

Title: Problems And Prospects Of Women Doctors In The Age Of Technology: A Sociological Study In Assam

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Abstract: Introduction: Now a day the world is known as age of technology, where individuals are well equipped with various inventions. Though human beings are in the age of technology, still women are facing problems due to male dominated values of the society. In medical profession, the women doctors are also not free from gender discrimination and they face a lot of obstacles to survive in this profession. Objectives: In this study, an attempt has been made to study the problems and prospect of women doctors in their profession. Methodology: Both primary and secondary data were collected in this study. In this study, primary data were collected from the women doctors, i.e., 100 employed in government hospitals of Dibrugarh, district of Assam. For collection of primary data, some important techniques were used in this study, i.e. Interview method, Interview Schedule and Observation. Findings: In this study, it was found that 59(59%) respondents out of 100 respondents faced some problems as lady doctors such as problems in pregnancy period, sexual harassment etc. Conclusion: In this study, it has been found that a majority of the women doctors have faced various problems in the medical profession. It was found that due to various problems such as lack of crèche facilities, lack of part time work, negative attitude of male colleagues towards them, problems in promotion and training, health problems during the maternity period and menstruation, some women doctors even felt stress and depression which affected their profession.

(Key Words: Woman Doctor, Government Hospitals, Gender, Stress, Harassment)

1. INTRODUCTION:

Although, there have been various technological inventions in recent years in the field of medicine, yet women in medicine have not generally advanced to the highest levels and are continuing to encounter subtle and overt forms of discrimination during their training and career. Women in medicine generally encounter some obstacles, such as exclusion of women from the informal and formal power structures of medicine, inadequate accommodation of pregnancy at their workplace, harmful sexual stereotypes or bias against women, sexual harassment and a lack of mentorship available to women (CEJA Report-A-93). In the medical field, as a male dominated profession, women have been historically found underrepresented in administrative roles and hospital administration (Borkowski and Walsh, 1992). It is because, gender is still a major issue in the workplace and impact of the gender stereotypes is reflected in the attitudes and decision-making of employers and their employees (Green et al, 2004). Gender related obstacles often impede women's career paths more than they do in case of men (Madsen and Blide, 1992). Again, when jobs are demanding and time intensive, perceptions of society towards woman as homemaker and mother create serious conflicts (Madsen and Blide, 1992). Mangan (2009) has described lady doctors' career as "leaking pipeline" because sometimes they alienate themselves from 'academic medicine' and other highly demanding professional careers. Research has evidence that women are more likely to be found in less prestigious and lower income specialties such as Paediatrics, Obstetrics and Gynaecology, Psychiatry, Pathology etc. (Jagsi et al, 2007). Research has found that due to cultural and traditional practices of a traditional patriarchal society, even highly educated women have not received equal rights as those received by men (Yasmeen, 2005). Women receive inadequate mentoring and encouragement in their career development and have some tendency to think of relationships in terms of support and affiliation, whereas men are more accustomed to competition and hierarchy and have their tendency to view relationships in terms of

professional, educational and/or workplace context (Bickel and Clark, 2000). In the medical profession, this scenario is become familiar in context of women doctors. Women face various problems in the medical profession solely due to the traditional attitude of male folk towards women. Consequently, they face some problems due to gender discrimination. Due to sexual stereotypes of traditional society, women's competence and their positional authority along with their intellectual capacity or professional commitment can come under question. Therefore, due to traditional perception of society towards women, women doctors face different kinds of problems in their workplace. This research work made an attempt to find out the problems of women doctors at their workplace along with the future prospects of these women in their jobs.

(ii)

Review of related literature:

Considering the significance of in-depth study on problems of women doctors in government hospitals, whatever scholarly and thorough research works has been conducted, that can be cited as follows: Gutt and Tone (1976) completed their work on 'Career problems of Women Doctors'. Here, they describe that they have received information from 61 women doctors who face different difficulties in continuing their medical career. They have faced mainly two problems. Firstly, despite various types of special arrangements being made for women doctors, it is very difficult for them to obtain postgraduate training. Secondly, doctors who have completed postgraduate training cannot return to full time work as they are unable to obtain posts at an appropriate level. Bynoe (1990) conducted a significant work on 'Women Doctors' Careers' and highlighted career of women doctors, their role in decision- making process and gender disparities in their profession and its consequences for them. Findings of her study showed that status did not influence women doctors' career decisions. Gender related stress such as lack of role models, prejudice from patients and sexual harassment were more important in this context. Carol, Walter and Lillian (1996) worked on 'Physician role conflict and resulting career changes' and this study discussed gender and generational

differences in context of prevalence of role conflict and its impact on career of married physicians who have children. Their work revealed that female rather than male physician, younger than older female physician experienced at least a moderate level of role conflict. Here they evaluated role conflict that is perceived as a result of career changes for their marriage and for their children. They mentioned that most physician experienced role conflict and in response, many of them tried to adjust with their career. Pringle (1998) in her work namely 'Sex and Medicine: Gender, Power and Authority' mentioned that many feminists have been profoundly suspicious of the medical profession, seeing it as serving the interest of contemporary patriarchy. According to her, male doctors have acted virtually on behalf of man as a group to maintain the social subordination of women by controlling their bodies and reproductive capacities and women are still exploited and oppressed within the medical profession. Rout (1999) conducted a study on 'Gender differences in stress, satisfaction and mental well-being among general practitioners in England' and his work attempts to compare job stress, job satisfaction and mental well-being of male and female general practitioners in England. He mentioned that female general practitioners found it more stressful to deal with certain problems with patients. He again mentioned that both male and female doctors experienced some pressures which are created by demands and expectations of the patients and 'time pressure' of medical practice is more stressful for general practitioners. Swanson (1999) conducted a study on 'Stress, satisfaction and role conflict in dual-doctor partnerships' and in this work, he examined gender-based division of occupational and domestic workload and responsibilities, the relationship between stress and workload and the satisfaction in the home-work interface among doctors. In this work, he found that emergency call after duty hour, their ethical commitment to medicine and works encroaching upon family time were the major sources of conflict among doctors. Toyry (2004) conducted a study on 'Children and work-related stress among physicians' which analysed the influence of gender and children in context of stress among physicians, and it has tried to find out how the physicians maintain a balance between family and work. The study conducted a nationwide survey of 3313 Finnish physicians. He found that in the medical profession, work was the commonest reason of stress for both male and female physicians. He again found that if physicians had children, then they felt stress in context of combining their work. Ahmad (2007) conducted a research work on 'Role stress among medical school faculty member' where he investigated the role stress experienced by medical school faculty members in Iran and concluded that the most role related stresses and forms of conflict among medical school faculty members include too many tasks and everyday workload; conflicting demands from colleagues and superiors; incompatible demand from their different personal and organizational roles, inadequate resources for appropriate performance; insufficient competency to meet the demands of their role; inadequate autonomy to make decision on different tasks and a feeling of underutilization. So, in their work they found that role stress affect the work performance of faculty members.

(iii)

Significance of the Study:

In medical profession, doctor as professional is one of the challenging and responsible work for both men and women. But women who have accepted this profession, they faced several problems due to societal rules and regulations. Though in the 21st century, human society is growing in fast pace due to development of science and technology, still the male supremacy of the patriarchal society creates a different kind of reality where women are considered as weak, marginalized and as a low categorized section. There is clear evidence of full patronized discrimination in context of division of labour. Though they become doctor, but it is true that they are not yet free from some of the problems due to domination of male supremacy and rigid social sanctions. On the other hand, though they become good doctors till a certain level and express their full commitment towards the profession with proper responsibility, yet their status as well as role is marked as marginalized by their male counterparts. As a result, they face some problems in maintaining professional roles, which matter is an interesting observation in this study. It is also a fact that job-related problems affect their abilities as well as feasibility at workplaces which stand as stumbling block for continuing proper human relationships. On the other hand, research on problems of women doctors at workplace is very rare from sociological perspective, particularly in Assam. This study has focused on the plight of women doctors in government hospitals of Assam. Again, most of the social scientists do not give appropriate emphasis on professional women as research topic. Therefore, considering these, the study on problems and prospect of Women Doctors in government hospitals is very significant.

(iv)

Formation of Hypothesis:

In this research work, the following hypothesis was formulated which helped to meet the objectives of the study.

- (i) The women doctors face various problems at their workplace.

As regards hypothesis, it has been found that most of the respondents i.e., 60 (60%) faced problems at their workplace. Again, Chi-Square test has been done to check the significant differences of problems among women doctors on the basis of their religion, age group, type of family and monthly income. In context of religion, it has been observed that p-value is greater than $\alpha = 0.05$, so, our null hypothesis is accepted and we can conclude that there is no significant difference between religion and problem faced by women doctors. In the context of age group, it has been observed that p-value is less than $\alpha = 0.05$, so, our null hypothesis is rejected and we can conclude that there is significant difference between age group and problems faced by women doctors. In context of family, it has been observed that p-value is less than $\alpha = 0.05$, so, our null hypothesis is rejected and we can conclude that there is significant difference between family types and problems faced by doctors and again, in context of monthly income of women doctors, it has been observed that p-value is greater than $\alpha = 0.05$, so, our null hypothesis is accepted and we can conclude that there is no significant difference between monthly income and problems faced by doctors.

(v)

The Field of the Study and Methodology:

The domain of the study was the government hospitals of Dibrugarh District of Assam. A total of 130 women doctors were employed in government hospitals Dibrugarh district. Among them, 100 women doctors were selected as sample for the study by using purposive sampling method. The design of the research work is descriptive research design. Techniques of Data Collection: Both primary and secondary data were collected in this study. In this study, primary data were collected from the women doctors, i.e., 100 employed in government hospitals of Dibrugarh, district of Assam. For collection of primary data, some important techniques were used in this study, i.e.

- (i) Interview method,
- (ii) Interview Schedule,
- (iii) Observation,

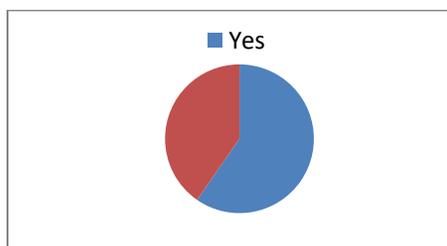
Secondary data were collected from books, unpublished doctoral thesis, select research oriented journals, articles (internet and so on), research publications containing factual information, reports, documents etc. Materials thus collected were synthesized, standardized and quantified depending on the nature of requirement by statistical representations.

(vi)

Women Doctors and Their Problems at workplace:

In the age of technology, though society is in the fast rate of development, still women are facing a lot of problems in their day to day life. In this study, it has come to light that as women, women doctors have also faced a number of problems in their daily life. Findings of the study reveal that 59 (59%) respondents out of 100 respondents faced some problems as women doctors (findings are given in figure 1.1).

Figure 1.1: Problem faced by Women Doctors

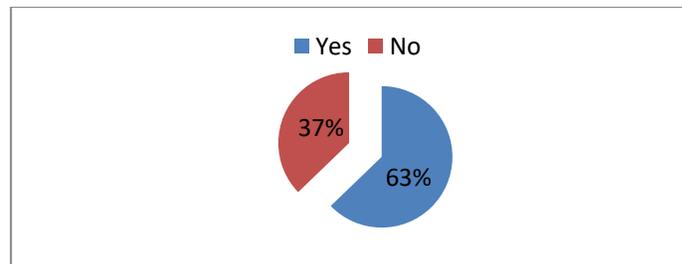


It has been found that 37 (62.71%) respondents out of 59 respondents faced problems at their workplace due to lack of crèche facilities. Among them, who faced problems due to lack of crèche facilities, 16(27.12%) respondents mentioned further that due to lack of part time work, they faced a lot of problems. They stated that since women have some household responsibilities, part time work was more convenient for them in maintaining dual role. They mentioned that sometimes they faced various difficulties in getting involved fully in their full time job due to some family

obligations. So, they viewed that the facility of part time job should be available in government hospitals. Again, a same number of respondents reported that they faced some problems in getting training in their profession. It has been found that 10(16.95%) respondents faced problems due to domination by male colleagues and they faced some problems from the staff, too who didn't like to obey them. They said that though they were in designated positions but because of patriarchal attitude of male towards female, the male office staff seemed to ignore them and sometimes they didn't follow their advice. Apart from the above problems, Indian women face blatant discrimination in the form of sexual harassment at their workplace, which has emerged as a major issue. According to a Woman Physician Congress survey conducted in 2005, 49% of members reported experiencing sexual harassment in their careers. The medical profession has become more sensitive to issues pertaining to sexual harassment. In this study, it has been found that the women doctors comprising 07 (07%) also reported of having faced problems of sexual harassment at their workplace. In this study, out of 07 respondents 01 (14.28%) respondents expressed that they were asked sexual favour by their male colleagues, but it was not reported to the authorities and kept aside without creating any undesirable situation. Even, later on the male colleagues confessed their guilty and asked to excuse them for their misbehaviour. In this study significantly, 03(42.85%) respondents expressed that they were attempted to harass by their male patients and rest of the respondents, i.e., 03(42.85%) respondents said that they were misbehaved in terms of sexual advance by male attendants. Interestingly, it has been found that though 04(54.14%) respondents out of 07 respondents complained against the harasser, but the rest of the respondents, i.e., 03 (42.85%) respondents were not interested in complaining against the harasser. They said that if they reported against the harasser, then people might blame on them and there are enough chances to twist the matter. So, in order to avoid being socially ostracized and getting involved in controversy, they refrained from making any complaints. Moreover, women doctors face some problems during pregnancy, too. The demands of family are frequently cited as an explanation for the existence of the glass ceiling effect in medicine. During the pregnancy period, women doctors face various health problems due to lack of adequate rest. In this research work, it has been found that out of 100 married women doctors, majority of them, i.e., 98(98%) have experience of pregnancy. Out of 59 respondents, who have faced some problems as lady doctors, among them 54 (91.52%) respondents again mentioned that they faced various health problems during the maternity period because they were unable to take adequate rest due to their busy schedule. They again mentioned that due to a short period of maternity leave, they faced various problems. They reported that before 2001, the maternity leave was of 3 months duration only; thereafter it was extended to 4 and ½ months and at present, 6 months is given as maternity leave. But they mentioned that it was only from 8 or 9 months of their pregnancy that they were able to take maternity leave. So, before 8 or 9 months, they faced various health problems. Interestingly, two women doctors specialising in Medicine reported that due to lack of adequate rest, miscarriage took

place in their pregnancy and between the two, one reported that she had lost twin babies (a boy and a girl) and the other reported that she had lost one boy baby due to miscarriage. They viewed that if they were in some other profession such as the teaching profession, then these mishaps might not have occurred in their life. They mentioned that during their pregnancy period, they had provided their service efficiently like other normal doctors. Furthermore, it has been found that among the women doctors who faced some problems during the maternity period, 25 women doctors faced some problems at the time of menstruation. Menstruation is a natural process of women. But during menstruation, women face various physical problems. In the 1980s, Dr. Horatio Storer said, "Women are unfit to practice medicine because they are menstrual" and some others viewed that menstruation shaped physical and moral strength and if women studied too much, then their bodies would not form properly. In this study, it has been found that 25(46.29%) respondents faced some health problems during their menstruation period such as heavy periods, headache etc. But, interestingly, all the respondents reported that all of them attended their duty regularly during menstruation. Interestingly, majority of the respondents, i.e., 92 (92%) respondents out of total respondents, i.e., 100 felt comfortable with their male colleagues during menstruation and all the respondents expressed that their male colleagues adopted a positive attitude towards them at the time of their menstruation. This study again showed that women doctors have additional pressure due to their job stress. Work plays a central role in the lives of individuals and so, the impact of occupational stress is an important issue both for individual employees and the organizations in which they work. Experience of stress at work can have adverse outcomes for the well-being of individual employees and as a whole for the organisation also. Stress is a feeling of tension or pressure that is experienced by people when excess demands are placed on them than their resources to meet these demands (Moore, 1995). Again, stress is the non-specific response of the human body to any demand made upon it (Selye, 1956). It is a result of a interaction between person and environment. The focus of the present study is to understand stress among women doctors in their profession. Organizational or Job stress has been defined in terms of a misfit between person's skills and abilities and the demands of his or her job . It has been found that high workload at the workplace and demanding home life; poor administration and inadequate infrastructure of hospitals; an excess of administrative responsibility and problems in dealing with patients were perceived as sources of stress (Ramirez et al, 1996). As regards stress among physicians, mostly identified work-related domains are overwork / workload and demanding patient work, time pressure and difficulties in handling the work-home interface. Stress is a natural and an unavoidable feature of human life, which made affects an organism's, adaptive capacity, resulting in both psychological as well as biological changes that could place a person at risk for illness (Cohen, 1995). In this study, a majority of respondents, i.e., 63(63%) out of 100 respondents reported that they suffered from mental stress in their profession (Findings are given in Pie-Diagram).

Figure 1.2: Job stress among Women Doctors



In this study, majority of the respondents, i.e., 50(79.37%) mentioned that the problems of job stress creates high levels of anxiety, 05(7.94%) respondents mentioned that it creates a high level of depression and the rest of the respondents, i.e., 08(12.07%) respondents mentioned that job stress creates tension among them and sometimes it affects their performances. All the respondents mentioned that they faced the problems of job stress due to additional pressure of family obligations and high workload. Findings have revealed that women doctors face various problems at various stages of their career. This study also tried to find out their future prospect towards their job. Except 2 respondents out of 100, 98(98%) respondents viewed that they will be able to establish themselves as leading doctors like other successful male doctors. So, in this study, majority of the respondents were very optimistic about their future prospects in their profession. Moreover, they provided some recommendations to solve the problems of women doctors like themselves. Out of 100 respondents, 36(36%) respondents viewed that in order to solve the problems of women physicians, hospital authorities and associations should establish a strong base by eliminating gender discrimination and such organizations should try to identify the existing obstacles or hindrance faced by women doctors and should make the foundation of organisation very strong. Again 24(24%) respondents viewed that government initiative is most important to solve their problems. They again viewed that government initiatives need to bring about the necessary changes to check the gender imbalance or discrimination existing in the profession of medicine. Government should treat male and female doctors equally in context of various professional roles and responsibilities. They further opined that government should introduce sexual harassment cells at such workplace and should implement certain policies to make the workplace secure and safe for women. It was also found in the study that 30(30%) respondents gave the suggestion of development and implementation of Action Plans to solve the problem of women doctors. They remarked that action plans are practical solutions which provide for accountability and measurement of progress in an organization. As many as one (1%) respondent stated that all women should have self-esteem and if they faced any kind of discrimination, they should have the courage to fight against such injustice, 2 (2%) respondents viewed that women should be appointed in their hometown so that they can manage both their professional as well as family life, 2(2%) respondents viewed that self motivation is very much essential and the rest of the respondents, i.e., 5(5%)

viewed that proper crèche facilities should be available at their workplace.

(vii)

Conclusion:

From the above findings, it has been found that a majority of the women doctors have faced various problems in the medical profession in the age of technology also due to patriarchal rules. It was found that due to various problems such as lack of crèche facilities, lack of part time work, negative attitude of male colleagues towards them, problems in promotion and training, health problems during the maternity period and menstruation, some women doctors even felt stress and depression which affected their profession. Though in government hospitals women doctors faced some common problems due to lack of necessary aids and equipments, inadequate sanitary and canteen facilities yet, majority of the respondents were very much optimistic about achieving success in their career in the future. They were hopeful that they shall be able to establish themselves just like the successful male doctors in their profession. But they mentioned that the role of government and hospital organizations should be positive towards them.

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