

Gender bias in healthcare workforce: Is it time to ponder?

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The natural sex ratio at birth is slightly inclined towards male gender. For every 100 females born, 105 males take birth. Nature has tried to maintain a balance by this bias as males are at higher risk of dying due to both natural and external causes. The gender imbalance in global population also favours males. The scenario differs in developing and developed countries. While the females outnumber males in almost all developed nations of Europe and America, the African nations, South-East Asian countries, and Middle-East still have demographically unfavorable sex ratio. During the last three decades, education, women empowerment, and sociopolitical participation have improved the numbers and status of women on a global level. However, the disparity in sex ratio is not only visible in world population; instead this bias is evident in various strata of social, economic, and political avenues. The USA could not get a female president till date, while the female representation in various parliaments of the world is not even one-third [1]. How is this disparity reflected in healthcare sector? This editorial briefly explores some facts related to the aforementioned question.

Of the total medical practitioners registered with the General Medical Council of UK, only about 45% are females. Among specialists, they form one-third of the workforce, but the female general practitioners (52.2%) outnumber male counterparts [2]. The profession of nursing and midwifery remains almost exclusive to females in the UK. However, Europe as a whole has slightly higher female practitioners (52%) with Finland showing the most favorable proportion (56%).

In the USA, the data released by the Association of American Medical Colleges showed that for the first time, number of women enrolling in medical schools surpassed male candidates in 2017. This increase in female participation would be reflected in higher female active physicians in coming years. Females made only 45.8% of all entrants to various residency programs [3]. As of 2016, only 34.6% of active physicians in the USA and 17% of department chairs and deans each, of various medical schools were females.

In India, more females have entered medical colleges in recent years. If we take into consideration the overall scenario, females form 38% of all health workers but only 16.8% of allopathic doctors. Dentistry has a better representation of

female doctors (23.6%). The male to female ratio of doctors stands at 5.1 while it is 0.2 for nurses and midwives, revealing a very contrasting picture [4]. Among the high-income countries of Asia, Japan has the lowest proportion of female physicians (18%) [5].

In Australia, there were about 0.1 million registered medical practitioners in 2016, of which females constituted 40.1% [6]. Females worked for a lesser number of hours per week (male vs. female: 44.9 vs. 38.6 h). New Zealand has shown a very timid rise in the female workforce, from 39.1% in 2009 to 42.4% in 2014 [7]. Interestingly, the gap in working hours between male and female doctors (46.3 vs. 40 h/week) in New Zealand matches that of Australia.

Among the Arab nations, United Arab Emirates has 43% of total physicians and 85% of total nurses being female [8]. However, the local female physicians and nurses are meager 15% and 8% respectively, of workforce. The majority of healthcare professionals are actually foreigners. In sub-Saharan Africa, females preponderance exists in the healthcare workforce, but the number of female doctors remains as low as 17%. The nursing staffs, midwives, and health workers are primarily females who form the bulk of this workforce.

Does it really matter whether your treating physician is a male or female? The answer is not as simple as the question. Females are expected to offer better empathic care. However, at the same time, the quality of care may be compromised owing to their family commitments following moves to balance work and home. Female patients trust female physicians more than males [9]. One of the studies goes a step further to make it a point that mortality is significantly lower in the hands of female doctors [10]. In Indian sub-continent and Middle East countries, a female patient prefers to visit a female doctor, more so when the concern relates to obstetrics and gynecology.

It is not only the representation of female physicians or nurses, rather involvement of female healthcare professionals in policy and decision-making, also need to be reviewed with a lens. As we move up the organizational hierarchy of a healthcare center, hospital, medical school/university, or the ministry of health of any country, the female representation dips further. Of 191 countries, only 56 have females as the head of ministry of health [1]. The existence of this disparity will never allow the realization of Sustainable Development Goal 5 as aspired by United Nations.

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It is imperative that optimum representation of female in healthcare sector is ensured. Regional discrepancies will always exist owing to several social and political constraints. By advocating proportional workforce from both genders, the world can move towards achieving higher outreach of healthcare services. It will require strong political commitment and stronger advocacy from concerned agencies to realize a gender just healthcare profession.

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