

ORIGINAL ARTICLE

FEMINISATION OF MEDICAL WORKFORCE IN PAKISTAN: IMPLICATIONS FOR POLICY AND PRACTICE

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ABSTRACT

Background: The last few decades have witnessed increased entry of women in the medical workforce both in High and Low income countries. This increased female participation in medicine is often called as ‘feminisation of medicine’. There is not much research available on medical workforce feminisation and its potential consequences in resource constrained countries. This paper analyses Pakistani physicians’ perceptions regarding feminisation of medical workforce and its implications for human resources for health policies and practice in Pakistan.

Materials & Methods: A phenomenological research design was used to conduct thirteen semi-structured telephone interviews with Pakistani physicians to explore their perceptions regarding feminisation of medical workforce and its implications. Both purposive and snow-ball sampling techniques was used. Data analysis was done by using thematic analysis technique.

Results: The main reasons for feminisation are open-merit policy for admission in medical schools, to get good matches and medicine as an acceptable profession for females. There was a difference of perceptions about medical workforce feminisation on the accessibility of medical services in Pakistan. Majority did not agree that more female doctors will increase Pakistani women’s accessibility to doctors, especially in rural areas. This may not happen unless the feminised medical workforce is properly managed and incentivised.

Conclusion: The volume of female doctors in Pakistan is gradually increasing which have important implications for policy and practice of medicine. Research is needed to understand these reasons and to know Pakistan health system’s ability to meet the needs and requirements of females as the main healthcare providers.

KEY WORDS: Feminisation; Medicine; Female Doctors/ physicians; Pakistan.

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INTRODUCTION

During the last few decades, increased entry of women in the medical workforce has been observed in both the High and Low income countries.¹ In literature this phenomenon of increased female participation in medicine is often called as ‘feminisation of medicine’.²⁻⁴ According to Hedden et al., globally females constitute around 32% of all medical graduates.³ For example, in the US the proportion of female physicians has increased from 27% in 1983

to 48% in 2011,⁵ and in the Canada their proportion has increased four times during the last 40 years.⁶ Similar trends were also observed across Europe,⁷ Japan,⁸ Israel,⁵ and some high-income countries in the Middle East.^{1,9}

Literature from high-income countries shows that female doctors work for less hours and attend less patients as compared to their male colleagues.¹⁰ They are less motivated to work in rural areas¹¹ and more likely to choose “soft” specialties.^{5,8} This has raised apprehensions on the potential outcomes related to the availability and accessibility of health services especially to the rural population.¹² Some research also points to the encouraging aspects of female physicians’, such as giving more time to their patients,¹³ writing few prescriptions and referring patients more as compared to their male counterparts.¹⁴

According to Russo et al.,¹⁵ there is not much research available on the phenomenon of medical workforce feminisation and its potential conse-

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quences in resource constrained countries including Pakistan.¹⁶ Pakistan is a lower middle income country in South Asia which is confronted with a shortage of physicians especially in its rural areas.^{17, 18} Despite this local need, around 70% of medical students who are females, roughly half will not practice medicine after their graduation.¹⁶ The situation is almost the same for female Pakistani dentists as well.¹⁷

This paper aimed to analyse Pakistani physicians' perceptions regarding feminisation of medical workforce and its implications for human resources for health policies and practice in Pakistan. This research was an effort to gain an insight into this important health human resource issue of feminisation of medical workforce and its implications for human resources for health policies and practice in a developing country setting. The findings of this paper are based on information gathered for a larger qualitative study that examines Pakistani physicians' perceptions of their career choices to stay in Pakistan, migrate out, or move back there after some time working abroad. Similar study in the past by the author is also available online.¹⁸

MATERIALS AND METHODS

Using a phenomenological research design, this study was conducted both in Pakistan and Australia to learn more about Pakistani doctors' perspectives on the feminisation of the medical workforce and its effects on human resources for health policies and practice in Pakistan. A total of thirteen semi-structured telephone interviews with Pakistani doctors were performed between September 2018 and July 2019. These Pakistani doctors were either practicing in Pakistan or Australia during the time of the study. In order to find research participants, a combination of snow-ball and purposive sampling methods was used. Study participants were recruited into the study till data saturation occurred and no new information was coming from the study participants. Thematic analysis was used for the data analysis.

The Human Research Ethics Committee at the University of New England gave its approval for this study to be carried out. The principal researcher approached willing participants and handed them a consent form and study information sheet. Pseudonyms were employed in the transcriptions to avoid identifying the interviewee after informed consent was obtained. Further details about the research methods used in this study were available in detail in Arif¹⁸ and Arif et al.¹⁹

RESULTS

The results are presented under the two headings i-e increased feminisation of medical workforce and impact of feminisation on health.

Increased feminisation of medical workforce

Three study participants notably brought up the re-

cent feminisation of medicine and its consequences for Pakistan's ability to provide high-quality health-care through the accessibility of enough health workforce. The study participants mentioned the following three reasons for this increased trend of feminisation in medicine.

1-Admission in medical schools on open-merit policy:

According to the study participants, nowadays, due to medical schools' open-merit admissions policy, between 70 and 75 percent of incoming students are female and only 25 percent are male.

"Now in medical schools 75 - 80 percent are girl medical students, only 25 percent are boys. Now look, in those (boys) the majority of them go abroad and those girls get married and sit at home". (PS3)

2-To get good matches:

The desire of female students and their parents to find compatible partners while in medical college and become married has been blamed for this rising tendency of feminisation.

"After becoming doctors, they get married and also get good matches and the majority of people are making their girls doctors because of this". (PS3)

3-Medicine as an acceptable profession for females:

A female doctor, however, offered a little distinct perspective on the reasons for the feminisation of medicine. She claimed that because teaching and medicine are the only two careers that are acceptable for women in our culture, parents may inspire their daughters to pursue these fields.

"I think that in our society people don't like females in other office jobs but medicine is such a profession that has been accepted by the society as something acceptable for girls. I think that this might be the reason that people like to make their daughters doctor. Whereas, on the other hand, if someone would like to do accountancy, then their parents will not be proud that their daughter is becoming an accountant, work as an accountant or work in a bank or do a job in Business Administration or something like that. I think teaching and medicine are the two professions which are regarded as acceptable for females in our society. Probably this is the reason that females want to come into this profession as they do not have any hindrance from their family compared to other fields". (PL5)

Impact of feminisation on health

The above respondent also emphasized that the growing feminisation of medicine may have an encouraging effect on the general health of the population, particularly child and maternal health, as in her view, female patients were hesitant to see a male doctor and consequently could not receive the necessary treatment because of certain cultural issues.

"I think with this there should be a positive change because up till now it was a major problem that female patients were not willing to go to a male doctor and females would die in their homes with their diseases because a female physician or surgeon was not available. So I think in that respect it should be quite helpful that more females are coming... I think this should have a positive impact especially for female health because in Pakistan we know that mother and child health is a major issue. So, in my view it should have a positive impact". (PL5)

Another research participant, however, expressed the idea that after marriage, some female physicians fully forsake their job, while others believe they will resume it once their children have grown up. However, the majority of female doctors who take time off for family obligations never resume their careers. Some of them depart for foreign countries with their spouses, while others work for private companies. Even those who did enter the medical field are having difficulty working evening and night shifts and attending to late-night emergencies.

"Now some females when they get married they do not continue their professional life. Some of them discontinue it for the time being and think that we will start when their kids are grown up. In this, too, some of them start again but many of them don't. Some of them leave abroad with their husbands. Those who did join their profession go to the private sector ... Even those who start working, again there are problems because they can't do night duties and evening duties as their families don't allow them to do night duties". (PR4)

A female gynaecologist made the observation that some female doctors choose not to work after marriage due to their conflicting obligations to job and home. She ascribed this to Pakistan's lack of opportunities for part-time employment or training.

"They [females] don't work as, after marriage, they sit at home because their in-laws don't allow them to work because there are no part-time job facilities. There are no part-time job-sharing facilities or part-time training facilities so that girls can do their training for some time and then give the rest of their time to family and homes. We don't have any baby nurseries at work so where will they leave their babies?" (PR3)

This responder indicated that in order for these female doctors to enter their field and keep the national resources used for their education from being lost, the government should create conditions that are welcoming to women.

"You are making girls doctors, you have made the medical schools seats on open merit and 75 percent of students are girls but then give these girls facilities, make an environment for them so that they can work". (PR3)

DISCUSSION

The rising feminisation of the Pakistani medical workforce is a crucial conclusion of this study, which has significant policy and practical consequences for Pakistan's future health human resource governance. According to research participants, women make up between 70 and 75 percent of new students enrolling in medical schools. Other studies have also noted this rise in the number of female medical graduates.^{16,17,20-22}

Furthermore, the respondents to this study were of the view that a number of interconnected factors contributed to the rise in female intake. First, in 1989, as a consequence of a ruling by the Supreme Court of Pakistan, enrolment in medical colleges are now based on open merit rather than a set quota for men and women as they were in the past.²³ The traditional acceptance of medicine as a professional career for women in Pakistan was another justification for the rise in female applicants to medical schools offered by one Pakistani physician respondent. This finding supports the results from a recent study by Farhat & Shekhani.¹⁶ Several other study participants believed that the growing trend toward feminisation of medicine was a result of these students' and their families' desire to find compatible partners for their daughters while they were in medical school and get married. This study's participants' perceptions corroborate Ansari's²¹ assertion that 'for many females in Pakistan, the only purpose of becoming doctors is to find proper suitors'. Some recent literature also supports this view.¹⁷ However, the results from a pilot study²³ contradicts this notion and showed that around 71.6% (n=101) of the study participants themselves wanted to become doctors and only of 12.8% (n=18) reported that their parents forced them to become a doctor.

The participants in this research believed that there were many possible causes for the rise in the feminisation of medicine, but they also believed that it had significant policy implications for Pakistan's future medical human resource planning and policy. This finding is in line with the current discussion over the medical workforce feminisation and its effects on the overall health status in Pakistan. During scientific conferences, it is often discussed that since the majority of students enrolling in medical colleges are often female, and historically women have been less likely to choose careers in surgery, which has led to concerns about a potential shortage of surgeons in Pakistan. Understanding gender-related disparities in desirable specialties, choice for location and working hours, as well as other considerations is more important as more women enter the medical field.²⁵

The perspectives of the study participants regarding the impact of the medical workforce feminisation on the availability of medical services in Pakistan differed. According to one respondent, the growth

in the proportion of female physicians may improve access to healthcare overall, particularly for women. According to this responder, cultural concerns for women, particularly in rural regions, can make it difficult for many of them to see male doctors and receive the necessary care. As a result, this increased feminisation may aid in enhancing maternal and child health, a significant health concern in Pakistan.²⁶

Most of the research participants disagreed with the claim that having more female doctors will make it easier for Pakistani women, particularly those living in rural areas, to get medical care. They argued that unless the medical workforce is effectively managed, this might not be the case because some female doctors believed they would resume their professional careers after starting families, while others held the opinion that this might not be the case. Even among this latter group, the majority, according to the study's respondents, was unable to re-enter the workforce, and some even moved abroad with their spouses. This notion has been supported by other studies from Pakistan, which similarly reported a dropout rate of 70–80% among newly graduated female doctors. This represents a significant loss of economic and human capital for Pakistan. This study participant's further noted that because of their obligations to their jobs and families, even those women who begin their careers in Pakistan face difficulties attending evening and night-time jobs.^{16, 17, 20, 21} According to research from neighbouring countries like Bangladesh²⁷⁻²⁹ and India³⁰ also indicate that when compared to their male counterparts, female doctors are less likely to work in remote locations. This significantly disadvantages rural women despite the growing medical workforce feminisation.

CONCLUSION

The volume of female medical workforce in Pakistan is gradually increasing due to multiple reasons such as open merit policy for admission in medical institutions, to get good matches for marriage and medicine as an acceptable profession for women in Pakistan. This has important implications both for policy and practice of medicine in this country. Therefore, this study recommends developing a strong research base focusing on important issues and problems female doctors' face during their working life. Research is also needed to know Pakistan health system's ability and its readiness in terms of meeting the needs and requirements of females as the main healthcare providers. This will hopefully translate into effective and acceptable human resources for health policy interventions leading to the retention of much needed female medical workforce in the system.

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CONFLICT OF INTEREST
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