

Factors Affecting Pakistani Women Doctors' Decisions of Career Pursuance: A Study of Women doctors in Sialkot

Corresponding and Principal Author

Faiza Ashraf

**MPhil Scholar, Department of Sociology University of Management and Technology,
Lahore**

Faizaashraf595@gmail.com

Co-Authors

Dr Ambreen Salahuddin

**Assistant Professor of Gender Studies, Department of Sociology, University of
Management and Technology, Lahore.**

Farooq e Azam

Lecturer, Department of Sociology University of Management and Technology, Lahore

Abstract

Pakistan is a country where women from all fields face cultural and stereotypical barriers and workplace barriers in career continuation. The affecting factors for women doctors in career pursuance are complex and partly interface family background, career selection decision, and career pursuance problems. Many factors influence career pursuance decisions including personal reasons, managing household and professional responsibilities, cultural and stereotypical barriers and workplace barriers. The study is done in Pakistan, where the unforgivable dogmas make it harder for women to achieve success in their professional lives. The study provides solution to the problems that are explained in detail. This study is quantitative. A stratified technique using quantitative methodology was adopted. In our study, the sample size is based on 150 women doctors aged 25 to 50 years. SPSS 25 version is used to analyze the data. Descriptive statistics and frequency distribution is used to analyze the data. The results of simple linear regression were significant and P value is less than .05 at 95% confidence interval. The research tracks down the core of the problem and comes up with a practical solution. The measures to end men's overwhelming dominance in job are awareness, liberalization of society, freedom and education and implementing laws against harassment. The socio-economic aid and cultural freedom will empower women to get an education without hurdles and obstacles. Cultural freedom doesn't mean that women auction her respect and honor. Still, it means that the traditional norms, which resist someone from studying higher, should be reformed as friendly policies for women in education.

Key Words: *Women doctors, Career pursuance, Barriers, Survey, Pakistan*

Introduction

Sociologically, it has been confirmed that human beings have some inherited features or characteristics determined by the makeup of their DNA and associated with sex (categorizing human beings on the biological nature of characteristics) (Summers et al 2020). In many societies, sex has been an important factor in deciding future prospects, i.e., males are better paid than females, and they are dominant in politics, economics, and many other fields. On the other hand, the female population is regarded as disadvantaged and is prevented from engaging in social and political activities (Qureshi & Rarieya 2007). An uneducated woman suffers from multiple factors such as living in rural areas without essential health care system and infrastructure facilities and girls have no power to make their own decisions independently. Another study shows that career progression is a lifelong learning process in an individual's life to achieve success in professional life. Data reflects that female students in medical schools are higher than male students, but unfortunately, a vast majority of female doctors do not show interest to serve as professionals (Stager et al 2006). Young female doctors' career pursuance decision is influenced by environmental exposure, public perceptions, and recruitment factors (Sanfey, Saalwachter-Schulman, Nyhof-Young, Eidelson, & Mann, 2006). Khader et al., (2008) in their study highlighted different factors that affect the career preference of medical students. The less preferred career specialty was obstetrics and gynecology, and males preferred orthopedics to make a

career. Glynn & Kerin, (2010) argue that different factors influence junior doctors and surgical students' career choices, such as future employment, Career opportunities, job prestige, and mental challenges. Rosenthal et al., (2020) found that women doctors who have children and household responsibilities tend to show more stress and frustration in their lives. Unequal gender roles and a specific mindset towards women doctors compel them to sacrifice their careers for childcare and household responsibilities. More women doctors are sacrificing their careers for children and families than male physicians.

It is a dilemma that more female students in medical college opt not to become a professional and abandon the idea of becoming a physician midway. It is estimated that female students constitute almost 85 percent of the total strength in medical colleges, but yet, only 50 percent of them are been able to convert the knowledge into practical life. Studies reveal that many factors play a role in stopping female students to become professional doctors (BBC, 2015). Female medical students' tendency to discontinue their studies midway is also a reflection of social, cultural, and organizational barriers that make it difficult for them to proceed for some odd reasons (Bhutto & Hospital, 2021). Social norms discourage future female doctors that lead to their withdrawal from medical setup. Research in this way helps to understand why it is necessary to devise strategies to make health Institutes and hospitals friendlier towards female professionals. Well thought out planning and futuristic approach could help these future

doctors to hold their space and leave the idea of quitting jobs. On part of policymakers and Legislators, it is imperative to feel the need for designing pro-women policies that could go a long way in convincing female health professionals to stay committed to their jobs (Moazam & Shekhani, 2018). The gulf between male and female doctors implies the need for an inclusive approach. In the year 2014, the Pakistan Medical and dental council rang the alarm bell by revealing its estimated figure that shows almost 50 percent of graduating medical students are not likely to pursue career, and it further exacerbates the situation with the fact that nearly 70 percent of the country's medical students are female. Another study has found that the decision to disassociate themselves by such a vast majority signifies how it is going to further weaken the already fragile health sector (PMDC, 2014). Female doctors quitting their job for the sake of family after the marriage has been extensively discussed as the most debatable issue of Pakistan. Doctor wives resign from their job and end up being housewives (Mohsin & Syed, 2020). As women doctors are half of the total number, their potential shouldn't be overlooked that they can serve humanity, given they're provided the required resources. Women are experiencing negative attitudes in the health sector despite their great strength in the medical profession. When talking about career impediments, the patriarchal system is the most dominant reason that can affect any woman's life (Tlaiss, 2013).

Statement of the problem

In the light of the current literature, the case of Pakistani women reflects many barriers that affect men and women's careers; however, socio-cultural, workplace, and stereotypical obstacles are more common among women. Socio-cultural, economic and workplace, and household reasons are the main causes behind women doctors' career discontinuance (Mumtaz & Qazi & Sajjad 2018). Women doctors do not want to pursue their careers due to family and child care responsibilities. Although girls have as much potential as boys, and they can occupy better executive positions. However, there is a need to remove all the socio-cultural, political, and economic barriers in gender development (Jamal, 2016).

Research Objectives

The objectives of the study are

- To analyze the cultural and stereotypical, workplace, and household barriers that affect women doctors' decision to continue professional careers in Pakistani society.
- To illustrate the relationships between personal reasons, cultural and stereotypical, workplace and household barriers, and career pursuance decisions of women doctors.

Research Questions

- How do personal reasons, workplace and cultural barriers and Stereotypes influence the women doctors' decision to pursue a career in Pakistani society?

- Why do women doctors not practice even after completing their medical education?

Literature Review

The decision to become a doctor

Many female students are entering the medical field and want to pursue their careers in different medical fields. Throughout their career, doctors keep them involved in learning and practicing different medical fields, and the purpose is to build the foundation for future career advancement (Akram et al., 2016). Preclinical students were more likely to opt for neurology, microbiology, and hematology as future career choices. Besides that, people's perception of female doctors is the main hurdle in women's career pursuance (Al-nuaimi et al., 2008). For Most Students, their partner's influence, teachers' motivation and encouragement, family opinions are the strongest influencing factors in career choices. The personal choice had a strong impact on student's career selection (Henryk-Gutt & Silverstone, 1977). A news article published in the newspaper in the year 2016, indicated that female doctors constitute only 23 percent of the total registered doctors in Pakistan. A report published in 2019, highlighted that 85,000 female doctors have not continued their jobs, and marginalized themselves to the role of housewives only. PMDC presented a solution to the problem by recommending a restricted admission policy for female students and dropping down their numbers, so they could not harm the system by not continuing their job (PMD, 2019).

The decision to become a doctor is one of the most important steps towards getting better professional positions. Vacation, attractive salary, field practice opportunities are found to be the satisfactory factors that influence the students for entering medicine (Heikkilä et al., 2015).

Around the world, it has been seen that female doctors form a major chunk of the overall health sector, unlike Pakistan where social and cultural barriers do not make it convenient for female students to work as a professional. In the countries like the United Kingdom, the United States, India, Bangladesh, New Zealand, and Australia there has been a considerable increase in the numbers of female doctors reported in the past few years (Yousaf & Siddiqui, 2008).

The UK's Department of Health published a report in 2010, spotlighted the areas where women's representation was way below the national average in other sectors. The report hinted at very insignificant numbers, stating that women are underrepresented in academic medicine and as leaders in the country. It further explained that only 13 percent of female doctors are working as surgeons and 11 percent are working in academic medicine. Finally, this study mentions the fault lines in the system and the remedies, and the steps that should essentially be taken to make the participation of female medical students in the job sector certain. (*Department of Health Annual Report and Accounts*, 2011).

Cultural and Stereotypical barriers

Cultural barriers that stereotype women's education in Pakistan have been of the religious kind. Social, economic, and

cultural problems also play their part. Economic instability lowers access to resources, lack of female teachers, religious rules, cultural influences on girls' education are the primary reasons for the lower participation of girls in the educational sector. People use religion to control females and usurp their right to education (Jamal, 2016). Women doctors face more pressure to pursue their careers as compared to male doctors. Female surgeons who have children face more obstacles in their careers because they are responsible for household duties, and they have to maintain a balance between professional and personal life. Family pressure and expectations are other factors that press them to abandon their career (Inam et al., 2020). Difficulties such as stereotyping working women, lower participation of women doctors. Other prominent issues include a bad workplace environment, family responsibilities, and lack of professionalism (Mohammed Alobaid, Gosling, Khasawneh, McKenna, & Williams, 2020). Women dentists also faced many socio-cultural barriers. Economic need is the only reason for women doctors to pursue their careers. Also, the stigma attached to 'working wives' restricts women from practicing their profession (Van Laar et al., 2019). As the socio-cultural barriers in the medical field continue to grow, women doctors are under more stress to balance professional and household responsibilities. Female doctors are under severe pressure to perform their duties both as a doctor and a house maker (Sowjanya Kumari & Bindu, 2015).

Workplace barriers

There are many workplace barriers female doctors face. Women are being forced to work and act to meet the expectations of their colleagues, patients, and society, and these expectations lead to doctors' job satisfaction. Women doctors feel overburdened by everything that has been imposed on them (Wietsma, 2014).

Workplace barriers cause a significant decrease in the number of women health professionals. Research has validated that poor working environment and SES (socioeconomic status) contribute to career discontinuance ideas and women ultimately leave the medical career. It is woven in the fact that a lack of medical resources, environmental problems, and low-income issues had a substantial impact on the satisfaction level of women physicians. These problems are severe and affect physicians' lives and patients and colleagues (McMurray et al., 2000). The culture of Pakistani hospitals supports male surgeons to excel than female surgeons. And in a male-dominated society, female surgeons feel inferior to male surgeons. They have to keep work-family in balance and it's an uphill task (Hirayama & Fernando, 2018). Women are often seen dissatisfied with their job due to strict routines, night duties and face gender discrimination by patients. Double shifts and late-night work hours keep them engaged for the whole day. Women doctors need alternative solid strategies and solutions to manage their personal and professional life (Kumari & Bindu, 2015).

Household responsibilities

Changing priorities and growing concern of female medical students in the medical field

was found to be the negative influencing factors in a surgical career. Gender and generation are also great influencers that manipulate the career choices of medical students (Han et al., 2019). The house maker role of women eventually disturbs the future of Pakistani female dentists because it's difficult for them to balance family and professional life (Article et al., 2014). Female doctors have decided to change their medical jobs with more academic options. However, after quitting the medical field, women are still worried and face stress due to strict professional and personal life routines. Women are more willing to support their families financially, despite their social perception (Ahmed et al., 2015).

Traditionally women are expected to be involved in household and motherhood responsibilities, which may be the reason that female student were discouraged from choosing surgery as a career. Women doctors also looked after their families and took the responsibilities of motherhood. It was found that gender and generation priorities are the critical influencers for students choosing medical fields for a career (Han et al., 2019). Since the last decade, the proportion of female health care workers has increased. Female doctors have more responsibilities, including household, mother responsibilities, and professional duties than men. Women doctors have been forced to leave their profession and serve their whole life for the family (Abbasi & Sarwat, 2014). There is an increasing trend in Pakistan that women are taking admissions in medical institutions and choosing different medical fields for a future career but they do never specialize (Shaikh

et al., 2018). Female dentists first Opt a medical profession as a career and are then forced to leave due to household and mother responsibilities. They were forced to end their career and become housewives (Article et al., 2014). Due to cultural and household barriers, few doctors are willing to pursue their careers, which is an alarming situation for Pakistan (Masood, 2018). Poor working environment, lack of support from in-laws and husbands, and negative perceptions towards female doctors' career pursuance are identified as the strongest barriers preventing them from following their career (Faced et al., 2020). This chaos results in suicide rates, divorce rates, lower salaries, and a lack of resources for women physicians and experience micro inequalities. These factors develop stress issues in women (Techniques, 2003). Gender discrimination is the most highlighted issue in the medical field. Lack of time to attend research workshops and seminars was also a significant barrier in women doctors' career development. This leads to the problems of discontinuation of careers for women (Faced et al., 2020). Sadly, after graduation, medical students fail to continue their careers in the medical profession and this is the main reason that we've fewer doctors today in Pakistan. Pakistani parents send their daughters to medical institutions for MBBS degrees because they perceive that it is one of the respectable fields for women. There are various contributors to the discontinuation of women's medical careers like patriarchal structure, arranged marriages, and in-laws influences on women's careers that want to see them In a house maker role (Moazam &

Shekhani, 2018). Financial benefits of doctors, better career opportunities, and a working environment are the main motivational factors that influence doctors to migrate for postgraduate training to the United States (Imran et al., 2020).

Theoretical Framework

This study has been organized in the theoretical debate pursued and presented by Turner and Musick 1985. Turner and Musick, in their theory has highlighted the historic discrimination against women in the job market and in general spheres of life. According to them, in primitive societies, cultures and traditional values are so deep-rooted that it becomes impossible for people, especially female gender to work beyond their preconceived roles by society. In the Stone Age, this prejudice was at very low level because the resources were scarce but when capitalism, development of technically, modernization and urbanization made inroads, much have been seen biased attitudes towards female genders who are thought of as lesser creatures and subsequently enjoyed less in wealth, education, rights, and opportunities. Researchers under microscopic analysis have dissected the disproportionate power share in favor of men (Turner and Musick, 1985). Discrimination is in practiced because there is already a power and authority gap that exists in both genders. The argument that patriarchy encourages

more patriarchy is not wrong then. So, at the same time, discrimination consolidates the existing division of power or even strengthens it as denying the discriminated the access to resources reduces their power (Turner and Musick, 1985). As a result, it creates disequilibrium in holding the financial and cultural resources that the population enjoys. Such discrimination corners women and deprives them of their social roles. Men usually don't easily give up their higher social position (Reszke, 1991). When they see the opposite gender is competing against them for a well-paid job, they feel threatened and retaliate. Then they construct an evil webbing of stereotypes against women to confine them. Thanks to these beliefs, discrimination seems correct, and the diversification of Social roles and position by gender seems to be a natural state of affairs (Zwiech, 2009) (The given paradigm thus supports the current issue of female who are seeking their way to get job in the market which is predominantly ruled by masculine identities at large.

Methodology

This study was framed under a quantitative and cross-sectional design. According to the study design, probability sampling technique has been employed. Stratified random sampling has been used for the reason that the population is indifferent in nature with strata. The sample size of 150 has been chosen and the Cronbach's alpha is calculated at .995 (excellent value) for the overall measures and scales. The respondents includes female doctors and house job ladies for this study. Data was collected from a valuable sample of 150 women doctors aged between 25 years and

above 50 years equally selected (50 from each of 3 different hospitals including Islam medical hospital and training center Sialkot, Imran Idrees teaching hospital Sialkot, Allama Iqbal teaching hospital Sialkot. A structured questionnaire was used as a data collection tool for this study. The questionnaire was designed inconsistent with the objectives and research questions of the study. The data was presented in the form of tables based on APA formatting. All of the respondents gave their consent to the

researcher to fill out the survey questionnaire. SPSS 25 version is used to analyze the data. All measures were computed and used Cronbach's alphas for the reliability of the tool. Simple linear regression was run to see the prediction of Personal Reasons/choices of medical field selection, Cultural and stereotypical barriers, workplace barriers, household responsibilities as a barrier to women doctor's decisions of career pursuance.

Data analysis

Table 4.1: *Reliability Analysis*

V	Valid No	No of Items	Cronbach's Alpha
Personal Reason	150	5	.979
Cultural and stereotypical barriers	150	6	.981
Gender based cultural constraints	150	6	.918
Household Barriers	150	5	.980
Total	150	22	.995

Table 4.1 describes reliability analyses that were carried out for each computation measure of each item in the factor. SPSS is used to analyses data. The reliability value of the existing questionnaire is 0.995, which means that our tool is excellent, and we can use it for data collection and analysis. The reliability analysis indicated the data is reliable as its value is very high (i-e nearly equal to 1). Thus, data is reliable, and we can apply further analysis to it.

Table: 4.2 *Demographic sheet of the respondents (n=150)*

V	F	%	M	STD
Female	15	100	1.000	0.0000
	0			0
Age 20-30	10	66.	1.6200	0.9876
	0	7		4
31-40	19	12.		
		7		

41-50	19	12.7		
51 and Above	12	8.0		
Hospitals (Islam Medical hospital and training center)	50	33.3	2.0000	0.8192
Imran Idrees and teaching hospital	50	33.3		
Allama Iqbal Teaching Hospital	50	33.3		
Total	150	100		
Education (MBBS)	100	66.7	1.3333	0.4729
BDS	50	33.3		
Total	150	100		
Marital Status (single)	97	64.7	1.3533	0.4796
Married	53	35.3		
Income (30,000-60,000) Rupees	15	10	2.2667	0.6310
60,001-90,000 Rupees	80	53.3		
Above 90,000 Rupees	55	36.7		

Table 4.2 consists of three columns, the first, second, and third columns. The table has also been shown variable name, frequency of the respondents, Valid Percent with mean and standard deviation also has reported. The above results indicate that all of the respondents were female. There were 150 female respondents in our study. The above table shows that almost the whole sample (150) belonged to the female category. Their gender, Age, education, marital status, hospitals, and income were taken as demographic variables. The statistics indicate that the majority (100) of the respondents belonged to the 20-30 years age group. There are 19 respondents in the 31-40 years age group while 19 respondents belonged to 41-50 years and respondents above 50 years old are relatively lower in proportion. Majority (97) of the respondents are single while only (53) are reported as married.. We have equally selected three hospitals, and data has been collected from 50 hospitals (Islam Medical Center, Imran Idrees teaching hospital, and Allama Iqbal teaching hospital). The hospital variable is equally divided

for this study. The mean value is 2.0000, and STD is 0.81923. There were 100 MBBs doctors are part of our study, while 50 respondents are BDS. Regarding the monthly income statement, the findings show that the income of 15 respondents ranged from 30k to 60k. In contrast, the majority, 80% of the respondents' income belonged to the 60k to 90k range, and 55% of the respondents had income ranged above 90k.

Table 4.3: *Intercorrelation between Personal Reasons, Cultural Stereotypical Barriers, Workplace Barriers, Household Responsibilities Barriers and Career Pursuance Decision (n=150)*

Variables	2	3	4	5
Personal Reasons	.681**	.499**	.335**	.606**
Cultural and Stereotypical Barriers	-	.456**	.407**	.660**
Workplace Barriers		-	.480**	.238**
Household Responsibilities Barriers			-	.246**
Career Pursuance Decision				-

*p<.05, **p<.01, ***p<.001

The above results revealed that there was found a relationship between personal reasons, cultural and stereotypical, workplace, household responsibilities barriers and career pursuance decision among respondents. At the same time, there was a significant positive relationship found between personal reasons, cultural and stereotypical barriers. Similarly, results also showed that there was a positive association found between personal reasons and workplace barriers. Likewise, personal reasons have also a positive relationship with household responsibilities. As a result, there was a positive co-relationship found between personal reasons and career pursuance decisions. Furthermore, the relationship- between cultural stereotypical barriers and workplace barriers were found positive and significant when cultural stereotypical barriers increase, and then it also increases workplace barriers. Whereas workplace barriers and household responsibilities barriers have a significant

positive relationship, household responsibilities barriers positively affect career pursuance decisions. It is concluded that personal reasons, cultural and stereotypical barriers, workplace barriers and household responsibilities barriers have found a positive relationship with career pursuance decisions.

Hypothesis

H1: There is a significant relationship between personal reasons women doctors' career

H2: pursuance decisions

H3: There is a significant relationship between workplace barriers and women doctors' career pursuance decisions

H4: There is a significant relationship between cultural and stereotypical barriers and women doctors' career pursuance decisions

Conclusion

The paper covers the factors that affecting Pakistani women doctor's career pursuance decisions. Female are discriminated in

multiple fields of life including the job market as evident from the study. The discrimination has been linked with social and cultural tradition pervading in the area. Most of the female are thus non decisive in nature and could not make any contribution in the decision making of the household. Mostly the stereotypical attitudes are found among people of the locality further female are much confronted with workplace and household barriers in their career. The overall decision making process in the medical field is dominated by male members and thus female are found at margin of the whole decision making in the institutions. The leadership pattern and the types of authorities found among the medical institutions are in male control while female are confronted by the ideal of cultural tradition, being fragile and having no capacity to lead. Further, the analysis shows that female in general have access to education, while male in this regard have many opportunities. The medical field is also more dominantly ruled by male members while rest of the fields are also controlled by males. The stud identifies multiple barriers, such as socio-economic, socio-cultural, religious beliefs, and family confrontations. These barriers not only deprives female for the workforce but also make them dependent on male members which in turn deprived them to attain the social, cultural and political empowerment. This has not only affected the social-economic components of the life, but has drastically decrease the number of employment in the field of health, and other institutions.

The research tracks down the core of the problem and comes up with a practical solution. The means to end men's overwhelming dominance in job share are awareness, liberalization of society, education, and implementing laws against harassment at workplaces. The need to make people realize the women's contribution to society, especially in the remote areas where it's very little space available for the women to maneuver. On top of all that, the traditional religious beliefs that narrow women's participation in any activity other than her household matters is the biggest impediment.

Recommendations

- It's a reality that Pakistan is a male-dominated country where socio-economic and socio-cultural policies are constituted and enforced by dominated groups of people; in this perspective, it can be assumed that women-friendly policies are yet far away to constitute a law that could empower women to access education fear-free as well as with the help of socio-economic aid.
- Professionalism should be maintained at any cost. It's the fundamental responsibility of the governments to propose and pass legislation from the parliament to give working women a sense of protection.
- Strict actions should be taken against those who harass female doctors. The legal Lacunae in the judicial system should be filled.

- The awareness campaigns should be run to change the thinking of the society for a specific gender. Women should be paid as much as their male colleagues.
- Women doctors should also be persuaded to run their private clinics to have more extensive interactions with the public.
- Government should make ways to ensure that those who get enrolled in government colleges have some years in service before they decide to give up, so the taxpayer's money invested in those health professionals doesn't get wasted.
- Lastly, people should be told about the importance of a female health practitioner that eventually will examine their female patients.

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