JOURNAL OF WOMEN MEDICAL & DENTAL COLLEGE

The Attrition of Female Doctors in Pakistan: The way forward

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Received date: 24-09-2022 **Publication date:** 14-11-2022

1. Introduction

In Pakistan, the term *'Doctor Brides'* is in constant parlance in media and refers to those females who leave the profession after graduation to take the roles of wives and mothers (1-4). Whilst they are commonly blamed for the shortage of physicians in the country, there is a lack of official data which explores the attrition of female doctors in the country. According to a 2019 news report, 85,000 female doctors have already left work in the country (5). It has also been estimated that 70% of all medical students in Pakistan are female, half of whom do not continue in the medical profession after graduation (6). In 2014, the Pakistan Medical & Dental Council (PMDC) attempted to restrict female admissions to 50%. This was, however, challenged in the Punjab High Court and this decision was put on hold (7, 8).

2. Assigned Gender Roles and Work-Life Balance Issues

Clark (9) defined work-life balance (WLB) as *"satisfaction and good functioning at work and home, with a minimum of role conflict"*. One qualitative Pakistani study conducted 20 semi-structured interviews and 2 focus group discussions with final-year medical students from four medical colleges in Karachi (7). It concluded that women face socially constructed gender roles that are assigned to females in Pakistani society, especially after marrying and having children. Parents influence their daughters to gain a medical education as it is considered to be a *'safety net'*, a respectable means to support themselves if something goes wrong with their marriage. However, after marriage, it is perceived that the in-laws and husband have a greater influence on the career progression of female doctors. There seemed to be a role conflict between female doctors' socially rooted responsibilities as mothers and homemakers and their responsibilities as doctors, creating work-life balance issues. Moazam and Shekhani (7) suggested that female doctors' attrition after graduation is not the sole contributor to the shortage of physicians in the country. Many male doctors leave the country after graduation for better opportunities abroad (10-14).

3. Work Environment

A qualitative study that involved 31 in-depth interviews with female doctors concluded that policy changes that focus on the needs of women in the workplace should be the starting point to address the gender gap (15). Evidence from the global research literature suggests that family-friendly policies and a flexible work environment can facilitate the career progression of female doctors (16-20). These include the provision of daycare facilities, adequate maternity and paternity leave, flexible working hours according to the needs of the individual, as well as mentoring, role-modelling, and networking opportunities for women.

Another issue female doctors often face in the work environment is gender discrimination and sexual harassment (21-25). *"Gender discrimination refers to any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights"* (26). Gender discrimination can be in the form of unconscious bias, which refers to the unintentional and deeply engrained biases which affect one's behavior based on gender, race, or some other common characteristics (27,28). It is suggested to introduce unconscious bias programs and anti-harassment mechanisms as well as awareness campaigns within institutions to address these problems.

4. Family Support and Personal Motivation

Family support, especially that of a husband and in-laws after marriage and having children, plays an important role in the career progression of female doctors (7,15,29). Specifically, the support that female doctors require is the fair and just distribution of childcare and domestic responsibilities. This will in

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https://doi.org/10.56600/jwmdc.v1i3.48

turn facilitate female doctors to achieve a work-life balance.

There is also evidence from previous research that many medical candidates are influenced, sometimes forced, by their parents to join undergraduate medical education for the sake of social status (7). There have been suggestions in the past to include an assessment of non-cognitive attributes in the undergraduate medical education admissions process (30,31). This is to assess the motivation of candidates to pursue a medical career, family support, aptitude, and other interpersonal skills.

5. Research Implications

Despite the limelight on female doctors in Pakistan, it was found that there is no official data on the attrition of female doctors after graduation. Upon exploring the literature, it was further identified that there is little research that seeks to explore the career barriers and enablers female doctors face. Moreover, the career trajectories and projections of female doctors in the country are not known. There is no country-wide study that explores the factors that motivate women to choose undergraduate medical studies and the influence of parents in the decision-making process. Female doctors' representation in leadership positions is not known, and the global evidence suggest that they are underrepresented in senior positions (32-35). These areas need to be explored to gain an accurate picture of the experiences of female medical students and doctors, and an in-depth understanding of the context, which in turn will inform future policies, practices, and interventions.

Conflict of Interest The authors declared that they have no competing conflict of interest

Acknowledgement We are very grateful to all the authors who willingly contributed to the editorial

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