



Research Article

Exploring Gender Based Challenges Faced By Female Healthcare Professionals

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Abstract. Female healthcare professionals continue to face gender-based challenges. These issues not only affect their professional growth and well-being but also have broader implications for healthcare quality and workforce sustainability. The present qualitative study aimed to explore gender-based challenges faced by female healthcare professionals in Pakistan and their impact on career progression and workplace experiences. A purposive sample of seven female healthcare professionals aged 25-40 years, working in various healthcare settings including hospitals and private clinics, was selected. Data was collected through face-to-face, semi-structured interviews. The interviews were transcribed and analyzed using thematic analysis, involving line-by-line coding followed by the development of themes. Findings revealed five major themes: uncomfortable workplace environment, injustice, gender inequality, male dominance, and overcompensation. The study concludes that gender-based challenges significantly affect the professional experiences and career progression of female healthcare professionals in Pakistan. Addressing these issues through organizational policies and gender equity initiatives is essential to create a supportive and inclusive work environment.

Keywords: Gender inequality, Female healthcare professionals, Workplace challenges, Health system barriers

INTRODUCTION

According to American Psychological Association the term Gender could be defined as exploring the concepts of being a male or female and how it impacts the person's 'behavior, health, interpersonal relationships, and psychological processes.' Gender is a broad term which doesn't only include the biological differences between the two sexes but also how a person perceives themselves as, gender identity, gender stereotypes and sexual orientation. Gender discrimination on the other hand is defined as any sort of prejudice against women which includes exclusion or restriction which further, hinders or invalidates women's 'recognition, enjoyment, exercise of human rights and fundamental freedom in in the political, economic, social, cultural, civil or any other field,' regardless of their marital status (United Nations, 2009). Women in healthcare leadership face hurdles like unsupportive work environments, confidence and skill gaps, and work-life balance struggles. To overcome these, they leverage personal strategies, family backing, and organizational policies tailored to women's needs (Khan et al., 2025).

Although 'Universal Declaration of Human Rights' states that everyone is entitled to equal rights and opportunities regardless of their race, age and gender. but unfortunately, in a country like Pakistan it is not the case. A study conducted by Ali et al. (2022) stated that women in Pakistan face inequality or discrimination almost everywhere whether it's at their house, work, educational institution, by healthcare system. They are constantly looked down upon and only are restricted to household work and 'child-rearing practices.' A study reported that gender discrimination has a serious negative impact on women's mental health and their overall well-being. It highlights that, women often encounter unequal treatment, limited or very few opportunities, and social pressures, which makes them vulnerable mental health problems such as depression, anxiety, and stress. These inequalities are deeply ingrained in social and cultural systems, making them difficult to eliminate without structural change. The study emphasizes that enhancing women's mental health requires addressing gender inequality through better policies, empowerment, equal rights, and access to resources, as well as promoting social change to reduce discrimination and support women's autonomy and well-being (Vigod & Rochon, 2020).

Evidence suggests that often times discrimination begins very early in medical training and continues into professional practice. A study reported that female medical students have fewer clinical experience chances and have limited excess to mentorship. This impacts their career from further progressing. Gender bias also has a profound effect on student's mental health and their self-esteem (Durrani & Mufaddal, 2025). Female Healthcare professionals continue to face challenges on the basis of their gender in their workplace. Female surgeons in

Pakistan face workplace mistreatment in forms of bullying and harassment. Particularly, verbal harassment is very common alongside, mental bullying. This has an adverse effect on their personal as well as professional lives as, due to it, they experience burnout as well as depression (Malik et al., 2021). Iqbal et al. (2022) stated that Pakistani female doctors face gender-based discrimination which automatically hinders their performance in their workplace. They constantly face harassment; the hospitals sometimes do not provide working mothers with basic facilities which results in them leaving medicine altogether. Balancing motherhood and work together can be troublesome and they are not compensated for it.

When discussing the Healthcare sector, a study done on Workplace stressors and their influence on health of mid-career female doctors of a semi government hospital of Rawalpindi by Zulfikar et al. (2017) stated that Female doctors collectively perceived their job as incredibly tough, facing various obstacles such as gender discrimination, long hours, stressful work environments, low pay, and a lack of institutional rewards and recognition. These factors have negatively impacted their health.

Female doctors often times frequently face offensive and belittling remarks from their male counterparts. They feel overshadowed by male surgeons, which hampers their practice. Gender-based discrimination adds to their work-related stress, making the already demanding field of surgery even more challenging. Disregard from male colleagues and experiences of sexual harassment further discourage women from pursuing surgery. Insufficient day-care facilities in many hospitals in Pakistan also contribute to this discouragement. Male doctors believe that day-care centers distract women from their duties (Noor et al., 2021).

LITERATURE REVIEW

World Health Organization (2019) defined Gender as the 'socially constructed characteristics of women, men, girls, boys' it includes how they behave, which kind of roles are expected from them. Since Gender is a social construct, it is different in every society and changes from time to time. Every individual encounter challenge on the basis of their gender especially women and the minorities. According to American Psychological Association a challenge could be sometimes posed as a threat when the coping resources associated with individual are not enough to minimize the stressful situation.

Women face challenges in almost all aspects of their life especially in workplace. A study on employment situation of Pakistan found that market discrimination affects women, pushing them into lower-paid and lower-status occupations. A large proportion of women find employment in the informal sectors which leads to low productivity from their side since they face challenges including income instability, and limited job security mainly due to the dual responsibilities they juggle at home and work.

A study conducted on gender discrimination and its impact on development and poverty alleviation in the area of Hazar Khwani Peshawar, Pakistan says that most of the household chores and child-rearing responsibilities are catered by

women. Males are the breadwinners and decision makers of the family. Women have to financially depend on men for their basic needs and have little to no means of earning their own money, they do not have any sort of equal status in their families, and they do not get quality education either. Poverty alleviation can easily be dealt with if women are given the same opportunities as men and they are given chance to earn their own money along with male members of the family and help reduce the household poverty (Sarhad, 2011). The study was conducted in a small area of Peshawar if we take cities like Islamabad, Lahore and Karachi into account we can see that a lot of women here are working women who earn their own money and are financially responsible for managing their houses. These findings cannot be generalized in families with high socioeconomic status.

According to Ali et al. (2010) in any country especially in Pakistan the women population rate is comparatively higher than the men but women are deprived of their rights and are discriminated in all aspects. This study basically emphasis on the cultural barriers which causes discrimination among women. This study was conducted in Multan. This study takes the 175 married working women who face discrimination in working fields with men. The women ages comprise from 18 above 38. And according to the results the insufficient knowledge, backing of families, poor education etc, leads to this discrimination. This study was conducted in Multan and it consisted of only 175 married women while the women who are not married also face the discrimination and the people vary from place to place so this study could not be apply on any other city of Pakistan. This study only focuses on cultural barriers while there are many other barriers as well which causes gender discrimination as well.

A qualitative research on gender inequality and gender based violence was performed by to explore participants understanding and their experience to identify the status of inequality towards females and its consequences. The methodology that was used by the researchers was purposive sampling and multistage focus group. They performed their data analysis using constructed grounded theory. They made a conclusion that there are inequitable power relations between men and women. The power play exposes females to violence (Dahal et al., 2022). This research was conducted on the population of Nepal thus the findings from these settings cannot be generalized to a completely different setting. Incidents were self-reported and no other means were available cross check those claims. Sample size is unidentified.

Chanar et al. (2011) examined the issue of gender discrimination in workforce and its effect on the satisfaction, motivation, commitment, and enthusiasm and stress levels of employees. The size of the sample for this study is 526 and included both males and females. The age range of the sample was not specified properly. Stratified method of sampling of probability sampling was used for data collection was used for data collection. Gender discrimination in workforce is surveyed through the questions, based on perceptions related to gender discrimination in workforce identified by the UNDP (United Nations Development Programme). Motivation and satisfaction were surveyed through motivation and satisfaction scale. Commitment and enthusiasm at work was

surveyed through by using similar set of questions as the one used by the United States merit system Protection board. Stress level of the respondents was surveyed using General health questionnaire (GHQ-12). They found that females were susceptible to gender discrimination at workplace both in private and public organizations and biased behavior was more present in public organizations. Gender discrimination causes low job satisfaction and motivation. Moreover, the study also found that gender discrimination is inversely related to commitment and enthusiasm and gender discrimination is positively related to stress levels.

To find out the magnitude of gender discrimination experienced by undergraduate medical students. A cross-sectional study was performed on 500 students of different medical and dental colleges in Lahore by Hashmi et al. (2013). They concluded that 78% students have faced gender discrimination and major portion was of female students 70%. Females are both the main victims as well as the perpetrators. This was only performed on medical students so we can't apply these results on students studying in different universities other than medical ones. This was performed in the colleges of Lahore specifically so we can't get the idea about other Cities and the magnitude of gender discrimination in other cities of Pakistan.

A study by Fnaiss et al. (2014) was conducted which basically stressed upon the harassment and discrimination faced by women. This study includes many risk factors and sources. The researches include 57 cross sectional studies and 2 cohort studies in his research. According to this research verbal harassment was most common thing faced by women this study states that the discrimination is mostly high in the workplaces. As this research was conducted in America so the data could not be able to implement here in Pakistan. Hence this study did not mention the age of the participants and most importantly this research do not tell us about the challenges the women have to face in the medical workplaces especially in Pakistan.

Barnes et al. (2019) examined to see the gender bias experience of female surgical trainees in New Mexico Hospital. Although, female medical students account for 50% only few of them choose to specialize in surgery. This is mostly because of sexism and harassment women have to face. Mixed methods were used to explore their experiences. To explore the main theme among women focus group was used then later for quantitative analysis an online survey of 44- question Sexist Micro-aggression Experiences and Stress Scale was used. For the focus group the number of participants were 15 and for online they were 33. The main themes that emerged from focused group were; 'Exclusion, Adaptation, Increased effort, and Development of Resilience Strategies.' and all of the participants had faced Gender based discrimination. From the online questionnaire the women reported frequent, severe, and stressful micro-aggression experiences. They reported due to this discrimination they may leave medicine or retire early. The number of participants or the sample size of this study was really small not making it generalizable since, every women have different experiences and since the study took place in one of the university's hospital in Mexico the themes may not be applicable in the hospital setting in Pakistan. Things might not be the same for Pakistani healthcare professionals or Surgical Trainees

Hennein et al. (2023) examined gender discrimination during the time of significant health system strain during the COVID-19 pandemic. Their study involved participants that were at least 18 years of age and participants must work at a clinic or hospital including physicians and physicians-in-training, nurses and other clinical workers. The survey collected responses both from men and women. The sample consisted of 716 women and 261 men. Convenience sampling approach was used. They basically used survey to assess frequency of gender discrimination and open-ended questions were asked so that respondents can provide detailed experiences and discrimination. They basically found that gender discrimination was so serious among women health care workers. In the open ended responses, they found that women health care workers described 7 themes belittlement by colleagues, gendered workload distributions, unequal opportunities for professional advancement, expectations for communication, objectification, expectations of motherhood, and mistreatment by patients. the limitations of the study are that they collected data from the hospitals that are distributed across all regions of the US, including the Northeast, South, Midwest, and West so the information from this study cannot be generalized to other countries such as Pakistan.

Janjua et al. (2020) examined that how gender discrimination is perceived and reported by surgeons in Pakistan. This is basically a cross-sectional study which was carried out at academic tertiary care hospital in Pakistan. Universal sampling was used. Online survey was generated and sent to all the consultants, fellows, instructors and residents working in the department of surgery. The online survey explored the frequency, source and impact of gender discrimination among surgeons. 98 out of 194 surgeons responded to the survey. The age range of the sample was not specified. The study found that 19.4% of women surgeons reported gender discrimination during residency while 42.9% experienced gender discrimination during surgical practice. More women surgeons reported gender discrimination in various aspects of their career including differences in mentorship and in operating room opportunities which had a negative impact on their career, training, respect in surgical team and job satisfied.

Rationale

There is a clear lack of connection between the extent of already established literature on gender discrimination and the depth, context-specific understanding required to meaningfully address it within Pakistan's healthcare sector. While previous research consistently addressed the existence of gender-based challenges, it is largely restricted by methodological limitations such as reliance on quantitative surveys, focus on isolated subgroups (e.g., surgeons or students), and urban-centric or international samples (such as studies conducted in the USA, Mexico, or Nepal), which cannot be generalized to Pakistan's unique socio-cultural and institutional context. Additionally, there is also a lack of in-depth qualitative exploration capturing how these challenges or obstacles are experienced and interpreted by women themselves across different healthcare roles and settings. This study directly addresses this gap by employing a qualitative, thematic approach to develop rich,

first-hand insights into the experiences of female healthcare professionals. In addition, many studies emphasize single factors like cultural barriers while ignoring the combined effect of workplace environment, institutional policies, and interpersonal behaviors. Moreover, existing research often treats gender discrimination as a broad or abstract concept, without explaining how it is actually experienced in daily workplace interactions, professional hierarchies, and career progression. Critically, there is a lack of qualitative, in-depth exploration that captures the lived experiences of female healthcare professionals across different healthcare settings, and how numerous challenges such as lack of recognition, power imbalances, limited opportunities, and workplace discomfort interact at the same time. The present study addresses this gap by using a qualitative, thematic approach to generate detailed, first-hand insights from participants not only validates prior research but also extend it by demonstrating deeper, context-specific realities that were previously ignored.

The present study holds considerable significance both theoretically and practically, essentially within the socio-cultural and institutional context of Pakistan. By analyzing the lived experiences of female healthcare professionals, this study contributes to the limited body of original literature on gender-based challenges in the healthcare sector, which has largely remained under researched despite its critical importance. In a society where patriarchal norms and traditional gender roles continues to effect workplace dynamics, this study demonstrates culturally grounded information into how it shapes the professional trajectories of women. The findings are especially important for policymakers, healthcare administrators, and organizational leaders, as they highlight systemic barriers such as lack of equal opportunities, biased promotion practices, and uncomfortable work environments that directly impede women's career progression and psychological well-being. Furthermore, this study gives voice to female professionals whose experiences are often overlooked or normalized, thereby fostering awareness and encouraging institutional accountability.

From a practical standpoint, the study can inform the development of gender-sensitive policies, equitable promotion systems, and supportive workplace environments, including mentorship programs and anti-discrimination frameworks. On a extensive level, addressing these challenges is not only important for achieving gender equity but also for improving or enhancing the overall efficiency and quality of healthcare services, as a motivated and fairly treated workforce is directly linked to better patient results. Thus, this study plays a important role in bridging the gap between research, policy, and practice while advocating for a more inclusive and equitable healthcare system in Pakistan.

Aims

- To identify the challenges faced by the Female Healthcare professionals in Pakistan

Objectives

- To explore the experience of Female Healthcare professionals in different hospitals and clinics of Pakistan

- To conduct interviews with Female Healthcare Professionals and to gather their perspectives on gender-based challenges.

Research Question

- How Gender based challenges impact the career progression and opportunities for female Healthcare Professionals in Pakistan.

RESEARCH METHODS

Research Design

The present study is qualitative research based on an interview-based exploratory design.

Participants

The sample comprised of 7 female healthcare professional participants from different healthcare settings including hospitals, teaching hospitals, private dental clinics, and clinics. The age range of participants was between 25–40 years, and all participants had at least one to two years of experience working in a healthcare setting.

Inclusion Criteria

The sample only included participants who were female healthcare professionals currently working in any healthcare setup or having prior experience of at least one to two years in a healthcare setting.

Exclusion Criteria

Participants who were not female healthcare professionals or did not have experience working in a healthcare setup were excluded.

Sampling Technique

In the current study, Purposive Sampling Technique was used.

Materials

A semi-structured interview guide was used to collect data. Participants were asked five particular questions covering their workplace environment, rewards and promotion opportunities, and other factors affecting their professional experience. The questions were designed to explore gender-based challenges faced by female healthcare professionals.

Procedure

With the permission of the concerned participants, individuals from different healthcare settings were approached by the researchers. The participants in the current study were selected through purposive sampling technique. A total of 7 participants were selected. Participants were approached in person and interviews were conducted face-to-face in different settings such as hospitals, private clinics, teaching hospitals, private dental clinics, and one interview was conducted at home.

After a brief introduction about the study, informed consent was obtained from the participants. If they were willing to further participate, interviews were conducted and their responses were noted down line-to-line in notepads. The participants' queries regarding the questions were resolved if they had any. At the end, they were acknowledged for their participation.

Data Analysis

After every interview, the researchers typed the physical notes. The transcribed interviews were manually coded. Firstly, line-by-line coding was performed, and then themes were derived from the codes. A total of 35 themes were generated, out of which five common themes were selected to form the final findings of the research. The data was analyzed through thematic analysis. Translation of responses was not required as participants answered in English and Urdu.

RESULTS AND DISCUSSION

Results

Table 1. Workplace Comfort and Design (N=7)

Codes	Themes
<ul style="list-style-type: none"> • Uncomfortable Work Environment • Work based biasness • Injustice • Injustice 	<ul style="list-style-type: none"> • Injustice
<ul style="list-style-type: none"> • Comfortable Work environment • Equality • Comfortable workplace environment • Comfortable workplace 	<ul style="list-style-type: none"> • Comfortable Workplace
<ul style="list-style-type: none"> • Somewhat comfortable place • Biasness against junior doctors • Senior Superiority • A little bad environment 	<ul style="list-style-type: none"> • Senior Superiority
<ul style="list-style-type: none"> • Uncomfortable work environment because of men • Uncomfortable workplace • Discomfort • Uncomfortable environment 	<ul style="list-style-type: none"> • Uncomfortable work environment
<ul style="list-style-type: none"> • Comfortable work environment • No harassment and bullying • Balanced environment • No discrimination 	<ul style="list-style-type: none"> • Balanced Environment

<ul style="list-style-type: none"> • Comfortable work environment • Balanced environment • Comfortable workplace • Comfort of workplace 	<ul style="list-style-type: none"> • Comfortable workplace
<ul style="list-style-type: none"> • Uncomfortable workplace • Discomfort • Uncomfortable working environment • Poor work environment 	<ul style="list-style-type: none"> • Uncomfortable Workplace

Table 2. Recognition of Work Compared to Male Colleagues (N=7)

Codes	Themes
<ul style="list-style-type: none"> • Ignorance • Injustice against female doctors • No praise • Biasness 	<ul style="list-style-type: none"> • Gender Biasness
<ul style="list-style-type: none"> • No discrimination faced • Not faced any discrimination • Equality • Gender Equality 	<ul style="list-style-type: none"> • Gender Equality
<ul style="list-style-type: none"> • Unfair Favors • Injustice • Injustice • Work-based discrimination 	<ul style="list-style-type: none"> • Injustice
<ul style="list-style-type: none"> • Mild Fair Treatment • Sexist remarks against women • Unfair Treatment • Discrimination in surgery ward 	<ul style="list-style-type: none"> • Unfair Treatment
<ul style="list-style-type: none"> • Injustice • Gender Bias • Unfair Treatment • Injustice 	<ul style="list-style-type: none"> • Injustice
<ul style="list-style-type: none"> • Equal Credit • Gender Equality • Justice • No discrimination 	<ul style="list-style-type: none"> • Gender Equality
<ul style="list-style-type: none"> • Biasness • Inequality • Biasness against Juniors • Seniors get credit 	<ul style="list-style-type: none"> • Biasness

Table 3. Promotion and Award Opportunities for Women (N=7)

Codes	Themes
<ul style="list-style-type: none"> • nequal Opportunities • No opportunities for women • No Appreciation • No Appreciation 	<ul style="list-style-type: none"> • Unequal Opportunities
<ul style="list-style-type: none"> • Injustice • Inequality in career progression • Injustice • Injustice 	<ul style="list-style-type: none"> • Injustice
<ul style="list-style-type: none"> • Inequality • Injustice • No Appreciation • Injustice 	<ul style="list-style-type: none"> • Inequality
<ul style="list-style-type: none"> • Gender Inequality • Unequal career progression • Male dominance • Injustice 	<ul style="list-style-type: none"> • Gender Inequality
<ul style="list-style-type: none"> • Discrimination • Injustice • Male Privilege • Injustice 	<ul style="list-style-type: none"> • Injustice
<ul style="list-style-type: none"> • Equal opportunities for males and females • Equality • Equality • Gender equality 	<ul style="list-style-type: none"> • Gender Equality
<ul style="list-style-type: none"> • Inequality • Injustice • Injustice • Unfair treatment 	<ul style="list-style-type: none"> • Injustice

Table 4. Equality in Work Opportunities(N=7)

Codes	Themes
<ul style="list-style-type: none"> • Biasness against women • Work-based Discrimination • Injustice • Discrimination 	<ul style="list-style-type: none"> • Gender Discrimination
<ul style="list-style-type: none"> • Teamwork • Equal Opportunities • No discrimination faced • Equal Opportunities 	<ul style="list-style-type: none"> • Equal Opportunities

<ul style="list-style-type: none"> • Discrimination • Discrimination against women • Male dominance • No opportunities 	<ul style="list-style-type: none"> • Male dominance
<ul style="list-style-type: none"> • Surgery ward biasness • Somewhat fair opportunities • Male dominancy • Biasness in some areas 	<ul style="list-style-type: none"> • Biasness
<ul style="list-style-type: none"> • Unequal career progression • Unequal Opportunities • Biasness • Unequal Opportunities 	<ul style="list-style-type: none"> • Unequal Opportunities
<ul style="list-style-type: none"> • Gender Discrimination • Little biasness towards males • Male dominancy • Greater work opportunity for males 	<ul style="list-style-type: none"> • Male dominancy
<ul style="list-style-type: none"> • Unequal Opportunities • Discrimination • Male dominance • Discrimination 	<ul style="list-style-type: none"> • Discrimination

Table 5. Gender Equality in Compensation(N=7)

Codes	Themes
<ul style="list-style-type: none"> • Equal Compensation • Cooperation • Equal Compensation • Compensated when needed 	<ul style="list-style-type: none"> • Equal Compensation
<ul style="list-style-type: none"> • No discrimination faced • Equal Compensation • Equal Compensation • Compensation 	<ul style="list-style-type: none"> • Equal Compensation
<ul style="list-style-type: none"> • Equality • Equal Compensation • Equality • Equal Compensation 	<ul style="list-style-type: none"> • Equality
<ul style="list-style-type: none"> • Equality • Overcompensation • Overcompensation • Overly compensated 	<ul style="list-style-type: none"> • Overcompensation

<ul style="list-style-type: none"> • Unfair favors • Unequal paid leaves • Overcompensation for males • Not compensated 	<ul style="list-style-type: none"> • Unfair favors
<ul style="list-style-type: none"> • Well compensated • Overcompensation • Compensation • Overcompensation 	<ul style="list-style-type: none"> • Overcompensation
<ul style="list-style-type: none"> • Overcompensation • Equality • Overcompensation • Overcompensation 	<ul style="list-style-type: none"> • Overcompensation

The present study reported five major themes related to Gender based challenges which are faced by female Healthcare Professionals in Pakistan. 1) Uncomfortable Workplace Environment 2) Injustice 3) Gender Inequality 4) Male Dominancy 5) Overcompensation.

4 out of 7 respondents reported feeling uncomfortable at their workplace either because of gender biasness or biasness against juniors. As respondents said that in operation theatres the male technicians and attendants make it really uncomfortable to work and another said they faced discrimination or rude remarks from seniors which made it really hard and uncomfortable to work there.

As for Injustice 5 out of 7 participants faced work-based discrimination from their male counterparts. One of the respondents noted how she once handled a case in OPD once when no senior doctor was around but when the male doctor came to know about it they belittled the participant about how it's an easy case and anyone could've handled it even the nurses. Another one reported how in surgery wards males are preferred.

6 out of 7 participants reported gender inequality in their workplaces. As a participant noted how in her workplace even though both men and women do the same amount of work but men get praised easily over women. A participant reported in surgery wards males are the supervisors and females work under them which affects their career progression.

Out of the 7 participants 6 reported how they have faced the issue of male dominancy as one of the physiotherapists reported male physiotherapists are preferred over female because it is thought that they are stronger compared to women and another one noted how in her hospital her male colleagues want to be involved in everything which automatically results in the female colleagues being casted aside.

As for overcompensation only 1 out of 7 participants reported how males are compensated in every aspect even if women tend to demand paid sick leaves aside from maternity leaves, they're not granted so. Other participants noted women are compensated more than their male colleagues.

DISCUSSION

This qualitative research explored gender-based challenges faced by female healthcare professionals in Pakistan. The research's findings expand upon previous studies of gender discrimination among health care workers. In the present study majority of the participants reported facing gender-based inequality, the themes which emerged from the current study are Uncomfortable Workplace Environment, Injustice, Gender Inequality, Male Dominancy, Overcompensation.

Akram et al. (2020) suggested that uncomfortable workplace environment is one of the extrinsic factors which play a major role in further advancement of female healthcare professionals. It includes "unsupportive spouse, family pressures, and professional male dominance, stressful work routine, commute problems and uncomfortable working situation itself and these are the notably important factors."

Gender based challenges affects the career progression which leads to gender inequality and injustice. Janjua et al. (2020) reported that in Pakistan female surgeons face discrimination based on their gender during professional practice as well as their training. In areas such as mentorship, surgical opportunities and recognition, their male counterparts are preferred over them. Similarly, structural barriers in Pakistani healthcare system prevent women from pursuing leadership roles, this further perpetuates gender hierarchy. It suggests that gender-based differences are deeply rooted in institutional practice rather than separate events, which ultimately hinders women's professional growth Iqbal et al., (2022).

Compared to senior male doctors, female doctors were in lower positions there and there were no female associates and full professors in surgery these gender differences impact their career progression in academic surgery (Okoshi et al., 2014). Santucci et al. (2023) reported that in Spain the public healthcare department has mostly female physicians but the percentage of women occupying top positions is still very low. It is shown that a serious gender bias exists in healthcare department of Spain. These align with the present study's theme of male dominancy in healthcare systems.

Gendered stereotypes that depict males as more capable or worthy of authority often give rise to women's overcompensation in the job. According to the empirical evidence women are more likely to put in more effort and take on more responsibilities in order to overcome negative stereotypes and receive equal recognition especially in male-dominated fields. For instance, women are more likely to accept 'non-promotable tasks' and increased workloads in order to be perceived as cooperative and capable even if such efforts are not equally rewarded (Babcock et al., 2017).

Limitations

The present study has several limitations Firstly, the sample size was very small, consisting of only seven participants, which limits the generalizability of the results to the broader population of female healthcare professionals in Pakistan. Secondly, the use of purposive sampling may have introduced selection bias, affecting the objectivity of the data. Additionally, the study relied only on self-reported data obtained through interviews, which increases the possibility of response bias,

exaggeration, or subjective opinion. Another important limitation is the lack of data verification or triangulation, as the responses were not cross-checked with other sources or participants from the same workplace or setting. Furthermore, the qualitative nature of the study and manual thematic analysis may have introduced researcher bias in coding and interpretation of themes, which could affect the results.

Recommendations

Several recommendations can be proposed for future research. Future studies should include a larger and more diverse sample from different cities and healthcare settings in Pakistan to improve or enhance the generalizability and reliability of the results. It is also recommended to use a mixed-methods approach, combining qualitative and quantitative techniques, to gain a more comprehensive or broader understanding of gender-based challenges. Researchers should adopt more rigorous sampling techniques and include participants beyond personal networks to minimize bias. Additionally, data triangulation methods, such as interviewing multiple individuals from the same workplace or incorporating observational and document-based data, should be used to enhance or improve the validity. Longitudinal studies are also suggested to examine how gender-based challenges evolve over time. Moreover, future research should explore institutional policies and organizational practices in depth to provide actionable solutions, and policymakers should be involved to design and implement gender equity programs that support female healthcare professionals in their career progression.

CONCLUSION

The findings of the study provide the researchers with the information how female healthcare professionals face challenges just on the basis of their gender. This study reflects the severity of gender discrimination and uncovered themes such as Uncomfortable Workplace Environment, Injustice, Gender Inequality, Male Dominancy, and Overcompensation. These major issues were reported by the respondents and how they are affecting the career progression and opportunities for them in the healthcare setting. Hospitals should consider gender equity programs important which can improve the workplace environment, and which can give women opportunities to further progress in their careers. Therefore, it is crucial to prioritize gender equity and inclusion in all aspects of healthcare organizations. This can be achieved by implementing policies and practices that support women's professional development, providing equal opportunities for advancement, and creating a supportive work environment.

REFERENCES

- Admin, O. (2020). Barriers Faced by Female Doctors in Career Development at King Edward Medical University. *Asian Journal of Allied Health Sciences (AJAHS)*, 22–27. <https://doi.org/10.52229/ajahs.v3i4.351>
- Ali, T. S., Ali, S. S., Nadeem, S., Memon, Z., Soofi, S., Madhani, F., Karim, Y., Mohammad, S., & Bhutta, Z. A. (2022). Perpetuation of gender discrimination in

- Pakistani society: results from a scoping review and qualitative study conducted in three provinces of Pakistan. *BMC Women's Health*, 22(1). <https://doi.org/10.1186/s12905-022-02011-6>
- Ali, W., Ishaque, M. F., Afzal, S., & Yasin, G. (2013). Cultural barriers in women empowerment A sociological analysis of Multan, Pakistan. *European Journal of Social Sciences*, 18, 147 -155. References - Scientific Research Publishing. Scirp.org. [https://www.scirp.org/\(S\(35jimbntvnsjtiaadkposzje\)\)/reference/ReferencesPapers.aspx?ReferenceID=855588](https://www.scirp.org/(S(35jimbntvnsjtiaadkposzje))/reference/ReferencesPapers.aspx?ReferenceID=855588)
- American Psychological Association. (n.d.-a). APA Dictionary of Psychology. Dictionary.apa.org. <https://dictionary.apa.org/gender-psychology>
- American Psychological Association. (n.d.-b). APA Dictionary of Psychology. Dictionary.apa.org. <https://dictionary.apa.org/challenge>
- Babcock, L., Recalde, M. P., Vesterlund, L., & Weingart, L. (2017). Gender Differences in Accepting and Receiving Requests for Tasks with Low Promotability. *American Economic Review*, 107(3), 714-747. <https://doi.org/10.1257/aer.20141734>
- Barnes, K. L., McGuire, L., Dunivan, G., Sussman, A. L., & McKee, R. (2019). Gender Bias Experiences of Female Surgical Trainees. *Journal of Surgical Education*, 76(6), e1-e14. <https://doi.org/10.1016/j.jsurg.2019.07.02>
- Channar, Z. A., Abbassi, Z., & Ujan, I. A. (2011). A Service of zbw Leibniz-Information Zentrum Wirtschaft Leibniz Information Centre for Economics www.econstor.eu Gender Discrimination in Workforce and its Impact on the Employees. *PJCSS) Pakistan Journal of Commerce and Social Sciences*, 5(1), 177-191. <https://www.econstor.eu/bitstream/10419/188023/1/pjcss053.pdf>
- Dahal, P., Joshi, S. K., & Swahnberg, K. (2022). A qualitative study on gender inequality and gender- based violence in Nepal. *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-14389-x>
- Durrani, S. F., & Mufaddal, Z. (2025). Gender bias faced by medical students during undergraduate medical education in Urban Private medical colleges in Pakistan. *BMC Medical Education*, 25(1). <https://doi.org/10.1186/s12909-025-07653-2>
- Fnaiss, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., Straus, S. E., Mamdani, M., Al-Omran, M., & Tricco, A. C. (2014). Harassment and Discrimination in Medical Training. *Academic Medicine*, 89(5), 817-827. <https://doi.org/10.1097/acm.0000000000000200>
- Hashmi, A. M., Rehman, A., Butt, Z., Aftab, M. A., Shahid, A., & Khan, S. A. (2013). Gender discrimination among medical students in Pakistan: A cross sectional survey. *Pakistan Journal of Medical Sciences*, 29(2). <https://doi.org/10.12669/pjms.292.3256>
- Hennein, R., Gorman, H., Chung, V., & Lowe, S. R. (2023). Gender discrimination among women healthcare workers during the COVID-19 pandemic: Findings from a mixed methods study. *PLOS ONE*, 18(2), e0281367. <https://doi.org/10.1371/journal.pone.0281367>
- Iqbal, Y., Khan, W., & Mooghal, M. (2022). Impediment to Leadership Opportunities for Female Doctors – Gender Disparity in Pakistani Healthcare System –SHORT

- REPORT. *Advances in Medical Education and Practice*, Volume 13, 213–215.
<https://doi.org/10.2147/amep.s348255>
- Janjua, M., Inam, H., Martins, R., Zahid, N., Sattar, A., Khan, S., Khan, S., Darbar, A., Faruqui, N., Akram, S., Enam, A., Haider, A., & Malik, M. (2020). Gender discrimination against female surgeons: A cross-sectional study in a lower-middle-income country. *Annals of Medicine and Surgery*, 57, 157–162.
https://ecommons.aku.edu/pakistan_fhs_mc_surg_surg/854/
- Khan, K. I., Jamil, B., Muhammad, M., Mohsin, S., Khan, A. H., & Javed, M. Q. (2025). Gender inequality in healthcare leadership: the challenges women face in breaking through the glass ceiling. *BMC Health Services Research*, 25(1).
<https://doi.org/10.1186/s12913-025-12347-y>
- Malik, M. A., Inam, H., Martins, R. S., Janjua, M. B. N., Zahid, N., Khan, S., Sattar, A. K., Khan, S., Haider, A. H., & Enam, S. A. (2021). Workplace mistreatment and mental health in female surgeons in Pakistan. *BJS Open*, 5(3).
<https://doi.org/10.1093/bjsopen/zrabo41>
- Noor, A. A., Shadab, W., & Waqqar, S. (2021). Challenges Faced by Lady Surgeons during Professional Progress in Pakistan. *Journal of the College of Physicians and Surgeons Pakistan*, 31(9), 1123–1125.
<https://doi.org/10.29271/jcpsp.2021.09.1123>
- Okoshi, K., Nomura, K., Fukami, K., Tomizawa, Y., Kobayashi, K., Kinoshita, K., & Sakai, Y. (2014). Gender Inequality in Career Advancement for Females in Japanese Academic Surgery. *The Tohoku Journal of Experimental Medicine*, 234(3), 221–227. <https://doi.org/10.1620/tjem.234.221>
- Santucci, C., Beatriz González López-Valcarcel, Avendaño-Solá, C., Mari Carmen Bautista, Carmen Gallardo Pino, Lourdes Lledó García, Martín-Perez, E., & Pilar Garrido López. (2023). Gender Inequality in the Medical Profession: the Women Doctors in Spain (Womed) Study. <https://doi.org/10.21203/rs.3.rs-2328710/v1>
- Sarhad, J., & Agric. (2011). IMPACT OF GENDER DISCRIMINATION ON GENDER DEVELOPMENT AND POVERTY ALLEVIATION.27(2).https://www.aup.edu.pk/sj_pdf/27/IMPACTOFGENDERDISCRIMINATIONONGENDER.pdf
- Soken-Huberty, E. (2023, January 12). What is Gender Discrimination? Human Rights Careers. <https://www.humanrightscareers.com/issues/what-is-gender-discrimination/>
- United Nations. (2009). *Convention on the Elimination of All Forms of Discrimination against Women*. Un.org. <https://www.un.org/womenwatch/daw/cedaw/>
- Vigod, S. N., & Rochon, P. A. (2020). The Impact of Gender Discrimination on a Woman's Mental Health. *EClinicalMedicine*, 20(100311), 100311.
<https://doi.org/10.1016/j.eclinm.2020.100311>
- World Health Organization. (2019). Gender and health. World Health Organization; World Health Organization. https://www.who.int/health-topics/gender#tab=tab_1
- Zulfiqar, K., Khan, N. U. S., Shoaib, R. M., & Qamar, K. (2017). WORKPLACE STRESSORS AND THEIR EFFECTS ON HEALTH OF MID-CAREER FEMALE DOCTORS OF A SEMI

GOVERNMENT HOSPITAL. Pakistan Armed Forces Medical Journal, 67(4), 554-559.
<https://www.pafmj.org/index.php/PAFMJ/article/view/680>