

Female Physicians and Professional Careers

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ABSTRACT

Since Peseshet, the first known female physician in the world, the number of female physicians has not stopped growing. In USA, they represent 36,3% of practicing physicians, while in Mali, they represent only 16%. Unfortunately, female physicians are still under-represented in the highest positions of the medical hierarchy. It is often found that family responsibilities, can have an impact on their careers. Our objective was to determine the conditions of practice of women physicians as well as their perception on the evolution of their career. To achieve this goal, we conducted a prospective, cross-sectional study on a sample of 123 Malian women physicians obtained by a survey form. We were able to observe that only 34.18% of female physicians were specialists, only 14% of teaching and research positions are held by women, and this percentage decreases as one moves up the ranks. The majority 97.6% have professional ambitions. 12.2% do not feel encouraged to do so, mainly by their families. 78.9% are not satisfied with their working conditions and almost half, 45.5%, have felt discriminated against in favor of their male colleagues. 25.2% have already been harassed morally/physically, mainly (67.7%) by their male colleague. The difficulties are such that 26.5% are considering changing their professional path. The results show that although the number of women doctors is increasing over time, they still have various difficulties in reaching the top of the hierarchy, although they overwhelmingly express the desire for professional progression.

Keywords: female physicians, career, condition of practice, professional path

INTRODUCTION

Since Peseshet (4th Egyptian dynasty), the first known woman doctor in the world, through Agnodice (350 BC), Elizabeth Blackwell, Madeleine Brest (19th century) [1,2,3], or Sacko Diaka Diawara (1969, Mali) [4], the number of women doctors has not stopped growing. In France, they represent 44% of practicing physicians, in the USA in 2019: 36.3% [5] while in Mali, they represent only 16% of them. This is nevertheless an improvement compared to 1969, the year

the medical school was created, when there were no female doctors. In Mali, an association of women doctors was created in 2014 after AFMED, joining the Medical Women International Association in 2014, initially bringing together a dozen women doctors uniting to better make themselves heard and better define their role. This association is still active to this day, testifying to an ever present need to be heard and recognized. The quality of work provided by women physicians is in no way inferior to that of their opposite sex colleagues. Unfortunately, in most countries in the West, Asia and Africa, female physicians are still underrepresented at the highest levels of the medical hierarchy and in the most prestigious specialties [6,7,8]. Several factors can have an impact on their choice and career plan, in particular the conditions of practice strongly influenced by variations in the structure of opportunities in the different specialties.

Our objective was therefore to determine the conditions of practice and their impact on the careers of women physicians in Mali, an African country.

METHODOLOGY

This was a prospective, cross-sectional study. The sample size was 123 female physicians aged 24 to 65 years practicing in Mali.

The eligibility criteria were being a female physician practicing in Mali. The information was obtained from a survey form (google form) distributed online to professional groups of physicians including female physicians, collected between November 2021 to April 2022 then registered on tables by the google forms system and then analyzed.

The variables studied and results we wanted to obtain were sociodemographics, sector of activity, being specialists or not (generalist), level of responsibility, academic position, potential career barriers and their impact, being harassed, type of harassment, job satisfaction.

This data was obtained by using multiple choice and open-ended questions. The anonymity of the responses was respected.

RESULTS

One hundred and thirty (130) women accessed the form but only 123 female physicians participated, representing 12.91% of all female physicians in Mali, coming from different sectors of activity: private and public, with a slight predominance of the public sector (51.22%). The majority of the participants were between 36 and 45 years old (48.78%) followed by [26-35 years old] (36.59%) (Table I).

Table I: Distribution by age

Age	Number	Percentage
[18-25]	1	0,81
[26-35]	45	36,59
[36-45]	60	48,78
[46-60]	16	13,01
60 and plus	1	0,81
Total	123	100

18.34% were specialists, 63.51% were generalists and the remaining 18.15% were in the process of specialization.

The majority were civil servants (35.8%), 71.5% were not satisfied with their salary compensation, 0.02% were undecided.

Regarding positions of responsibility: Only 38.2% of the participants in our series had a position of responsibility, of which 13.8% had an academic position, 92.7% thought they deserved their position. Seventy-seven percent of the female physicians did not feel valued in their work.

97.6% had professional ambitions, 87.8% felt encouraged to do so mainly by their family (62%), followed by their superiors (24%).

When asked if your family is a barrier to your career, 26% answered yes. The main obstacle was children (46%), followed by family in-laws/spouses (32.4%) (Table II).

Table II: Distribution by career barriers

Carrer barriers	Number	Percentage (%)
Children	17	45,9
Family in law	9	24,3
Spouse	3	8,1
Family	3	8,1
Autres	5	13,5
Total	37	100

45.5% felt discriminated against in favor of their male colleague. 25.2% had already been harassed morally and/or physically, mostly (68%) by their male colleague, 9% by their female colleague.

79% were not satisfied with their working conditions and 26.5% were considering a career change.

DISCUSSION

Our study recorded 123 participants, 13% of the female physicians in the country [9], from different sectors of activity (public and private) with a slight predominance of the public sector (51.22%), which remains the largest employer in the medical sector in our country despite the economic situation.

In our series, 86.2% were under 45 years of age, and those over 55 years of age represented only 3.25%, a relatively young population compared to the OECD data, which counted between 15 and 55% of this age group (over 50 years of age), with a clear increase between 2000 and 2017 [10], posing a problem of ageing of the medical population in these countries, and above all the problem of succession.

In Mali, only about 16% of doctors were female in 2021, while 36.15% of Malian students in the Faculty of Medicine were female in the same year [11]. The process of feminization has

nevertheless elicited relatively little comment, whether within the decision-making and regulatory bodies of the medical profession, at the ministerial level or in social science research [12]. Studies show that a better balance between men and women would be beneficial for the medical profession, for patients, for the work environment and in the development of health policies [13].

These figures are significantly lower than those observed in the USA and Luxembourg (36%) and even lower than in the Scandinavian countries (56-74%) [4,6]. These countries are all classified among the most industrialized countries, while Mali is classified among the developing countries. Is this not the umpteenth proof that a better gender balance can be a guarantee of socio-economic development? Nevertheless, we cannot ignore certain ideas that are propagated with little critical thinking, such as the one that would have us believe that feminization is a cause of the devaluation of the profession. Instead, we advocate a forward-looking medicine that welcomes the commitment of women and seeks ways to make the most of the human resources at its disposal [14].

18.51% of the female physicians in our series were specialists, most of them were not satisfied by their remuneration (71,5%) and almost all the studies found agree that female physicians tend to choose 'relational' medical disciplines or those that allow better management of the family-work interface.

In our series 38.21% held positions of minimal to significant responsibility. Only 14% of teaching and research positions are held by women and this percentage decreases as one moves up the ranks: the higher the position of responsibility, the fewer women you will find.

Several studies have shown that they occupy less of what the medical profession considers "leadership" positions and are less likely to occupy what the medical profession considers "executive" positions and certainly in lower numbers than their representation in the medical profession appears to be [6,15,16].

There are both horizontal and vertical gender segregation in our country: no hospital director in the country is a woman. No woman has ever been dean of the Faculty of Medicine. In the administration of the faculty, only one woman is represented as vice-dean. All heads of academic and research departments are men.

Greater flexibility in training programs would allow those with parental responsibilities to acquire the skills necessary to obtain a certificate of completion, and would result in fewer women physicians with children opting for secondary staff positions, associate specialist positions, foregoing clinical specialization, or abandoning medicine altogether.

Part-time work is well established in many professions. What lags in medicine is its "normalization" and a willingness to capitalize on the benefits of part-time work that is lacking [15].

In the literature, family-friendly policies are relevant for both men and women, although they are more important for women.

In Mali, the family situation was the main obstacle to the career development of female doctors, especially having children. Mali is a patriarchal society where the care of children is the woman's role and the in-laws have a significant influence on women's life choices.

Unfortunately, there is no system of childcare for medical personnel, even though the role they play in enabling women to train and remain in the workforce is well established.

In Europe, although men continue to dominate the upper echelons of the profession, they are not exempt from the need to modify their own relationship to medical practice and to the domestic and family sphere, and often have to consider the family-work factor, which is far from being the case in our context [12].

Apart from the family context, other difficulties to which women doctors were subjected were discrimination and harassment in various forms, both moral and physical, mainly by male colleagues. The career paths in medicine are still sexist to the detriment of female physicians [17]. Unfortunately, this phenomenon is likely to continue for a long time because we do not really have repressive laws on this subject, the few that do exist are not really enforced, but the biggest problem lies in the lack of denunciation on the part of the victims, who fear a risk for their career and the way society looks at them (they are often made to feel guilty or even discriminated against). There is a real need to raise awareness on this subject and to make it less commonplace.

Horizontal segregation is evident in the differences in specialty choice in the literature: men choose specialties such as surgery or cardiology, which are more prestigious and offer higher incomes. Women are overrepresented in specialties such as pediatrics, psychiatry, or gynecology and obstetrics, which are less prestigious and have lower incomes.

Women physicians, have lower objective career success scores in terms of publications, grants, fellowships and research activities [18]. There are several reasons for the absence of women in academia: for example, a lack of role models as well as rigid career paths, the latter being responsible for the incompatibility between professional and family life [19]. Women often anticipate career obstacles related to parenthood and abstain from a prestigious career, others simply drop out.

This phenomenon of women leaving academia at various stages, both at the residency and postdoctoral levels is called "The Leaky Pipeline" [19,20,21].

All these difficulties in maintaining a work-life balance, frustrations related to discrimination and harassment, gender bias and pay gaps lead to a poor working environment. Other factors such as lack of adequate technical equipment, severe understaffing in hospitals, make up to 26.5% consider changing their professional career and contribute to this leakage.

CONCLUSION

The number of women physicians is increasing over time. While equal rights for women in medicine exist in most countries, there is a need to ensure equal opportunities at all levels of the medical profession hierarchy. Women continue to face a variety of difficulties in reaching

the top of the hierarchy: family, financial, discrimination/harassment, although the overwhelming majority express a desire for professional advancement.

Given the feminization of medicine, special attention must be given to women physicians: special career support measures must be provided, such as mentoring programs, role models, flexible schedules, and career structures, to enable them to maintain a work-life balance while advancing.

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