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RESEARCH ARTICLE

GENDER DISPARITY IN AN ACADEMIC HOSPITAL: FEMALE HEALTH CARE PROFESSIONAL'S PERSPECTIVE

Dr. Puja Ramakant, Dr.Shiuli, Dr. Chanchal Rana and Dr. Dipti Shastri

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Abstract

Objective: To determine whether gender-based bias is prevalent in the workplace at a Tertiary Health care system in India
Design: Prospective Google form-based questionnaire qualitative study
Setting: Tertiary Healthcare Institute
Results:A total of 174 female faculties and residents were included in the study. 18% of the participants reported mild gender-based discrimination at the workplace. 8.5% faced sexual harassment. While about a third (33%) faced mental harassment. Only two- a fifth were content with their jobs, whilst 23 % felt they could not get adequate institutional support for their professional development.
Conclusion: Our results cast a light on the role of gender in relation to work opportunities, sexual and mental harassment, and work-life balance. Though women are making progress but remain disadvantaged at a professional level and gender discrepancy still persists.

Introduction:-

Female physicians have blazed a difficult path from the nineteenth century's institutional barriers through the twentieth century's social and psychological encumbrance to the twenty-first century when more girl students than boys are enrolling in medical courses [1,2]. Despite this decreasing gender disparity there is still an underrepresentation of women in academic as well as leadership positions. Many factors like unequal access to opportunities and resources, conscious/unconscious gender bias, and unequal support for work-life balance have been contributing to this inequality.

At the time of Indian Independence, the medical profession had a meager representation of women. There has been an upward growth in women earning degrees in medicine from only 5% of women (of the total) earning a degree in the field of medicine in 1952 to about 50% earning in 1988. In the previous decades, there has been a significant increase in the proportion of female doctors.However, the same positive trend could not be seen at the postgraduate and doctoral levels which only increased to one-third [3]. The shift could be attributed to several reasons. Primarily it was Indian societal thinking which hindered the acceptance of women as part of the medical profession. This also adversely led to women staying away from hospitals also as many were not prepared to be treated by male doctors. Another reason was the opportunity that the economy provided to women at large to partake in the development of the country by loosening the autocratic control which encouraged private investment in many fields, medicine being one among them. Although it led to an improved gender balance in the country as happening globally [4], yet to recapitulate, women are still underrepresented in leadership positions.

Corresponding Author:- Dr. Dipti Shastri

Over the past decades, the number of women physicians has increased from less than 10% to more than 40% of practicing physicians in Western countries [5,6]. Gender disparities exist for women in academic medicine in the assistant, associate, and full professor ranks as well as in leadership positions[7,8,9].The gender inequality approach is concerned with the role of gender in relation to work opportunities in the workplace, family support, sexual or mental harassment, and respect from the patient between the genders. [10]. In previous years, there was a lot of literature related to gender inequality but there were very less studies related to gender inequality in the tertiary healthcare system in India. This article evaluates the prevalence of gender disparity in theworkplacein a tertiary health care system in India.

Methodology:-

We planned to do a prospective observational questionnaire-based qualitative study to know about the existing gender inequality prevalent among the female faculty and residents in our Medical University. A Google form-based questionnaire was designed keeping in mind various components like work satisfaction, mental or physical harassment, respect by patients and colleagues at the workplace, the balance between personal and professional life, family support, stress, interpersonal issues, resistance or opportunities to grow and workplace challenges(Table 1). This form was filled by the female faculties and resident doctors working in all the medical, surgical, and dental departments of our University. The data were collected in an Excel sheet and statistically analyzed.

Results:-

A total of 174 out of 250 female faculties and residents (69.6 %) responded and filled out the questionnaire. The mean age of the respondents was 26.5 years (range 18-55 years).The majority (73%)of the female staff were single, 23 % were married, and a few (1-2%) were divorced or separated. Regarding parity, 37% were nulliparous, 29% had one child and 26% had two children (Table 2). Amongst all those who filled out the form, 14% were faculties, 86% were resident doctors. Regarding the perception of equity for work opportunities at the workplace as compared to male colleagues, 75 % felt that they got equal opportunity however 18% felt there was mild discrimination. 50% felt stress at the workplace and between interpersonal relationships. 80 % felt there was no delay in their promotions and the rest 20% documented a delay in their promotions. 47% felt they could well balance their professional and personal lives however rest found it difficult to make the balance (Figure 1).

The majority 85.4% felt they never faced any sexual harassment at the workplace, 8.5% said that they had faced some sort of sexual harassment from a colleague, and the rest 6.1% were not sure of the answer (Figure 2). 54.5% felt they did not face any mental harassment, 33% said they faced some sort of mental harassment and the rest 12.1% were unsure of the answer.66.7% did not feel any sort of discrimination by their colleagues as far as professional respect was concerned, 25.8% had experienced discrimination and 7.5% were not sure of the answer. The majority 61.1% felt patients gave them equal respect as compared to male colleagues, 24.8% felt that the patients respected male doctors more and the rest 14% were unsure of the answer.

The majority 63.5% could find flexibility at the workplace regarding leaves or modifications in work schedules, 17.6% did not find flexibility at the workplace and 18.9% were not sure of the answer. 39.7% had 100% work satisfaction, 44% had good satisfaction and the rest had less than average work satisfaction. The majority 76.6% felt they got adequate Institutional support for their professional growth and the rest felt they did not get adequate support.

Regarding family support in their achieving professional status, the majority 89.9 % felt they got 100% support, 8% felt some sort of support, 1% had no support and 1% said they were discouraged to pursue a carrier at the family front or their family members were not educated and were not able to guide them. The majority 81% felt they could find out time for social commitments while the rest found less time for socializing. 45 % felt they could find out time beyond their working schedules to inculcate their hobbies, 31 % were not sure and the rest 24 % could not find out time to work on their hobbies (Figure 3).

Discussion:-

Gender discrimination is defined as any distinction, exclusion, or restriction made on the basis of socially constructed gender roles and norms that prevents a person from enjoying full human rights. Gender discrimination in the health care system has an indirect effect on women’s mental and physical health.Many women leave their jobs

due to this discrimination and this also happens after childbirth when they do not get adequate family support to balance their personal and professional lives.

We interviewed a few faculties in our University and they shared their experience regarding this issue. One female faculty said that she got married an internship and joined as a postgraduate student on her first marriage anniversary. During her residency period, she was expecting her first child and delivered a son, and joined work on the 10th day after her surgery. As a Senior Resident, there were no maternity leaves granted to the female. She utilized her pregnancy time and published many manuscripts. Later, she was selected as a Lecturer with the highest publications as compared to other applied candidates. Another faculty said that she got married during her internship and was expecting her first child during her post-graduation. However, managing both her studies and family life, she completed her post-graduation successfully and joined as a Senior resident in the Dept immediately after her post-graduation. She gave birth to her second daughter during her senior residency. After completion of her senior residency, she had no job for almost one year, and with the responsibility of two children and in-laws to look after, she couldn't even leave the city for any job. So whatever job options were available in the same city, could only be extended to her. There came a break in her career as she advanced into her family life. Luckily, there was a post of Lecturer advertised, and she was selected as a suitable candidate. This was the start of her professional career. Another faculty said that she was doing a senior residency in a Government Medical College, where she was denied maternity leave and had to resign. She could join another college as a faculty only after her son bit older.

Gender equality at the workplace enhances women's participation because women play a critical role in both the household and the professional community [11].Plenty of pieces of evidence have accumulated over the past half century based on work in almost all the social sciences and humanities about the presence, scope and depth of gender inequality and inequity throughout much of known history and in practically every part of the world [12, 13].

Gender discrimination against women can be in the form of differential wage rates in developed economies or it takes the form of different access to education, health, and wage employment in developing countries. Gender discrimination is a key factor operating in the health workforce [13]. Human resources for health experts have noted that health workforce gender imbalances are a major challenge for health policymakers [14].They have also observed that improving gender equity is essential to strengthening workforce numbers, distribution, and skills [12,15,16,17].

In this study we found that more than half of the females at the Tertiary Health Care system felt that they got equal opportunity at their workplace as compared to male colleagues and few felt mild discrimination.In Literature, there are studies of gender discrimination and inequality in the public and private health employment systems in Zambia and Uganda that found lack of policy responsiveness to life course events for workers with family responsibilities, as well as evidence of sexual harassment, gender bias, and occupational gender segregation [18]. Studies from Kenya have shown that in the medical cadre, there were 1.5 times more males as compared to females professional and this gap increased to 4 times in specialties [19]. However, no such findings were found in our study population. Recent statistics indicate that women represent about 35% of the total physician workforce, with female physicians comprising 49% of the current medical student population in the United States. In New York State (NYS), female doctors account for 38% of the physician workforce across specialties.

Countries like Uganda which apart from this disparity also reflected that there was a higher concentration of male workers in the senior management positions in referral hospitals along with the presence of gender wage gaps [20,21].This situation is worldwide and not limited to third-world nations and developing countries.

Developed countries like United States of America have also accepted that although gender disparities are decreasing,women are still under-represented in the assistant,associate, and full-professor ranks as well as in leadership positions [22].Some studies indicate that gender differences are less evident when examining younger cohorts. In the present study the mean age documented is 26.5 years suggesting a younger cohort [23]. In this institutional study almost half of these females felt stress at the workplace and between interpersonal relationships along with difficulty to balance professional and family responsibilities. This was more encountered in residents and faculties who were married and have children.

Very few women reach the highest level of medical position and it may be due to lack of adequate family support and discouragement at workplace (24-27). In our University, 67% of female candidates were there at the

undergraduate level and that dropped to 44% in the postgraduate level. 8.5% of females reported some sort of sexual harassment from their male colleagues and this figure rose to 33% when mental harassment was considered. Sexual harassment is not a new term, it is a century-old phenomenon [28]. Sexual harassment is a systemic and pervasive problem within healthcare, not a series of random acts. As a result, changing the abusive gender healthcare culture, it requires a systemic, holistic approach to change management [29].

In a study from Spain, a significant difference was observed between women and men holding permanent medical positions. These differences progressively increased in relation salary, and grade of advancement over hierarchal promotion as well as over promotion [30]. Venkatesh et al in the study also documented that females are under-represented in training programs, specialist positions, academic faculty, and leadership roles in intensive care. One notable hypothesis, and perhaps one that is often discussed in the literature, is that women shoulder the majority of family responsibilities, and this may result in women having less time for their careers [31].

Surprisingly, as opposed to many developed countries, India which is considered as a developing nation, provides equal constitutional as well as economic rights to women. There is no pay disparity between male and female employees of the sameprofessional levels. Also, there is no gender disparity in promotions which are entirely based on seniority and time-based. Our study also proves this point as more than 2/3rd of the female health professionals (resident doctors and faculties) responded that they had equal opportunities, timely promotion and adequate institutional support for their professional growth.

This study shows the majority of the females at tertiary health care centres felt they got 100% family support, some felt very little support, and others had no support, very fewwere discouraged to pursue carrier at the family front because of lack of education. These findings were also noted in a study done byJolly and colleagues on physician researchers and noted that women were more likely than men to have spouses or domestic partners who were fully employed, spent 8.5 more hours per week on domestic activities and were more likely to take time off during disruptions of usual child care [32].Carr and colleagues found that women with children (compared to men with children) had fewer publications, slower self-perceived career progress, and lower career satisfaction [33].

In our study, we found the majority had work satisfaction and the rest had less than average work satisfaction but more than 70% felt they got adequate Institutional support for their professional growth. This finding was also supported by Carretal as they recommended special attention for faculty by scheduling fewer departmental meetings after working hours and making part-time tenures.Kaplan et al.found that family responsibilities do not appear to account for gender differences in academic advancement [34]. Interestingly, in a study comparing physicians from Generation X to those of the Baby Boomer age, Generation X women reported working more than their male Generation X counterparts, and both had more of a focus on work–life balance than the older generation [34].

It is essential to eliminate gender disparities in the existing healthcare system [11]. Related to flexibility at work place, our study results showed majority 63.5% found flexibility at work place regarding leaves or modifications in work schedules. Howell [35] recommended that Institutes should develop and enhance their own policies through consideration of female faculty.

In our study we foundmore than 60% female doctorsfeltpatients gave them equal respect as compared to male colleagues, but more than 20% felt that the patients respected more to male doctors. This finding were partially supported by study done by Cecile etal [36] as they concluded that patient doctor gender discordance is associated with their agreement or disagreement on advice given during consultation.

Conclusion:-

Hence to conclude, though mankind is taking a giant leap in technological and scientific advancement but at social and professional level, gender discrepancy still persists and more holistic approaches are required to reduce this disparity and to provide equality and equity to female health professionals.

Figure 1:- Data showing professional and personal life balancing issues.

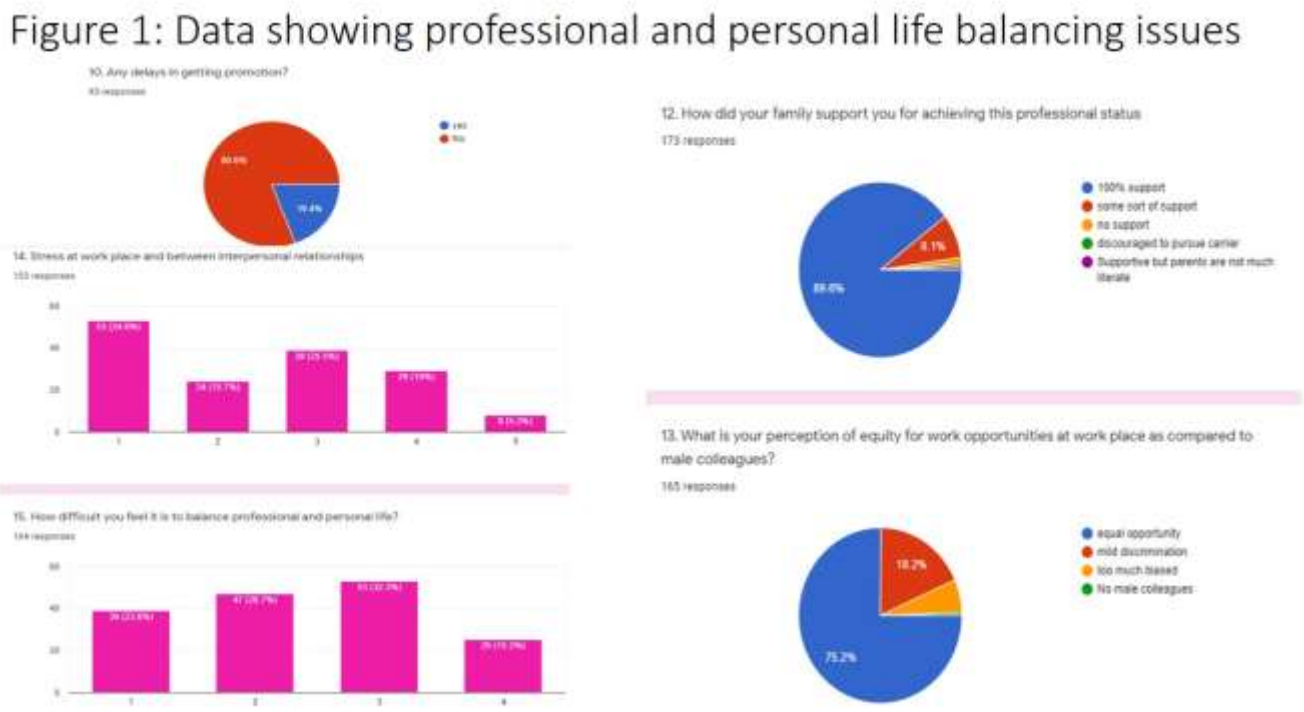


Figure 2:- Work Satisfaction factors Data.

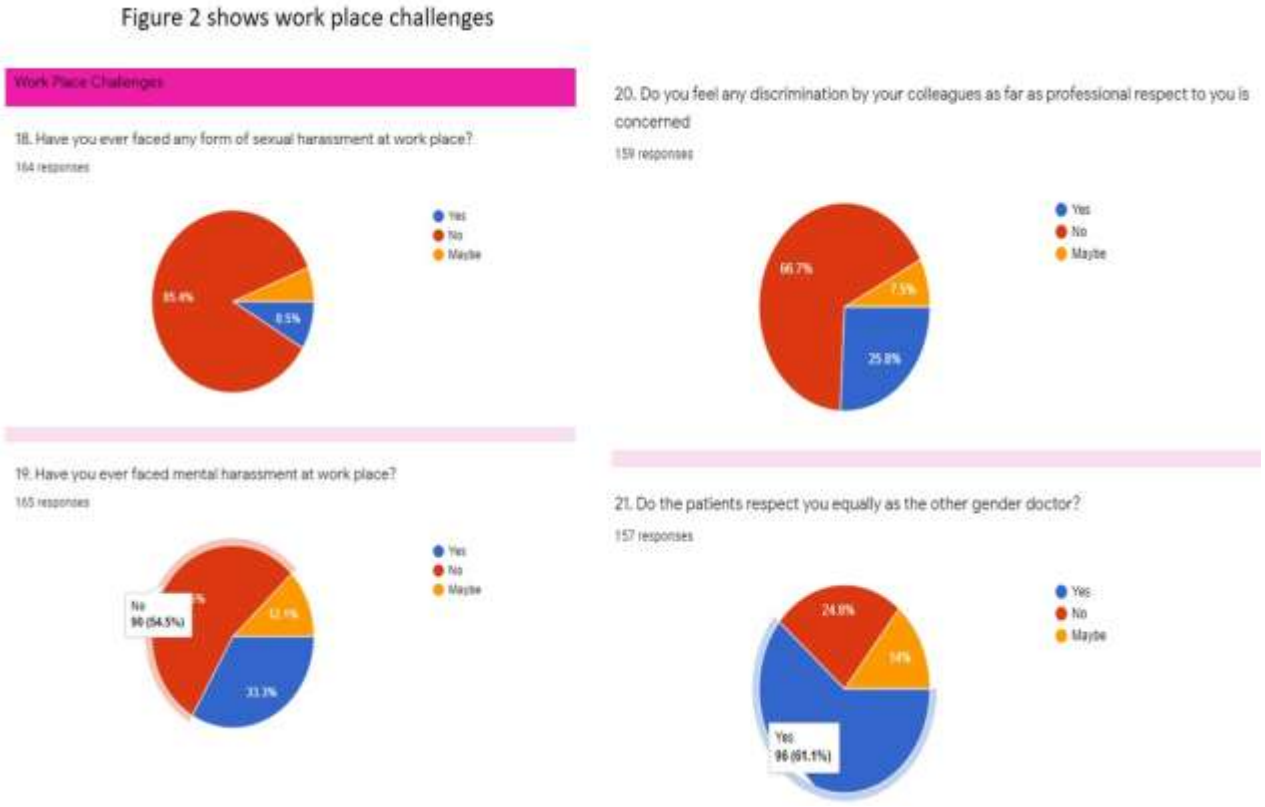
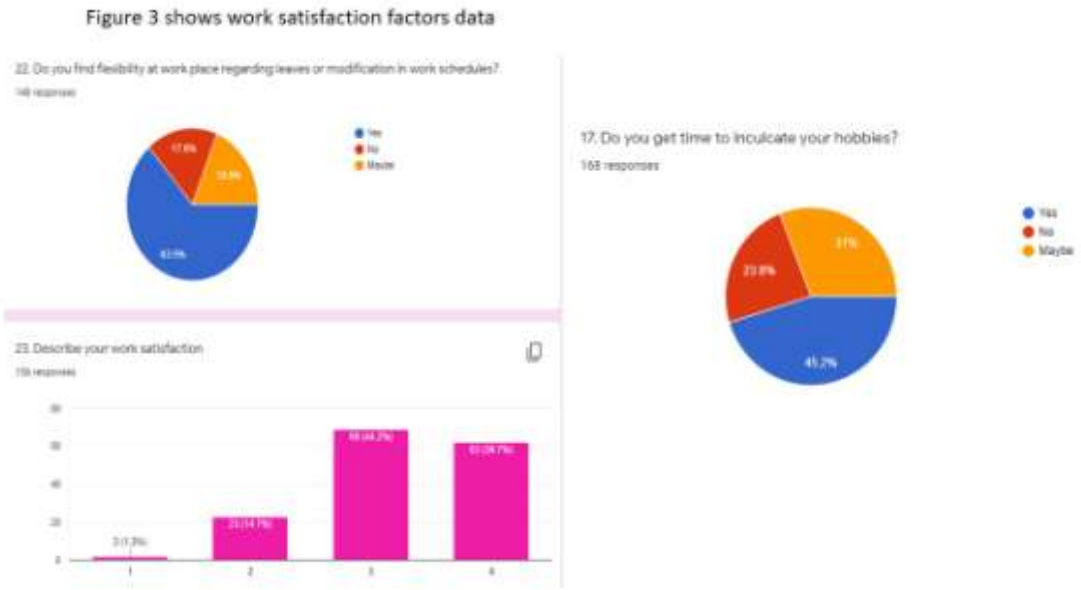


Figure 3:- Shows work place challenges.



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