A Study of the Impact of the Quality of Life of Female Iraqi Surgeons on their Work Performance

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KEYWORDS
Female Surgeon, Iraq, Work Atmosphere, Harassment

ABSTRACT
Introduction: The percentage of women among medical students has grown lately in developed and developing nations; nevertheless, females generally stay under-represented in surgery. This investigation has studied female surgeons' professional and social attributes in Iraq and their perception of the operating conditions.
Materials and methods: During the period beginning on the first of March 2021 and ending on the first of May 2021, a cross-sectional study was conducted ,22-page electronic survey was mailed to all surgical females that was working in different hospital in Iraq , and Data was entered and investigated using Statistical Package for Social Sciences version 25. Illustrative investigations were described as frequencies and percentages, and outcomes were compared between the subjects.
Results: A total of 64 female doctors from different surgical branches enrolled in the study; most of them (82.8%) belonged to the 25- 34 years age group, were married and having children (54.7%), working 40 - 80 hours in a week, gynecologists (39.1%) followed by general surgeons (23.4%) and interest (67.2%) was the main drive and reason for choosing their surgical branch.
Conclusion: Women's Chances in surgery have improved, although extensive work remains to make the surgical workplace comfortable for females.

1. Introduction

The ratio of females among medical students has been growing recently in both developed and developing countries, and the number of females in medicine has risen rapidly worldwide (1_3). However, females usually remain highly under-represented in the field of surgery. For instance, the ratio of female surgeons associated with the UK National Health Service was just 6.5 % (4)Research suggests that gender preference regarding physicians is more prominent among female patients than male patients; thus, under-representation might influence female patients' satisfaction with the services they get (5) For breast, cervical, and colorectal screenings, for instance, women are more likely to seek out female physicians' services than male doctors because the methods are less humiliating for women when they do not have to show their bodies to a physician of the opposite gender (6). The number of female physicians who switch their specialty during training is the highest in surgery (7). They argued that females are likelier to choose a balance between work and personal life. They often do not have the same importance as men in achieving a high income or a prestigious position (1,8). Other researchers, on the other hand, have vigorously claimed that there are persistent organizational barriers, such as a female-unfriendly work environment that involves all-hours work and on-call duties and that there is a culture of gender discrimination in surgery and that such walls create a 'glass ceiling' that stops female doctors from rising beyond a certain level in the surgery hierarchy (9,10,11,12). The goal is to determine the professional and social features of women surgeons in Iraq to research their perceptions of working situations and specify the factors that impact the level of satisfaction they experience in their careers.

Objectives of the study were to determine obstacles and opportunities for women pursuing surgical careers and suggest possible solutions to overcome those obstacles.

2. Methodology

This single-center cross-sectional study was carried out from the first of March 2021 until the first of May 2021. The approval to conduct this study was obtained from the surgical specialties' council of the Kurdistan Board of Medical Specialties. A 22-page electronic survey was sent to all surgical

female consultants, fellows, and residents working in the Department of Surgery of different hospital in Iraq to complete by using Microsoft Forms. Male surgeons and females not in the surgical branch were excluded. Before the survey, participants signed a permission form that outlined the study's goals and their expected level of participation. Subjects were asked about their demographics, surgical branch, reason behind their carrier choice, working hours, and to what extent they were satisfied with their carrier choice.

Work-life balance, marital state and partner profession, problems faced during pregnancy and how their career affected life looking after their children were evaluated, whether they think to leave the the surgery and what's was the factor behind that. Then we asked about factors behind the lack of women in surgery and what to do to increase their number. Respondents were asked to determine the sources of harassment in workplace and obstacles they face, including gender constrain. Data was inputted and investigated using version 25 of the Statistical Package for Social Sciences, generated by SPSS Inc., an IBM company based in Chicago, Illinois, in the United States. The results of the descriptive analyses were documented as frequencies and percentages, and the inferential outcomes were compared between the subjects with different variables using a statistical significance threshold of $\leq$ 0.05. The defining data were further analyzed using Pearson Chi-square or Fisher's exact tests if required.

3. Results and discussion

A total of 64 female doctors from different surgical branches enrolled in the study. Most of them (82.8%) belonged to the 25- 34 years age group, were married and having children (54.7%), working 40 - 80 hours a week, gynecologists (39.1%), followed by general surgeons (23.4%) and interest (67.2%) was the main drive and reason for choosing their surgical branch (Table 1).

The degree of satisfaction with career choice was very high. Most of the female surgeons stated they were delighted (46.9%) with their choice, (31.3%) of them were satisfied, and the percentage of unsatisfied women was deficient (4.7%). About one-third of the participants reported no sort of harassment while working (32.8%), while the other two-thirds faced some harassment from colleagues, patients, and supervisors. Most women with children reported problems at work to look after their children; only one lady did not face any problem (2.7%). The majority of the study sample (84.4%) supported other females to be surgeons in the future, and likewise (71.9%) did not think about leaving the surgery (Table 2).

Most participants identified long working hours and the impact of working in the surgical branch on family life as the main reasons for the lack of women in this field. At the same time (29.7%) of them enumerated more than three reasons for such shortage, including the two previous causes in addition to the lack of female role models and learning opportunities. The participants have proposed a lot of actions and modalities to increase females in surgery in the future like reducing the working hours (9.4%), cultural change (10.9%), availability of supporting bodies in that specialty (9.4%) and gender equality in choosing branches (6.3%) but most of the study sample (54.7%) agreed on combining more than three modalities to solve this issue in the future and upsurge ladies in surgical branches and subspecialties (Table 3).

Discussion

Female surgeons serve equally well as their male peers regarding understanding, communication, professionalism, technical skills, and clinical judgment. (13,14). A recent analysis demonstrated little but statistically significant improvements in the outcomes of patients treated by female surgeons. (15) Despite these results, women stay underrepresented in surgery, with worse disparities in specific subspecialties. Most of the women in our study (54.7%) were married and having children. At the same time, in a survey of 317 academic surgeons, they postponed the decision to start a family until they had finished training, despite the physiologic reality of reduced female fertility with increasing age. (16)

According to the findings of our research, childcare has a significant effect on the progression of careers. The overwhelming majority of women with children (54.7% of those surveyed) thought having children negatively influenced their work. These results agree with a prior study, which discovered that having children hampered professional progress for women surgeons. (17) Europeans reported Child-related barriers more than Americans (18,19,20), which was surprising given the abundance of state and hospital-sponsored childcare in Europe. (21) In Canada, around 89% reported that balancing their surgical careers with family commitments was a significant source of stress. (22)

In our Investigation, interest (67.2%) was the essential drive for selecting their surgical branch. At the same time, one study from the US found that female medical students pursued surgery when their school had more female surgical role models ($p < 0.0001$). (23) For that reason majority of respondents in our study reported being satisfied with their career, These are promising findings and should be highlighted for medical trainees; women who are interested in surgery are likely to pursue a surgical career despite the alleged workload and other potentially negative aspects of a surgical lifestyle (23) like Canadian female surgeons they rated their career satisfaction as 8.6 on a scale of 1–10 (22) despite this, In a qualitative study by (24) Canadian female surgeons shared several accounts of overt harassment and bullying.

In the UK, senior healthcare professionals told 15% of female medical students that women should not be surgeons. (25) In Australia and New Zealand, female surgical trainees' attrition was partly caused by bullying, sexual harassment, and sexism. (26) In South Africa, 34% of female surgeons experienced physical threats, and 50% reported bullying. (27) Female surgical trainees in Turkey were more likely to report gender-based discrimination if trained in departments without female faculty ($p < 0.006$). (28) Discrimination against female surgical trainees in Turkey was perpetrated by their seniors (68%) (28), while in Iraq, about one-third of the participants reported no sort of harassment (32.8%). At the same time, the other two-thirds faced some harassment, mainly from patients.

According to a study published (29) 29.5% of female surgeons reported that they would discourage female medical students from a surgical career, primarily due to the difficulties of balancing pregnancy and motherhood, in contrast to our study (84.4%) were supporting other females to be surgeons and likewise (71.9%) did not think to leave the surgery.

Female surgeons from different countries had different perceptions of their career barriers. US surgeons attributed their career barriers to ineffective mentorship, gender stereotypes, and sexism in the workplace. (17,18) Barriers to career success in Europe were a lack of part-time career availability, and work–family conflicts. (19,20) In Nigeria, female surgeons listed limited time with the family, workload, and physical effort. (30)

Moreover, participants in the study have proposed several strategies to enhance the presence of women in surgery in the future. These strategies include the reduction of working hours (9.4% support), fostering a cultural change within the profession (10.9% support), establishing supporting bodies specific to the surgical specialty (9.4% support), and striving for gender equity. Notably, most of the study's participants (54.7%) expressed their approval for integrating multiple approaches to address this issue effectively.

4. Conclusion and future scope

This research analysis offers significant contributions by shedding light on female surgeons' experiences and personal experiences in Iraq. The results demonstrate that women are primarily motivated to pursue surgery due to their interest in the topic. Nevertheless, they see lengthy working hours and the impact on family life as meaningful constraints that limit the representation of women in this profession.

Most participants voiced contentment with their chosen job path, while they had problems effectively managing the directives of their professional and familial obligations. Illustrations of workplace

harassment were also reported as a prevalent situation, mainly from patients. Nonetheless, a significant majority expressed their endorsement for encouraging more female participation in surgery in prospective times. To enhance the level of female representation, it is crucial to adopt a comprehensive strategy that encompasses several dimensions, including cultural norms, gender equality, work-life balance, as well as the provision of role models and mentors. Enforcing processes such as reducing working hours, providing on-site childcare facilities, and offering flexible scheduling could contribute to the retention of women surgeons. It is of utmost importance to cultivate a training and work atmosphere characterized by respect, fairness, and the absence of harassment.

Overall, this study highlights the progress made in incorporating more women into the surgical workforce in Iraq. However, continued efforts are required to terminate persistent barriers and biases. Sponsoring and empowering women surgeons will benefit healthcare institutions, patients, and society.

Conflict of Interest: there is no conflict of interest.

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