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ORIGINAL ARTICLE

PERCEPTIONS AND EXPERIENCES OF DOCTORS CONCERNING GENDER-BASED STEREOTYPES AND DISCRIMINATION IN THE WORKPLACE: A CROSS-SECTIONAL STUDY IN TERTIARY CARE HOSPITALS AT PESHAWAR

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Abstract:

Background: Gender-based discrimination can be explained as treating unfairly an individual based on their gender. It has become a major issue in our society despite the rising awareness regarding gender equality among the masses. Gender discrimination has been reported in every field of life including medical professionals.

Objective: To assess the perceptions and experiences of doctors concerning gender-based stereotypes and discrimination in the workplace.

Material and Methods: In this cross sectional study, working doctors, including house officers, trainees, registrars, and consultants, were enrolled. Ethical approval (No. IRB&EC/2023-SM/014) was obtained. Using Open Epi, a sample size of 350 was calculated, with 322 participants (92% response rate) selected via non-probability convenience sampling. Data were collected using a validated questionnaire (Cronbach's alpha = 0.78) assessing gender bias and stereotypes through Likert scales and binary responses. SPSS version 21.0 was used for analysis, with descriptive statistics and Chi-square tests applied ($p<0.05$ considered significant).

Results: The study included 322 working doctors, with 162 (50.3%) males and 160 (49.6%) females. A total of 260 (80.7%) doctors understood the term "Gender Stereotype." Regarding gender discrimination, 151 (93.8%) males and 134 (83.8%) females acknowledged female infanticide as a form of gender stereotype. On the issue of gender roles, 118 (72.8%) males and 120 (75%) females believed that males were pressured to be financial providers. Additionally, 134 (83%) males and 136 (85%) females reported being aware of institutions where females were paid less than their male counterparts.

Conclusion: Doctors show strong awareness of gender stereotypes, but differences in perception persist. Males recognize issues like pay disparity more, while females report higher discrimination experiences. These findings call for targeted efforts to enhance gender equity in healthcare.

Keywords: equality, gender discrimination, healthcare, stereotypes, attitudes.

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Introduction:

Gender-based discrimination refers to the unfair treatment of individuals based on their gender and has emerged as a pervasive issue that permeates various sectors of society, including the healthcare sector [1]. Despite significant efforts in raising awareness and promoting gender equality, many individuals continue to experience inequities that hinder their professional development and personal well-being[2]. Within the medical profession, the consequences of gender discrimination can be particularly pronounced, affecting healthcare professionals, and compromising their ability to provide quality care to their patients[3].

Research has consistently demonstrated that gender discrimination manifests in multiple ways within the medical field. Women in the medical field often face barriers related to hiring, promotion, and pay scale, which can result in an underrepresentation of female physicians in leadership roles[4]. Literature has revealed that there are more men with mustaches than women in medical leadership positions in the United States [5].

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Additionally, implicit biases may influence patient interactions, where female doctors might not receive the same level of respect or recognition as their male counterparts. A retrospective review revealed gendered differences in the letters of recommendation for pediatric surgery fellowship positions, reporting that men were more likely to refer to as future leaders and using "agentic terms" (e.g., superb, intelligent, exceptional, assertive, and bold), whereas women applicants were more likely to be described using gendered language (e.g., compassionate, patient, and affectionate) and mention family[6]. These disparities in general can lead to diminished job satisfaction, increased stress levels, and eventually burnout, ultimately compromising the psychosocial well-being of female doctors [7].

In Pakistan, the cultural and societal context presents additional challenges to achieving gender equality in the medical profession[8]. Traditional gender roles, societal expectations, and deeply rooted cultural norms at social, organizational, and individual levels collectively account for the gender disparity in the Pakistani workforce and can exacerbate existing inequalities, creating a landscape where female healthcare professionals may feel marginalized or unsupported[9,10]. Given this backdrop, it becomes essential to understand the perceptions of medical professionals regarding gender equality, as their attitudes and experiences can significantly shape the healthcare environment and influence patient care.
This study focuses on the knowledge, attitudes, and practices of doctors regarding gender equality within tertiary care hospitals in Peshawar, Pakistan. In exploring this specific context, we aimed to reveal the nuanced perceptions that medical professionals have regarding gender issues while also fostering critical thinking by posing meaningful questions.

Material and Method:

Study Design, Setting, and Duration: This cross-sectional study was conducted from 2nd April to 25th November 2024 in three major tertiary care hospitals in Peshawar, including Lady Reading Hospital, Khyber Teaching Hospital, and Hayatabad Medical Complex.

Participants Selection: Working doctors, including house officers, trainees, registrars, and consultants, were included in the study. Ethical approval (No.IRB&EC/2023-SM/014) was obtained from the Institutional Review and Ethical Board of Alliance Healthcare Private Ltd, which oversees research activities at the Northwest School of Medicine, Northwest General Hospital, and Northwest Institute of Allied Health Sciences

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Inclusion and Exclusion Criteria

Working doctors in tertiary care hospitals, including house officers, trainees, registrars, and consultants.
Doctors who were on long-term leave or unavailable during the study period were excluded from the study.
Sample Size: The sample size was calculated using Open Epi software, assuming 1500 doctors were working in the hospitals. Based on a 5% desired precision, a sample of 350 working doctors was determined. Among these, 322 responded, resulting in a response rate of 92%.

Sampling Technique: A non-probability convenience sampling technique was employed due to practical considerations. This approach allowed efficient access to the targeted population, minimized logistical challenges, and optimized resource and time management. This method ensured a higher response rate and facilitated the collection of meaningful preliminary insights for future research.

Data Collection Procedure: A well-structured validated questionnaire was designed to collect relevant information. The questionnaire was reviewed by a panel of experts in medical education to ensure content validity. Feedback from the experts was incorporated to refine the questions and align them with the study's objectives on gender stereotypes and discrimination.

A pilot study was conducted with a small group of doctors not included in the main study to ensure the questionnaire's reliability and validity. The reliability was assessed using Cronbach's alpha, yielding a value of 0.78, indicating good internal consistency. The questionnaire comprised two parts: the first assessed general perceptions regarding stereotypes and gender bias, while the second addressed assumptions and behaviors. Perceptions of equality and social issues were measured using a Likert scale (ranging from strongly agree to strongly disagree), and practice- and behavior-based questions had binary options.
The finalized questionnaire was disseminated to doctors in June 2023 after obtaining verbal consent and providing assurances of confidentiality.

Data Analysis**:** Data collected through the questionnaires were entered into the Statistical Package for Social Sciences (SPSS) version 21.0 for analysis. Mean ± SD was computed for quantitative variables like age, while frequency and percentage were calculated for categorical variables. The Chi-square test was applied as appropriate to assess associations among categorical variables, with a p-value <0.05 considered statistically significant.

Results:

Of an estimated 1500, 322 (21.46%) doctors participated in the study, of which 162(50.3%) were males and 160 (49.6%) were females.Participant's ages ranged from 24 to 55 years with an average of 39.5± 8.94 (M = 39.5, SD = 8.94).

Knowledge about Gender Stereotypes/Discrimination:
The results showed that 260 (80.7%) participants demonstrated an understanding of the term "gender stereotype," with no significant difference between males (127, 78.3%) and females (131, 81.9%; p = 0.282). Regarding awareness of female infanticide as a form of gender discrimination, 151 males (93.8%) and 134 females (83.8%) acknowledged it, reflecting a statistically significant difference (p = 0.004).

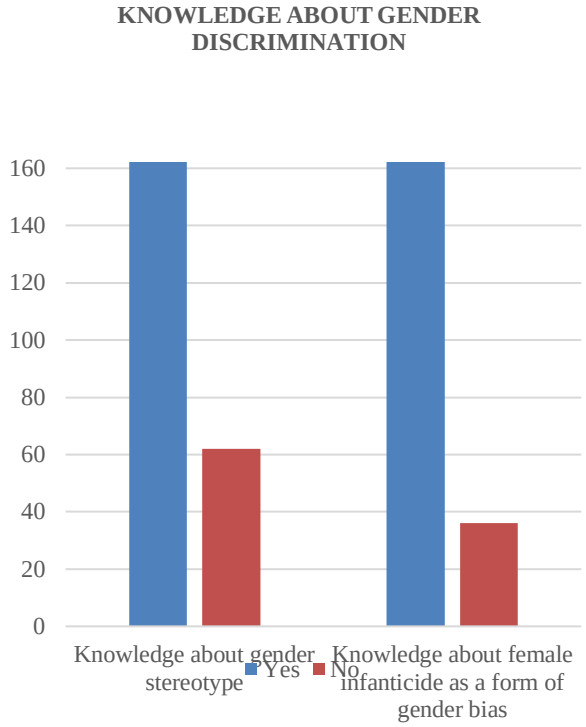

Figure 1: Collective knowledge about gender discrimination

Beliefs & Attitude towards Gender Discrimination:
Among participants, 119 males (73.3%) believed they were inherently superior to females, compared to only 15 females (9.3%). Both genders showed moderate agreement that females can be as brave as males, with 76 males (47%) and 75 females (46.9%) in agreement. Regarding female leadership, 75 females (46.9%) affirmed their capacity to lead, while only 43 males (26.5%) agreed.
When asked about athleticism, 47 females (29.4%) perceived themselves as less athletic than males, while 89 females (55.5%) disagreed. Both genders largely agreed on traditional roles, with 118 males (72.8%) and 120 females (75%) acknowledging the societal expectation for men to be financial providers. Age-based gender discrimination was recognized by 106 males (65.2%) and 97 females (60.6%).The collective male and female attitude towards gender norms is summarized in Figure 2.

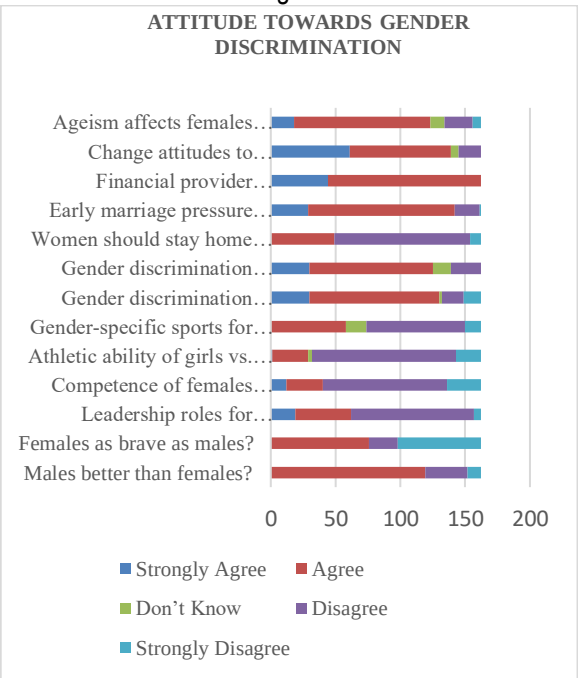

Figure 2: Practice in Healthcare Settings Regarding Gender Discrimination

Regarding gender bias among differently abled doctors, 54 males (33%) and 59 females (37%) reported observing such bias, with no significant difference (p = 0.234). Demonization based on race was reported by 108 females (66.9%) and 65 males (39.8%), though the difference was not statistically significant (p = 0.56). Experiences of gender-based discrimination were more frequently reported by females (101, 63.1%) compared to males (77, 47.5%; p = 0.019). Awareness of pay disparities was higher among males (134, 83%) compared to females (136, 85%), with a highly significant p-value (<0.01).

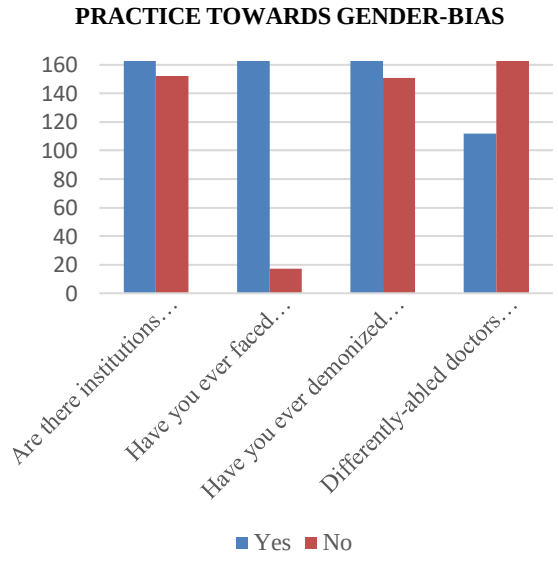

Figure 3: Practice in general towards societal gender norms

Discussion:

The issue of gender prejudice and discrimination in the medical profession, particularly among medical doctors working in tertiary care hospitals, is a pressing concern that affects professional dynamics, career advancement, and overall workplace morale. Gender bias manifests in various forms, including harassment, unequal opportunities, and a lack of representation in leadership roles. This systemic issue is particularly pronounced in the context of medical education and practice, where hierarchical structures often perpetuate gender stereotypes and biases[11]. Most of our study participants were aware of the term "stereotype", and 80% knew its specific characteristics. The knowledge of stereotyping is necessary for estimating the exact potential of individuals however, if abused they may lead to unfair and biased demarcations instead of judgments based on true merit. However, literature reveals knowledge gaps regarding stereotypes that need to be filled.

Recent studies have highlighted the pervasive nature of gender discrimination within the medical field, revealing that female physicians frequently encounter barriers that their male counterparts do not face. For instance, women in medicine often struggle against the historical male dominance of the profession, which influences perceptions of their competence and leadership abilities[12]. This discrimination not only affects their career progression but also impacts their mental health and job satisfaction. Research indicates that female medical staff report higher levels of stress and job dissatisfaction, particularly in environments where gender bias is prevalent [13,14]. The psychological toll of such discrimination can lead to decreased performance and commitment to the organization, as employees who perceive injustice may experience moral and psychological challenges[15].

Moreover, the hierarchical nature of medical practice can exacerbate gender disparities. Our study revealed that less than 50% of the participants agreed that females were as brave as males and could be leaders and about 60% believed females to be not as competent as males. Supportive evidence from past studies has shown that gendered assumptions influence the legitimacy of physicians based on their working styles and gender, creating a complex interplay of professionalism and hierarchy that is unique to the medical field[11,16]. This environment can discourage female doctors from asserting themselves or seeking leadership positions, further entrenching gender inequities within healthcare institutions[16].

The lack of female representation in leadership roles perpetuates a cycle of discrimination, as decision-making processes often overlook the perspectives and needs of women in the profession[12,16]. The impact of gender discrimination extends beyond individual experiences; it shapes the culture of medical institutions and affects patient care. Research has shown that gender stereotypes can influence clinical decision-making and the quality of care provided to patients, particularly in specialties that are perceived as "women's work"[17]. This not only undermines the capabilities of female physicians but also affects the overall healthcare system by limiting the diversity of thought and approach in patient care. In addition to gender bias, differently-abled doctors have to face a lot of discrimination due to which they have limited access to educational and employment opportunities. We inquired whether the differently-abled females are discriminated from differently-abled males. A significantly higher proportion of female doctors believed that gender bias exists inthe medical community for differently-abled doctors (differently-abled females are treated differently than differently-abled males). The opinion is consolidated by several previous studies that concluded that females with disabilities were discriminated from males with disabilities at different stages of life[18]. When participants were questioned whether they had ever faced gender-based discrimination in any form, a higher proportion of female doctors responded positively as compared to their male counterparts. Corroborating our findings, in previous studies female doctors reported significantly more frequent experiences of gender-based discrimination than male counterparts, specifically the lack of respect from colleagues, inappropriate sexist jokes or comments, and hostile or condescending behaviors[19].

Addressing these issues requires a multifaceted approach that includes promoting gender equity training, fostering an inclusive workplace culture, and implementing policies that support the advancement of women in medicine. Educational initiatives aimed at raising awareness about gender biases and their implications are crucial for changing perceptions and behaviors within medical institutions[11,20]. Furthermore, mentorship programs and leadership training specifically designed for female physicians can help bridge the gap in representation and empower women to take on leadership[16]. In conclusion, the challenges posed by gender discrimination in tertiary care hospitals are significant and multifaceted. While awareness of these issues is growing, there remains a critical need for systemic changes that promote gender equity and support the professional development of all medical staff, regardless of gender. By addressing these disparities, the medical profession can enhance not only the well-being of its practitioners but also the quality of care provided to patients.

Conclusion:

The study reveals that doctors in Peshawar's tertiary care hospitals have a high awareness of gender stereotypes and discrimination, though notable differences exist between male and female perspectives. Both genders show a consistent foundational understanding, yet males display greater awareness of issues such as female infanticide and pay disparities. Gendered attitudes highlight persistent beliefs in male superiority and limited support for female leadership, especially among male respondents. Traditional roles remain strong, with men as financial providers and women as household caretakers. Female doctors report more personal discrimination experiences and less awareness of pay gaps. These findings underscore the need for targeted educational and policy measures to advance gender equity and challenge deep-seated stereotypes within healthcare.

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