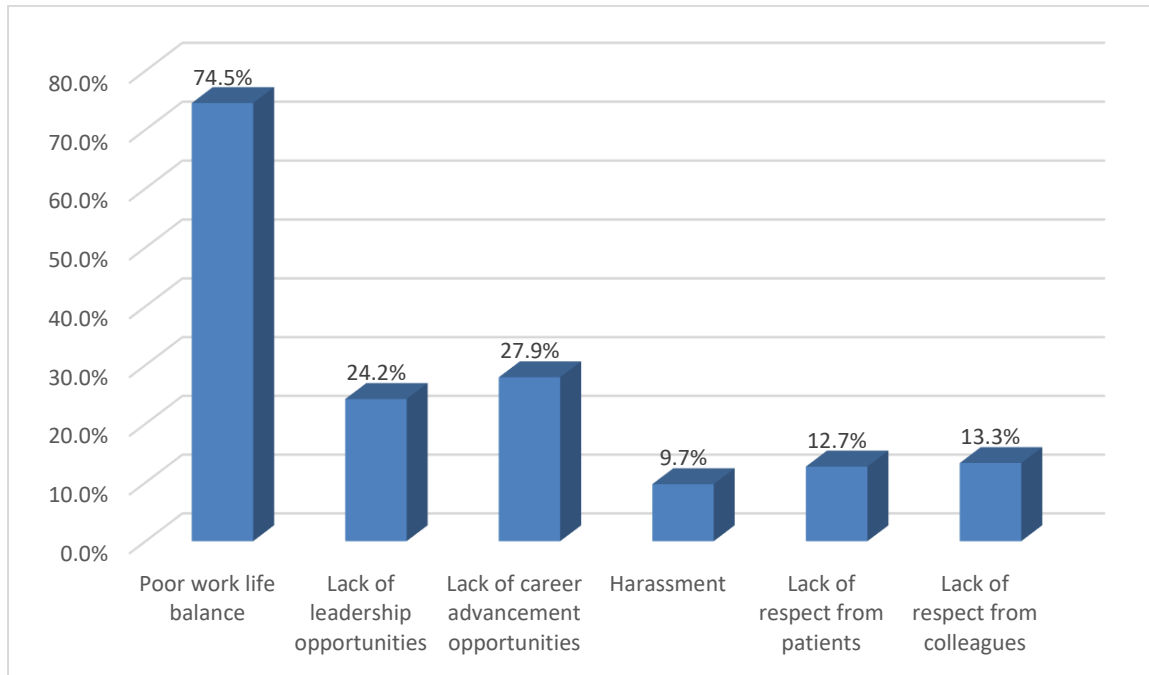
Sixty percent of the respondents (99 women) rarely or have never reported any difficulty in dealing with male patients but 153(92%) report that they have experienced patient discrimination in preference of selection of a male doctor for consultation. Over two thirds of the respondents, 110 women (66.6%), stated that their current physical environment at work (women friendly toilets, women only toilets, baby/child changing stations) did not meet their needs as a woman.

Challenges/harassment in the workplace

While 112 women doctors (67.9%) have experienced insubordination from a junior male colleague in the workplace, only 75 women (45.5%) have experienced some form of physical violence in the workplace (from staff or patients).

The greatest challenges perceived by women doctors at work include poor work life balance in 123(74.5%) and lack of career advancement opportunities in 46 (27.9%) respondents. Other challenges include poor leadership opportunities, lack of respect and harassment as shown in Figure 1.

Figure 1. Perceived challenges in the workplace of women medical doctors



Almost three quarters of the women (120 persons [72.7%]) have reported some sort of sexual harassment from their male colleagues while 85(51.5%) report the same harassment from patients in the workplace, with 11(6.7%) reporting frequent sexual harassment from their male colleagues. Forms of sexual harassment most experienced are itemized in Table 2.

Table 2. Frequency of various forms of sexual harassment experienced by women doctors.

Form of harassment	Frequency (%)
Verbal remarks of a sexual nature (sexist language, comments, jokes)	120 (72.7)
Unwanted touching	76 (46.5)
Persistent and unwanted invitations of a sexual nature	91(55.5)
Sexual coercion	66(40.0)
Obscene images in the workplace	49(29.7)
Gestures of a sexual nature	71(43.0)
Stalking; online or physical	61(37.0)
Messages of a sexual nature	55(33.3)
Sexual assault or rape	39(23.6)

Only 33 respondents (21.2%) indicate that their organization has clear anti-harassment policies and reporting process in place and 38(23.0%) state that their organization supports victims of harassment; however, just 14(8.5%) women feel comfortable reporting the harassment infractions to their organization. Thirty (18.2%) women feel that relative to other industries, medicine has less harassment.

Discussion

The Healthcare sector is rapidly expanding with female healthcare professionals accounting for a large portion of the workforce. It is therefore important to ensure that at every level, there is gender equity in terms of pay, the way people are treated and addressed by peers, coworkers, and patients, as well as general interactions in the workplace. In developed countries, there has been a lot of progress in addressing overt bias in the workplace, with the days of “only men need apply” job advertisements and women being fired because they became pregnant, being a thing of the past. However, even in those countries, there is ample evidence that implicit biases still exist in the doctor’s office, the hallways of hospitals, and the laboratory, and that these biases harm patients, providers, and scientists.^[8]

This study of women doctors living and working in Rivers State, Nigeria showed more doctors working in government owned facilities which consists of State and Federal government owned hospitals, universities as well as working in an administrative capacity in the State Ministry of Health. About 69% of the participants were married while almost all (98.8%) were young or middle aged, which is the peak of childbearing. In this study, 33.3% of women doctors opined that their career affected their motherhood by limiting the number of children, 7.3 % faced infertility problems, whereas 20.0% stated that they had postponed having children because of their occupation. These findings are in accordance with other studies carried out by Broadbridge,^[9] who also noted that working women had limited the number of children they had in their report, while Alobaid et al^[10] reported that women doctors felt that their career affected all aspects of motherhood in different ways such as postponement of having children, limitation of number of children, infertility, and women not willing to become pregnant due to workplace stress. An understanding environment at the workplace, with provision of creche services, support from colleagues and the administration, provision of reasonable leave/time away whenever necessary may improve the women’s view towards motherhood.

Poor work/life balance was reported as the greatest challenge in 74.5% of the women in our study. Healthcare employees frequently put their personal needs aside for their professions, making it a challenge to maintain a healthy work-life balance, particularly for women. Achieving a work/life balance is a delicate daily balancing act between the importance and priorities of one's personal and professional paths, which are closely interwoven in every aspect. Numerous determinants have been reported to affect the work/life balance of women medical professionals, including age, educational qualifications, experience in years, marital status, family structure, number of dependents, and number of children.^[11] All these have all been linked to the worsening of the delicate act of balancing professional responsibilities and personal wellbeing.

Concerning workplace evaluations, it is interesting to note that most of the respondents had their clinical ability doubted or undervalued and felt less respected purely because of their gender with almost a third of the respondents believing that their career opportunities are restricted. About 41.8% were discouraged from pursuing a particular specialty because of their gender and another third of the respondents propounding that men have positive work evaluation and better promotion/advancement opportunities in their workplace. Choo et al^[12] noted that female resident physicians received more critical evaluations when compared to their male counterparts, and this agreed with a study carried out by Gerull et al,^[13] while assessing gender bias in qualitative evaluation of surgical residents in Stanford University. However, Thackeray et al^[14] did not find any gender disparity in their study assessing the effects of gender and age on evaluation of trainees and faculty in gastroenterology.

It is encouraging to note that from our study, only 25(15.2%) women report receiving less mentoring/instructions/support compared to their male counterparts, meaning that in most cases,

mentoring when present is not significantly influenced by the physician's gender in the study population. However, 17.6% report lack of support or mentorship from fellow women doctors, revealing that even with fellow women Consultants and Fellows, biases can still exist, and training and re-training of trainers is advocated.

Even though almost three quarters of the women have reported some sort of sexual harassment from both their male colleagues and patients, with 6.7% reporting frequent sexual harassment from their male colleagues, only 9.7% report this as a challenge in the workplace. Women medical doctors have learned to develop multiple coping mechanisms including humour, to be able to deal with these workplace harassments that are sometimes masked as "jokes" or "harmless play", so as not to be labelled aggressive or unfriendly. Sexual harassment can negatively affect the doctor's psychological and physical well-being, including increases in post-traumatic stress disorder (PTSD), depression, and anxiety symptoms, emotional exhaustion, headaches, sleep problems, gastric distress, and upper respiratory problems which reduces productivity at work.^[15] It is unfortunate to realize that only 21.2% of the study population work in organizations where there are clear anti-harassment policies and reporting processes in place. This implies that most cases of any form of harassments are swept under the rug and perpetrators of these acts are never cautioned or punished. The need therefore for universal and official anti-harassment policies cannot be overemphasized.

Conclusion

As the Healthcare sector is becoming more demanding and diverse, it is crucial to pay adequate attention to the global satisfaction of its employees, especially the medical professionals. Gender disparities and bias do exist in the medical field and mostly is against the female medical practitioner. This should be discouraged at every level. When there is a positive organizational culture and supportive environment at work, with individuals being evaluated and rewarded, purely based on their skills and competencies as opposed to gender, women medical professionals can offer excellent medical care, be more efficient, enhance the quality of patient care and break both clinical and academic glass ceilings. Clearly written anti-harassment policies should be instituted in all medical organizations to discourage unpleasant behaviour and regular training workshops on gender bias for both trainers and trainees should be commonplace.

Disclosure of conflict of interest. The authors declare no conflict of interest.

Statement of informed consent. A written informed consent was obtained from the proposed study participants before recruitment in accordance with ethical principles.

Statement of ethical approval. Ethical approval was given by the Hospital's Health Research Ethics Committee (RSUTH/REC/2022227)

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