

## Role Conflict and issues of women: A study of women working in Medical Profession

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### Abstract

Families are made up of mostly of women. They are in charge of the health, social, and economic well-being of the people in their family and neighbourhood. As women progress in their careers, they're more likely to face physical risks at work, as well as pressures from numerous roles and competing expectations. Working women are under stress and strain because of their financial situation, which forces them to seek employment or pursue a profession in order to contribute to the family's income. That working women have to deal with issues is an undeniable fact. Working women are those who have a job that they are paid for. There is more to a woman's job than just confirming that she is employed for money. She's also expected to help out around the home on a regular basis. Men and society used to look down on and view women who work as unlucky because of their personal situations, but that has all changed recently.

**Key words:** Women, Working, Medical, Profession, society etc.

### Introduction

To better care for female patients, women were welcomed into medicine in the Western world around the late 1800s. In the beginning of the twentieth century, their role in medicine diminished since it was more seen as a strong scientific endeavour. In response to social changes, they were urged to return in the 1960s to offer more humanistic and holistic treatment. The medical profession's traditional attitude emphasises complete dedication to patient care, education, research, and collaboration with other doctors. As a result, many people find themselves working long hours and travelling often. As long as most families were conventional, this strategy worked—men dedicated a significant amount of time to their medical careers as doctors, while women took responsibility for the care of the house and children. Dual-career families arose when more women<sup>1</sup> entered the medical profession, challenging gender norms and societal expectations. However, the majority of household and childcare tasks have remained in the hands of women due to the demands of juggling a job and a family life. The number of women working in medicine and healthcare has risen steadily during the last several decades. It is common for women to have a variety of jobs in hospitals, health care organisations, and medical schools. Despite a rise in the number of female employees, these workers continue to confront many obstacles in the workplace.

Today's working woman may be from the middle, the lower, or the upper classes. Women in the middle and lower classes labour for financial reasons, while those in the upper classes work just to pass the time. A lady who works for money has to deal with a slew of issues. As a result, they must devote their whole time to an office or organisation. People snicker at her, make passes, and criticise her work because she's a woman, and that's frustrating. People will

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<sup>1</sup> “Phillips SP, Austin EB. The feminization of medicine and population health. JAMA 2009;301:863–864”

find fault with her job no matter how diligent she is if she does not succumb to their vulgar approaches, and she will be harassed as a result. Because of this, the impoverished lady is afraid to come out with information about these wrongdoers for fear of losing her job or ruining her reputation among her coworkers, relatives, or the general public. This woman really does have to walk on a knife's edge at all times.

## **Challenges for Women in the Medical Profession**

The early twentieth century witnessed a rise in the demand for women due to a growing consciousness among the general public. By 1929, a growing number of medical schools had begun to accept female students. Only one medical school for men and four for women existed in the country at this point. As the number of female physicians<sup>2</sup> increased, so did the number of female patients. Since independence, the number of women studying medicine in India has steadily risen. Over the past three to four decades, medical professions have seen significant transformations as well. Many female physicians are working in areas where they previously couldn't. Women have made significant progress in medical research as well as in the classroom. Pathology, paediatrics, and social and preventive medicine are common choices for female physicians. Women, on the other hand, tend to be less specialised than males due to a variety of restraints, such as family obligations, child-rearing responsibilities, and longer working hours in some professions.

## **Family Responsibilities**

Women in the health care professions have a difficult time finding a work-life balance because of the conflicting demands of their jobs and family responsibilities. Domestic crises, family difficulties, and societal penalties – such as embarrassing conduct from relatives and family members – were all things women had to deal with when they put their jobs before of home responsibilities. Farahat performed another research among Egyptian female doctors using self-administered questionnaires with open and closed questions to determine the difficulties of work–life conflict. The women in the cohort said they couldn't find the time to pursue specialisation in their medical fields because they had to care for children and keep the home clean. Socio-cultural and stereotyping-related issues plagued Nigerian and Egyptian female healthcare workers.

## **Workplace Environment**

As a result of the intentional poor behaviour of male bosses, female doctors seeking flexible working hours or part-time employment in other professions such as nursing<sup>3</sup> and medicine encountered significant obstacles in attaining equality and justice in leadership. Some

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<sup>2</sup> “Phillips SP. The growing number of female physicians: Meanings, values, and outcomes. *Isr J Health Policy Res* 2013;2:47.”

<sup>3</sup> “Phillips SP. The growing number of female physicians: Meanings, values, and outcomes. *Isr J Health Policy Res* 2013;2:47.”

supervisors ignored female employees who complained to them about stressful working conditions caused by poor work. Many influential men held the view that women should not be permitted to advance in their fields. The writers opined that any effort at dramatic reform would put the organization's human infrastructure at jeopardy, limiting its capacity to carry out its duties successfully going forward.

The scoping review topics identify problems linked to stereotype as well as workplace difficulties. Because of gender stereotypes, female healthcare workers are often discouraged from speaking out in meetings, which results in them self-silencing. Psychological workplace repression, according to Price and Clearihan, is to blame for such self-silencing. Healthcare institutions, such as hospitals, have a disproportionately low number of female leaders.

## **Stereotyping**

Organizational obstacles to female physicians<sup>4</sup> were simply an extension of broader socio-cultural expectations. Stereotyping does not exist in isolation and is strongly entrenched in socio-cultural practises. External assistance (such as childcare or relatives) was necessary to get over these obstacles for the researchers. They also found that encouraging spouses to take on additional household duties was effective. Local government and authorities must lead the way in addressing gender discrimination by establishing change and different expectations for women.

## **Acceptance As Working Professionals**

The majority of Indian males have not yet accepted the reality that women may work side by side with them in any area or career. However, many still see women as domestic helpers who should be in charge of the kitchen and other domestic tasks.

Wives who don't earn enough are expected to work, or women who don't "know their position" are expected to work. Working women<sup>5</sup> in India do not get the respect they deserve from their male coworkers.

## **Balancing Work-Family Life**

In India, women are still expected to run the household, regardless of their position or title at work. As a result, they have responsibilities like as returning home on time, cooking, cleaning, and tending to family matters. Helping around the home is so common among guys that it has become an inside joke among them. As a result, it's very stressful for women who are on their own and don't have any assistance.

## **Travelling For Work is Not Acceptable**

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<sup>4</sup> "Roter DL, Hall JA. Physician gender and patient-centered communication: A critical review of empirical research. *Annu Rev Public Health*. 2004;25:497–519"

<sup>5</sup> "Levinson W, Lurie N. When most doctors are women: What lies ahead? *Ann Intern Med* 2004;141:471–474"

Married professional women encounter a number of challenges, including the inability to travel or go on tours without being confronted with awkward inquiries from friends and relatives. Most of the time, this is the case for married women who have a thriving professional life. Their ability to fulfil their professional responsibilities is often reliant on the help and cooperation of loved ones.

Even if a married guy may travel on lengthy professional trips outside of his home city without generating suspicion and concerns from his family and colleagues, his equally accomplished wife will be met with scepticism and opposition. As a consequence, women are often forced to choose between taking professions that require travel and being promoted as a result of their decision.

### **Safety Of Working Women**

Leaving aside the "nosey inquiries aspect," professional women who must travel for official reasons are nonetheless concerned about their safety. When travelling for business, women<sup>6</sup> are seen as particularly weak and ripe for exploitation by their sexist male colleagues. Even on a strictly business trip, working women confront the challenge of checking into a hotel by themselves. Because of safety concerns, many hotels will not rent to a single woman, and if one does opt to remain alone, she will be treated suspiciously.

### **Unequal Pay**

The issue of equal pay for men and women is a hotly debated one, not only in India but in many other countries as well. Legally, women are entitled to the same pay as their male counterparts for the same kind of job. There is still widespread discrimination against women in the workplace since many businesses ignore these rules and underpay female employees.

### **Education**

The literacy rate for women in India is still lower than the literacy rate for men, notwithstanding a steady increase. Girls attend school at lower rates than males, and many of them leave out.

### **Crimes against women**

It is clear from police reports that crimes against women are common in India. Crimes against women are expected to increase faster than the population by 2010, according to the National Crime Records Bureau. Many instances of rape and molestation were not reported to the police in the past because of the social shame associated with them. According to government data, the number of recorded offences against women has skyrocketed.

### **Domestic Violence**

One out of every three women across the world is subjected to domestic abuse by their husbands, fathers, or brothers and uncles. To put it another way, domestic violence<sup>7</sup> occurs when one adult in a relationship abuses their position of authority to exert control over the other. The abuser uses threats, intimidation, and physical assault to torment and control the victim.

<sup>6</sup> "Black C. Women docs 'weakening' medicine. British Broadcasting News."

<sup>7</sup> "Nomura K, Yano E, Fukui T. Gender differences in clinical confidence: A nationwide survey of resident physicians. Acad Med 2010;85:647-653"

## Conclusion

The difficulties that female healthcare workers encounter on the job. Workplace environment, family obligations and stereotypes were all topics included in the research. Despite the fact that the pieces were organised by topic, there was a clear connection between them. Lack of support for women at work caused a work-life balance and a strain on family obligations, while stereotyping and discrimination caused stress, poor productivity, and low levels of satisfaction with one's job and personal life. A person's personal and professional life are affected when they have a low level of life satisfaction. Reduced working hours, flexible scheduling, and part-time employment may all help to increase the number of highly motivated women in the workforce, which will help to further gender equality in healthcare.

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