

## Identifying Challenges Iranian Female Physicians Facing: A Case of Hospitals in Babol in Iran

Halimeh Khatoon Habiba

Head nurse in Fatemeh Zahra (Kaboli) Hospital supervised by Medical Sciences  
University of Babol, & Business management student in Islamic Azad University,  
Babol Branch, Iran

Farshad Gouranourimi

The president of Payam Noor University, Babolsar (Hadishahr), Iran  
Email address: f\_gouran@yahoo.com

**DOI Link:** <http://dx.doi.org/10.6007/IJARBSS/v4-i10/1208>

**Published Date:** 05 October 2014

### Abstract

Physician job satisfaction is essential for ensuring the quality of health care services. It is vital to address physicians' problems and try to redesign their working patterns as it is closely associated with patients and health care systems as a whole. However it has been reported in related studies that physician especially female physicians encounter different challenges. Hence, this study is aimed at exploring the factors relating to female physician problems and providing some solutions. The questionnaire was distributed among female physicians in hospitals of Babol in Mazandaran province, Iran. The findings show that the challenges female physicians facing mainly consisted of factors relating to family level, occupational level, and structural level. Based on the findings of this study, some strategies to solve the identified challenges are also presented.

**Keywords:** Female Physicians, Work-Related Problems, Health Care Systems, Iran

### Introduction

Hygiene and health care systems are one of the most significant systems in every society since they have salient role in the life and development of societies. Hence, health care systems are considered as one of the societies' advancement criteria. Moreover, the need for having human who are healthy mentally and physically increases the importance of hygiene and health care systems.

Physicians hold a profession that is traditionally connected to very high work commitment. Today, female physicians constitute the growing number of human resources in hygiene and health care systems. Therefore, identifying the problems female physicians facing and taking actions in an attempt to eliminating their problems can improve the quality of these systems.

It is noteworthy that female physicians have special significance from the view of emotional aspects as they have principal role in family life. Female physicians as mothers in home and physicians at clinics and hospitals are dealing with individuals who need the most attention and care, so the mental health of the society is in close relation with female physicians' wellness.

Decades of research have disclosed that the main challenge physicians facing is the incompatibility between work and family. Greenhaus and Beutell defined Work-Family Conflict (WFC) as a "form of inter role conflict in which the role pressures from work and family are mutually incompatible in some respect" (Greenhaus and Beutell, 1985). Theoretically, it implies that individuals have a certain, limited amount of energy, when they have the responsibility of multiple roles; these roles tend to drain them and cause stress or inter role conflict. There is a bidirectional relationship between work and family; there is work interfering with family (WIF) and family interfering with work (FIW) (Frone et al., 1997). WIF happens when demands and obligations of the work role are detrimental to family life. FIW occurs when the conflict arising from family duties and responsibilities interrupt one's work (Frone et al., 1997, 1992). Moreover, based on gender role theory, women are more likely to see their family role as part of their social identity than men do (Grandey et al., 2005; Milkie & Peltola, 1999). As a result, central social role is threatened by WIF in particular for women. Reportedly, women's roles in the workplace have increased in recent years but their responsibilities in family roles have not diminished which leads to strains and tensions. Childcare and finding time for other activities reported to be the highest expected strains on family life. Feeling guilty has been discussed as the other challenges female physicians encounter acting as both mothers and physicians (Parsons et al 2009) and stressful life events and psychological distress have been reported higher in female physicians than male physicians (De Koninck et al, 1995). In other word, the masculine characteristics of the medical world may make it particularly difficult for women to fit in (Langballe et al, 2011). Thus, physicians' physical, mental, and emotional health and wellbeing should be addressed strongly as neglecting this negatively affects health-care systems and patient care and may cause the performance of the health-care system become suboptimum. Therefore, the main purpose of this study is identifying the challenges facing female physicians and finding solutions in order to solve or at least diminish the identified difficulties and concerns.

Some related studies exploring female physician challenges are presented in table 1.

**Table 1:** The brief literature review of female physician challenges

<b>Author(s)</b>	<b>Year of publication</b>	<b>Title</b>	<b>Findings</b>
Schueller-Weidekamm & Kautzky-Willer	2012	Challenges of work-life balance for women physicians/mothers working in leadership positions.	Work-family enrichment has a positive spillover effect that helps to balance the work-life relationship. The allocation and interaction of different resources such as time, money, scope of decision making, and physical, emotional, and social resources were found essential to maintain the individual work-life balance.
Tyssen	2012	Work-home stress in Norwegian doctors:	The findings indicated that female doctors showed a higher level of work-

		the role of year-cohort and gender	home stress than did their male colleagues.
Compton and Frank	2011	Mental health concerns among Canadian physicians: results from the 2007-2008 Canadian Physician Health Study	Female physicians and general practitioners/family physicians and psychiatrists reported difficulties in handling their workload, poor work-life balance. Lack of familiarity with mental health resources was more prominent among female physicians and specialists outside of general practice/family medicine or psychiatry.
Langballe et al	2011	The Predictive Value of Individual Factors, Work-Related Factors, and Work-Home Interaction on Burnout in Female and Male Physicians: A Longitudinal Study	Work-home conflict was a particularly strong burnout predictor in female physicians whereas workload was the strongest burnout predictor in male physicians.
Buddeberg-Fischer et al	2010	The impact of gender and parenthood on physicians' careers - professional and personal situation seven years after graduation	Female physicians, especially those with children, have lower rates of employment and show lower values in terms of career success and career support experiences than male physicians. Females physicians show higher levels of satisfaction and are less advanced in their specialty qualification, are less prone to choosing prestigious surgical fields, have a mentor less often, more often work at small hospitals or in private practice, aspire less often to senior hospital or academic positions and consider part time work more.
Fuß et al	2008	Working conditions and Work-Family Conflict in German hospital physicians: psychosocial and organizational predictors and consequences	High values of WIF were significantly correlated to higher rates of personal burnout, behavioral and cognitive stress symptoms, and the intention to leave the job. In contrast, low levels of WIF predicted higher job satisfaction, better self-judged general health status, better work ability, and higher satisfaction with life in general.
<u>Barnett</u> et al	2005	Career satisfaction and retention of a sample of women	Women physicians in this sample who worked reduced hours had stronger relationships between family experiences (marital and parental role

		physicians who work reduced hours	quality and work interference with family) and professional outcomes than had their full-time counterparts.
Phyllis et al	2004	Characteristics and Outcomes for Women Physicians Who Work Reduced Hours	Women physicians who work their preferred number of hours achieve the best balance of work and family outcomes.
McMurray et al	2000	The Work Lives of Women Physicians	Gender differences exist in both the experience of and satisfaction with medical practice. Addressing these gender differences will optimize the participation of female physicians within the medical workforce.
Stewart et al	2000	Women physicians and stress	Three major sources of stress were identified that were high expectations, multiple roles, and work environment.

### Methods

The participants of this study were the female physicians in the hospitals of Babol in Mazandaran province named Yahyanejad, Shahid Beheshti, Fatemeh Zahra, Rouhani and Amirkola. According to Ministry of Health and Medical Education, the number of female physicians in Babol was 84 in 2014. Hence, the questionnaire was distributed among all of them, but 53 of them responded the questionnaire which was used for analysis. The response rate was 63%. The questionnaire was both quantitative and qualitative. The respondents were asked to express their thoughts about the difficulties and challenges they encounter as a physician and that what solutions and strategies they suggest in order to solve the problems. The completed free form comments were gathered and analyzed using Kawakito Jiro which was developed by Jiro Kawakito as an instrument for new idea generation (Kawakito, 2008). In this method, the respondents' comments were divided onto cards and then grouped based on their contents. After that, a specific name was given to each group illustrating its content. In the next step, larger groups were made out of the existing smaller groups and this grouping process was completed when the minimum groups were obtained. Finally, the conceptual content was drawn in a structural diagram. It is important to note that two analysts performed the abovementioned process to avoid bias or eliminate the preconceived notions. When the analysts achieved consensus, the analysis was completed.

### Results

The respondents' demographic information is illustrated in table 2.

**Table 2:** The Demographic Information of respondents

Percent	Demographic index	Combination
86%	Married	Marital status
14%	Single	
28%	25-35	Age
46%	35-45	

24%	45-55	
2%	Above 55	

After completing the analysis process, three main groups of challenges were identified that were associated with structural level, occupational level, and family level. Based on findings, one of the main complains of female physicians at structural level was an insufficient medical facility at workplace which seems to be potential stressors to the medical profession as they deal with this problem every day. Gender discrimination was another problem mentioned by our respondents, as they do not enjoy the equal opportunity as their male counterparts for promotions and leadership positions. This problem refers to some extent to the culture of the society as it is thought that female physicians undertake multi roles at home and at work, it would be better for them not to have high level responsibility such as leadership of a department or being the head of a medical team. Lack of reliable childcare provisions was an important challenge particularly among physician mothers with infants or children under five years old. Establishing childcare centers in hospitals would be a great help for physician mothers and would decrease their stress and concerns. In this way, they can better concentrate on their work and the patients would receive more attentions and care. Hospitals' rules and regulations were reported as a fundamental issue as physicians encounter with them in their daily activities. This issue was connected with another challenge at occupational level that is inflexible time and career structures which was expressed nearly by all physicians, and when this accompanies with high workload, high work related stress and threats and unfair income, it becomes a setback. Female physicians' family commitments caused another problem at family level which would be diminished by husband's support and other members of the family. The sub-factors of the main factors as well as the solutions offered by female physicians are summarized in table 3 and 4, respectively.

**Table 3:** main challenges female physician facing

<b>Family Level</b>	<ul style="list-style-type: none"> <li>• Struggle in creating balance between work and life</li> <li>• Child rearing</li> <li>• Family life commitments as marital role &amp; parental role</li> <li>• Feeling guilty when unable to perform family responsibilities</li> </ul>
<b>Occupational Level</b>	<ul style="list-style-type: none"> <li>• Inflexible time schedule</li> <li>• Insufficient income</li> <li>• High workload</li> <li>• High work-related stress and tension</li> <li>• High work-related physical and mental health threats</li> </ul>
<b>Structural Level</b>	<ul style="list-style-type: none"> <li>• Gender discrimination</li> <li>• Insufficient medical facilities at workplace</li> <li>• Weak working relations</li> <li>• Weak rules and regulations female physician working patterns</li> <li>• Lack of reliable childcare provisions</li> </ul>

**Table 4:** Strategies for solving or diminishing female physician challenges

<p><b>Family Level</b></p>	<ul style="list-style-type: none"> <li>• Support from husband</li> <li>• Creating balance between work and life by programs, plans and patience and with the support of other family members</li> <li>• Enrolling children on extracurricular activities</li> </ul>
<p><b>Occupational Level</b></p>	<ul style="list-style-type: none"> <li>• Flexible time schedule</li> <li>• Fair income</li> <li>• Hiring female physician on a part-time basis</li> <li>• Reducing work-related stress and tension through appropriate instructions and strategies</li> <li>• Alleviate work-related physical and mental health threats by implementing ergonomic rules and safety instruction</li> </ul>
<p><b>Structural Level</b></p>	<ul style="list-style-type: none"> <li>• Support from male physicians</li> <li>• Support from policymakers by redesigning female physician working patterns</li> <li>• Enriching reliable childcare provisions</li> <li>• Providing high-tech medical facilities at workplace</li> <li>• Improving working atmosphere</li> </ul>

**Conclusion**

Physicians treat sick people and save lives, so physician wellness is so crucial to the delivery of high-quality health care. In this regard, addressing the challenges and difficulties they encounter should be noticed as a high priority. Heavy work responsibilities, psychosocial, ergonomic, and physic–chemical threats at work environment may undermine the energy and spirit physicians need for their work and may impact their work commitment and job status. These observations point to the need for finding solutions for female physicians' workload and work-family roles in order to prevent or alleviate adverse effects on them. Female physicians' total workloads appear to be somewhat greater and more diffusely distributed than those of men. Some of the negative consequences of workload for physicians can be the higher probability of failures of attention and more serious medical errors. These all emphasize the significance of physician career satisfaction and their wellness; despite the concerns outlined above, studying the difficulties and fundamental challenges of female physicians is under-explored; therefore, we set out to explore the challenges female physicians facing and provide some solutions to help them achieve a work–life balance. Based on our findings, the challenges identified in this study at three structural, occupational and family level have revealed that special attention needs to be paid to female physicians'

challenges and fundamental changes need to be created to provide an appropriate conditions for medical professions and in sequence for optimal health care services. Policy makers and managers of medical profession should provide new career structures and instructions which allow female physicians to work shorter time, flexi time or on part time basis that would benefit both physicians and the health care systems. In this regard, it is also recommended policymakers perceive the strategy of increasing the number of medical students particularly in some fields which do not have sufficient physicians regarding the population increase. Another important issue is the insufficient medical facilities at hospitals which need to be addressed immediately as high-tech medical equipment would allow better and accurate diagnosis of diseases and superior cure for patients. High-tech equipment would also decrease the level of threats and stress since they would assist physicians in their decisions. Female physicians feel inequity in the way their partners share household work that must be addressed by support of husbands and other persons. Children rearing problem can also be diminished by providing child care centers at hospitals which would have a great positive impact on family-related issues.

It can be concluded that special career-support measures will have to be provided to achieve ideal health care systems and better work conditions for physicians, particularly female physicians. In this respect, more youth people especially young females would be encouraged to take up medicine as their career and the higher the number of physicians would make organizing working patterns easier for managers and practitioners.

For further research, we recommend that more investigations should be carried out in this topic.

### **Acknowledgement**

The authors acknowledge with gratitude the comments and suggestions of anonymous reviewers and the editor, whose input contributed significantly to this article.

### **References**

- Barnett RC, Gareis KC, Carr PL (2005). Career satisfaction and retention of a sample of women physicians who work reduced hours, Journal of Women's Health Gender Based Medicine, 14(2), pp. 146-53.
- Buddeberg-Fischer B., Stamm M., Buddeberg C., Bauer G., Hämmig O., Knecht M., Klaghofer R. (2010). The impact of gender and parenthood on physicians' careers - professional and personal situation seven years after graduation, *BMC Health Services Research*,10(40), <http://www.biomedcentral.com/1472-6963/10/40>
- Compton M. T., Frank E. (2011). Mental health concerns among Canadian physicians: results from the 2007-2008 Canadian Physician Health Study, *Comprehensive Psychiatry* 52, pp. 542–547
- Frone M, Yardley J, Markel K (1997). Developing and testing an integrative model of the work-family interface, *Journal of Vocational Behavior*, 50, pp.145-167.
- Frone M, Russell M, Cooper M (1992). Prevalence of Work-Family Conflict: Are Work and Family Boundaries Asymmetrically Permeable? *Journal of Organizational Behavior*, 13(7), pp. 723-729.
- Fuß I., Nübling M., Hasselhorn H. M., Schwappach D., Rieger M.A. (2008). Working conditions and Work-Family Conflict in German hospital physicians: psychosocial and organizational predictors and consequences, *BMC (BioMed Central) Public Health*, 8:353,pp. 1-17; doi:10.1186/1471-2458-8-353

- Gjerberg, E. (2003). Women doctors in Norway: The challenging balance between career and family life. *Social Science and Medicine*, 57, pp. 1327–1341.
- Grandey AA, Cordeiro BL, Crouter AC (2005). A longitudinal and multisource test of the work-family conflict and job satisfaction relationship, *Journal of Occupational and Organizational Psychology*, 78, pp. 1-20.
- Greenhaus J, Beutell N: Sources of Conflict between Work and Family Roles (1985). *The Academy of Management Review*, 10, pp. 76-88
- Gundersen, L. (2001). Physician burnout, *Annals of Internal Medicine*, 135, 145–148.
- Langballe E. M., Innstrand S.T., Aasland, O.G., Falkum, E. (2011). The Predictive Value of Individual Factors, Work-Related Factors, and Work–Home Interaction on Burnout in Female and Male Physicians: A Longitudinal Study, *Stress and Health* 27, pp. 73–87; DOI: 10.1002/smi.1321
- McMurray J. E., Linzer M., Konrad T. R, Douglas J., Shugerman R., Nelson K. (2000). The Work Lives of Women Physicians, *Journal of General Internal Medicine*, 15 (6), pp.372–380.
- Milkie M, Peltola P (1999). Playing all the Roles: Gender and the Work- Family Balancing Act, *Journal of Marriage and the Family* 61(2), pp. 476-490.
- Montgomery, A.J., Panagopolou, E., & Benos, A. (2006). Work-family interference as a mediator between job demands and job burnout among doctors, *Stress and Health*, 22, pp. 203–212
- Phyllis L. Carr, Karen C. Gareis, and Rosalind C. Barnett (2004). Characteristics and Outcomes for Women Physicians Who Work Reduced Hours, *Journal of Women's Health*, 12(4), pp. 399-405. doi:10.1089/154099903765448916.
- Schueller-Weidekamm C, Kautzky-Willer A (2012). Challenges of work-life balance for women physicians/mothers working in leadership positions, *Gender Medicine*; 9(4), pp.244-50.
- Stewart DE, Ahmad F, Cheung AM, Bergman B, Dell DL (2000). Women physicians and stress, *Journal of Women's Health Gender Based Medicine*, 9(2), pp.185-90.
- Tyssen R. (2012). Work-home stress in Norwegian doctors: the role of year-cohort and gender, 30<sup>th</sup> International Congress on Occupational Health.