

Exploring Career Barriers Faced by Female Doctors due to Gender Bias: A Qualitative Analysis

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Abstract

Objective: To explore the experiences of female doctors in facing and overcoming gender-related career barriers and the roles of male colleagues.

Methodology: This qualitative phenomenological study, conducted at a private medical college in Lahore, Pakistan, from August 2023 to July 2024, involved 13 faculty members (8 females, 5 males) selected through purposive and snowball sampling across various specialties. Female doctors who had experienced delayed promotions or held leadership positions, and male doctors with experience supervising or working alongside female colleagues, participated in semi-structured interviews. An interview guide, informed by key themes from existing literature on gender studies in the medical field, directed discussions on career advancement barriers, strategies to overcome them, and the roles of male doctors in supporting female colleagues. Inductive thematic analysis of the transcripts identified patterns and themes within the data.

Results: The analysis resulted in three overarching themes and eleven subthemes. Theme one 'Systemic barriers' highlighted the challenges faced by female doctors in career advancement in the form of discriminatory practices, societal expectations, and the lack of mentorship. Theme two focused on the 'professional empowerment strategies' for female doctors, emphasizing on developing interpersonal skills, building expertise, and engaging in leadership trainings. Third theme elaborated the supportive role of male doctors in promoting gender equity at workplace through mentorship, acknowledgment of achievements, and creating a safe working environment for females.

Conclusion: This study identified the barriers hindering professional growth of female doctors. It highlights the need of mentorship, empowerment strategies, and the supportive roles of male doctors in advancing gender equity. Implementing these strategies can lead to a more equitable healthcare system.

Keywords: Gender Equity, Gender Bias, Gender Discrimination, Mentorship, Phenomenological Study.

Introduction

The medical profession is often considered meritocratic field, where success is determined by competency and dedication.¹ However, literature suggests that medical meritocracy is largely a myth, especially

when it comes to gender equity.² Although women make up 65% of those who graduate from medical schools, only a few can be seen in leadership positions.^{3,4} This gender disparity is not only prevalent in low-income countries but is also a significant problem in developed countries such as the United States where female doctors still face delayed promotions and obstacles that prevent them from attaining leadership positions in the medical field. Despite being qualified and skilled, they have been denied opportunities to attain roles as department chairs, full professors, or administrators.⁵ In many cases, this deprivation is attributed to gender bias, which could be due to various reasons such as societal expectations, cultural norms, implicit biases, lack of support, and limited access to opportunities.⁶

Gender disparity is even more pronounced in Pakistan, where female doctors face significant challenges in their career progression due to deeply rooted gender biases, influenced by sociocultural norms and institutional practices.⁷ They are expected to fulfil family responsibilities while pursuing their careers, often without adequate support. This situation is further complicated by the scarcity of female mentors, limited professional development and research opportunities, lack of transparent recruitment and promotion policies, and workplace harassment.⁸ Even when they manage to overcome these obstacles, they encounter the 'glass ceiling', where gender bias prevents them from attaining leadership positions, and the 'sticky floor', which keeps them confined to supporting roles, often resulting in career stagnation or premature exits from the workforce.⁹

The existing literature has extensively examined the challenges encountered by female doctors in their career trajectories.^{7,8,10} However, the focus now needs to be shifted towards identifying strategies for overcoming these challenges and progressing in a gender-biased environment, particularly within the Pakistani context. To fully understand these strategies, it is important to explore them from both the perspective of female and male doctors, as male doctors play a crucial role in career development of their female colleagues.¹¹ The study aims to explore the

impact of gender bias as a barrier to the career progression of female doctors and identify the strategies they use to overcome these challenges. Additionally, the study aims to examine the role of male doctors in supporting the career development of their female colleagues. The insights from this study will provide comprehensive solutions to gender equity challenges, contributing towards empowerment of female doctors and development of a balanced healthcare system in Pakistan.

The research is guided by the following questions: How does gender bias impact the career progression of female doctors, and what strategies do they employ to overcome these barriers? How do male doctors contribute to supporting the career advancement of their female colleagues in the medical profession?

Methodology

This qualitative phenomenological study was conducted at a private medical college in Lahore, Pakistan after obtaining approval from the ethics review board (FMH-06/04/2023-IRB-1199). Thirteen faculty members (8 females, 5 males) were recruited using purposive and snowball sampling from various basic and clinical specialties. Initial participants were identified based on specific inclusion criteria: female doctors who had experienced delayed promotions despite being eligible or who held leadership positions, and male doctors with experience working alongside or directly supervising female colleagues. Snowball sampling was then used to identify additional participants who were either known for their extensive career experience, had faced significant career challenges, or were perceived by others as having valuable insights into gender equity in the medical profession. Participants were contacted in person and via email.

Semi-structured, one on one interviews were conducted by AZ according to the participants' feasibility using an interview guide developed by the research team. This guide was based on key themes identified from existing literature on gender studies in medical field and covered questions related to barriers in career advancement, strategies to overcome these barriers, and the role of male doctors in supporting the careers of their female colleagues. It was reviewed by two medical educationists for relevance and pilot tested with one male and one female doctor for language and clarity. The pilot interviews were excluded from the final analysis. Written informed consent was obtained before interviews. Interviews were audio recorded with the permission of the participants and lasted between forty to sixty minutes. Field notes were also maintained by the primary investigator during the interviews to note contextual information.

The audio recordings were transcribed verbatim by AZ and HT and transcripts were shared with participants for member checking.¹² Thematic analysis was conducted using Atlas.ti version 9.1.3.0 (Scientific software development, Berlin, Germany), following an inductive approach. Major themes and related subthemes were identified through open coding and supported with representative quotes. Data saturation was reached when no new themes emerged during analysis. This study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) to ensure rigour in data analysis.¹³

Health care providers, policy makers and consumers. Although partial checklists are available, no consolidated reporting framework exists for any type of qualitative design. To develop a checklist for explicit and comprehensive reporting of qualitative studies (indepth interviews and focus groups).

The researchers, as females from the same institution, recognized the potential influence of their shared professional environment and gender on the research process. To address this, they engaged in intentional reflexive practices, including regular discussions to critically analyze their positionality and its potential impact on data interpretation. Additionally, credibility was enhanced through data triangulation achieved via member checking, where participants reviewed and validated the findings to ensure they accurately reflected their experiences and perspectives. During data analysis, two researchers independently coded the data and then compared and cross-verified their findings to ensure consistency, reduce individual bias, and strengthen the reliability of the identified themes.

Results

Our study included thirteen participants comprising eight female and five male doctors. These participants represented various specialties and designations, ranging from senior registrar to professors and department heads, which allowed us to gather a wide range of perspectives. Table 1 presents the demographic characteristics of the study participants. Thematic analysis revealed three overarching themes described in detail below, followed by Table 2 summarizing the themes, subthemes, and representative quotes from participants.

Theme 1: Systemic Barriers

'Systemic barriers' was identified as a prominent theme, highlighting the impact of sociocultural beliefs and organizational practices on the career advancement of female doctors. Our participants shared experiences of discriminatory practices, where male doctors were preferred over female doctors for hiring and promotions, presuming them to be more competent. Societal expectations and gender roles further limited their career growth opportunities, as they were expected to manage their professional duties with domestic responsibilities leaving them with little or no time to focus on career enhancing activities such as research and networking. Some participants reported that lack of mentorship left them to figure out their career progression on their own.

While discussing gender dynamics in workplace, some female doctors expressed that their opinions were often questioned or dismissed, making them feel undervalued. Some females reported positive experiences working with male colleagues, while others faced gender discrimination, verbal harassment, unequal task distribution, and being dismissed. Females also shared instances of bullying from female colleagues which disturbed their mental health. The female doctors shared that the emotional and psychological impact of these barriers was profound resulting in frustration and burnout. For them, peer support and inner motivation helped them to push forward.

Theme 2: Professional Empowerment Strategies

This This theme explored the professional empowerment strategies that female doctors in leadership roles found most effective in their career journeys. According to them, self-advocacy at different professional platforms helped them to gain projection and get better roles. Additionally, their assertiveness allowed them voicing their opinions in difficult situations. Building expertise made them indispensable at work.

Most participants believed that continuous education,

mentorship, and specialization in niche areas are necessary for achieving leadership roles. One participant further proposed that enrolling in leadership training programs would make women more suitable candidates for leadership roles. Some participants recommended creating formal mentorship programs to support career building and female exclusive networking spaces to share experiences, resources, and job opportunities. They highlighted the need to foster a research culture among female doctors and recommended organizing workshops on stress management to enhance their mental well-being.

Theme 3: Role of Male Doctors in Promoting Gender Equity

This theme focused on the contributions of male doctors in supporting their female colleagues at work. They reported recommending many competent female doctors for promotions in performance review meetings and also ensured that their achievements were acknowledged and celebrated. They mentored their female trainees and colleagues to help them excel professionally. This support extended to providing opportunities that would promote them and help build connections. Moreover, the participants emphasized on creating a safe working environment for females. Additionally, they spoke about the significance of flexible work policies to help female doctors balance their professional responsibilities with personal commitments.

Discussion

The present study aimed to explore the career barriers faced by female doctors in Pakistan, the strategies they employed to overcome these challenges, and the role of male colleagues in supporting their professional growth. Drawing on diverse perspectives from participants across various specialties, the findings underscored the critical importance of gender equity in the healthcare profession to promote impactful and equitable professional growth for women. The analysis revealed key themes, as outlined in Table 2, which depict the systemic, cultural, and personal challenges faced by female doctors and the strategies and support mechanisms that can help address these barriers.

Systemic Barriers

Our study highlighted several barriers hindering the professional growth of female doctors in Pakistan, with a significant issue being the institutional discriminatory practices during hiring and promotion. A similar finding is reported in a study on gender disparities in Pakistan's private service sector, where the majority of female respondents indicated that male employees were promoted more quickly than females.¹⁴ These practices often favour male doctors, based on assumptions that they are more competent and available for professional duties (Table 2, Discriminatory practices). However, such assumptions are not supported by literature. Research consistently highlights that female doctors excel in patient care, spending more time with patients and ensuring better communication.¹⁵ They effectively apply medical research, use diagnostic tools accurately, and make sound decisions regarding surgery.² This evidence contradicts the biases favouring male doctors and suggests that criteria used in hiring and promotion decisions should be re-evaluated to ensure fairness and equality for female doctors.

Another challenge reported, is the gender roles defined by sociocultural norms. Women are expected to balance home responsibilities while working full time, often without support (Table 2, Societal expectations and gender roles). This aligns with results from a recent study conducted across Pakistan, including Azad Jammu & Kashmir, which found that female doctors are burdened by socio-cultural expectations to uphold family honor, limiting their career progression.¹⁶ This results in their burnout and premature exits from the professions.⁸

A lack of structured mentorship opportunities was another barrier highlighted by participants. Female doctors who lacked career-related guidance from senior professionals suffered delays in their career progression (Table 2, Lack of mentorship). Mentorship plays a crucial role in career development, emotional support, and overcoming professional challenges.¹⁷ A study conducted on enablers and barriers to women leadership in Pakistani healthcare found that female participants with female mentors reported smoother career paths. However, others believed that mentorship, regardless of gender, was essential.¹¹ These findings emphasize the need for implementing formal mentorship programs to support female doctors in their careers.

An unexpected finding was the experience of discriminatory and unsupportive behaviour from certain female colleagues, which led to demotivation and mental stress that adversely affected career growth (Table 2, Emotional and psychological impact). While workplace harassment among female doctors has been explored in Pakistan, most studies focus on bullying by male colleagues or institutional factors, leaving a gap in understanding mistreatment by female seniors.¹⁸⁻²⁰ A survey in New Zealand found that female managers bully female subordinates 87% more than male subordinates, suggesting that competition or workplace hierarchy may contribute to this behavior.²¹ In Pakistan, limited leadership opportunities for women could increase competitiveness and mistrust. More research is needed to examine intra-gender bullying in the medical profession in Pakistan and develop strategies for fostering supportive and cooperative work environments.

Professional Empowerment Strategies

Cultivating assertiveness, resilience, determination, and self-promotion emerged as essential behaviors for female doctors striving for leadership positions (Table 2, Personal growth and skill building). Similar themes were reported in a study conducted in Indiana, where 16 women leaders in academic medicine shared key career lessons.²² These leaders highlighted the significance of assertive communication, surrounding oneself with supportive people, and consistently refining leadership skills.

One participant emphasized the value of leadership training programs in enhancing women's readiness for leadership roles (Table 2, Engaging in leadership training programs). This perspective aligns with existing literature, which underscores the role of such programs in developing essential leadership skills. Research indicates that leadership development initiatives, when paired with mentorship and peer support networks, significantly contribute to the personal and professional growth of female doctors.²³ For instance, a leadership training program in the United States received positive feedback from participants, indicating its effectiveness.²⁴ These findings suggest that similar initiatives

Table 1: Demographics of the study participants

Participant code	Gender	Designation	Department	Qualification
F1	Female	Assistant Professor	Medicine	MBBS, FCPS, CHPE
F2	Female	Senior Registrar	Surgery	MBBS, FCPS
F3	Female	Associate Professor	Paediatrics	MBBS, FCPS
F4	Female	Assistant Professor	Physiology	MBBS, MPhil, CHPE
F5	Female	Professor	Biochemistry	MBBS, MPhil, PhD
F6	Female	Professor and HOD	Pharmacology	MBBS, MPhil, PhD
F7	Female	Professor and HOD	Paediatrics	MBBS, FCPS,PGPN,CHPE
F8	Female	Professor and HOD	OBGYN	MBBS, FCPS, MHPE
M9	Male	Assistant Professor	Nephrology	MBBS, FCPS, CHPE
M10	Male	Associate Professor	Medicine	MBBS, FCPS, CHPE
M11	Male	Professor and HOD	Surgery	MBBS, FCPS
M12	Male	Associate Professor	Ophthalmology	MBBS, FCPS, MRCS, MME-I
M13	Male	Professor and HOD	Anatomy	MBBS, MPhil

*HOD stands for Head of Department ; CHPE Certificate in Health Professions Education; MME Masters in Medical Education; Masters in Philosophy

Table 2: Themes, subthemes, and their representative quotes

Theme	Subthemes	Representative quotes
Systemic Barriers	Discriminatory practices	'My colleague and I had same qualification and experience, but when it came to choosing the head, they chose him.' (F3)
	Societal expectations and gender roles	'Managing home and family matters is 90% my responsibility. When there is issue at home, it is always me who has to take leave, as if my job is not important.' (F1)
	Lack of mentorship	'I often felt lost because there was no one to guide me. I had to figure things out on my own.' (F4)
	Emotional and psychological impact	'When my promotion was delayed, I felt so frustrated, wondering if all my hard work even mattered.' (F3) 'It is not always from men as I faced bullying from female colleagues also which affected my mental health and disturbed workplace decorum for me.' (F5)
Professional Empowerment Strategies	Enhancing communication and networking	ffecte Expanding professional networks: 'Whenever I attend events like conferences, symposia, etc. I take my juniors along. It gives them exposure and motivation.' (F7) Female exclusive networking space: 'There should be safe spaces for females where they can connect and share their struggles.' (F1) Establishing formal mentorship programs: 'I think there should be mentoring programs that help you in making informed decisions about your career.' (F4)
	Personal growth and skill building	'I think it is important to talk about yourself...about your achievements. This will make you seen.' (F3) 'I encourage my juniors to improve their qualifications and skills, and I am there to support them at every step. Their achievement feels my achievement.' (F6) 'I enrolled myself in leadership program which helped me a lot. It helped me in developing emotional intelligence at work.' (F7) 'I focus on my journey. I don't compare myself with others.' (F3) 'I have ability to absorb external pressures at workplace which keeps me going. I try not to respond to negativity.' (F2) 'I think in this patriarchal society, we need to be a little assertive. I never hold back my opinion just because it is different.' (F5) 'Workshops on stress management will be helpful especially for female doctors.' (F7)
	Promoting research culture	'We need more representation and contributions of females in research.' (F3)
	Offering mentorship	'As head, I feel it is my responsibility to make sure my trainees are making right choices. So, I hold regular mentoring sessions for them.' (M11)

could be effectively adapted and implemented in various clinical settings, to provide valuable opportunities for women pursuing careers in academic medicine.

The findings also highlighted the urgent need to promote a research culture among female doctors to support their advancement into leadership roles (Table 2, Mentorship and research). Research productivity remains a crucial determinant of leadership eligibility, yet many women face barriers stemming from home and institutional responsibilities, limiting their ability to engage in research or publish in high-impact journals.¹⁰ This challenge reflects observations from a study conducted in Islamabad, which revealed that while equal research opportunities exist for both genders, female academicians often struggle to access them due to personal and family commitments.²⁵ Prioritizing early engagement in research and maintaining a strong academic profile is essential for women to overcome these barriers and compete effectively for leadership positions, ultimately contributing to reducing gender disparities in healthcare leadership.

Role of Male Doctors in Promoting Gender Equity

This study explored the role of male doctors in promoting gender equality within the medical profession. Key actions identified include recommending competent female doctors for promotions, providing career mentorship, acknowledging achievements, and fostering safe working environments (Table 2, Role of male doctors in promoting gender equity).

A study on women surgeons in Pakistan reported significant gender disparities, with many facing barriers to hiring and promotion due to bias, lack of mentorship, and unequal opportunities.²⁶ These findings align with global literature highlighting systemic challenges to women's career advancement.^{5,9} However, the role of male doctors as key decision-makers in these contexts often remain underexplored, with their influence primarily characterized as barrier rather than a facilitator. In contrast, our study presents a more encouraging narrative, where male supervisors actively advocated for the promotion of hardworking and eligible female doctors, ensuring merit-based decisions (Table 2, Recommending females for promotion). This proactive engagement by male leaders underscores their critical role in challenging systemic biases, creating supportive environments, and fostering equitable practices.

Male doctors in our study made significant efforts by providing mentorship and support to help female doctors advance in their careers. This finding aligns with a study on female doctors in leadership positions in Pakistan, which included participants from Punjab, Sindh, and Khyber Pakhtunkhwa.¹¹ In that study, women highlighted the importance of mentorship, with some preferring female mentors due to cultural factors. However, many participants also recognized that mentorship, regardless of gender, was valuable for career development.

Creating safe working environments was emphasized as a critical step toward achieving gender equality, with male participants acknowledging their responsibility in ensuring workplaces free from harassment and discrimination (Table 2, Ensuring safe working environments). This contrasts with findings from several studies in Pakistan, which highlight the prevalence of workplace mistreatment, harassment, and incivility faced by female doctors. For instance, research from

Aga Khan Hospital, Karachi, reported that 57.5% of female surgeons experienced verbal and mental harassment, often unreported, with significant impacts on their mental well-being, particularly among trainees.¹⁸ Another study in Lahore found that 43% of female doctors faced workplace violence and 47% reported workplace incivility, mostly by seniors and supervisors in private institutions.¹⁹ These studies underscore persistent systemic issues, while our findings offer a more optimistic perspective, highlighting proactive efforts by male colleagues to foster harassment-free and equitable workplaces.

Limitations

The current study has certain limitations that should be reported. While efforts were made to ensure the findings provide meaningful insights, the study's transferability may be limited as the participants were all affiliated with a single institution. Additionally, the voluntary nature of participant recruitment introduces the possibility of selection bias, as those who chose to participate may differ in important ways from those who did not. Furthermore, there is a potential for socially desirable responses during the interviews, which could have introduced a positive bias into the results. Future research could involve multiple institutions to improve the transferability of the findings across different settings.

Conclusion

This study identified significant barriers faced by female doctors, including systemic biases and sociocultural expectations that hinder their career progression. It highlighted practical strategies for female doctors' empowerment, such as, developing interpersonal skills, mentorship, and engaging in leadership trainings. Furthermore, the supportive role of male doctors in promoting gender equity is crucial. Focusing on these areas will foster a more equitable healthcare system, ultimately paving pathways for aspiring female leaders.

Authors' Contributions: AZ conceptualized the study, contributed to data collection, data analysis, and the write-up of the manuscript; HT was responsible for the data collection and data analysis; TA contributed to the development of the interview guide, proofreading, and approval of the final manuscript.

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