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Exploring Female Physicians' Resilience Regarding Post Graduate Residency Program in Afghanistan

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Abstract:

Objective: This research is aimed to explore the female physicians' resilience and factors which influence their enrollment in postgraduate residency program in Afghanistan.

Methods: This study utilized a qualitative descriptive exploratory design. A total of nine female medical doctors either enrolled or not enrolled in postgraduate residency programs were recruited from two maternity hospitals in Kabul, Afghanistan. Purposive sampling was employed to obtain a diverse sample of female physicians to explore the phenomena in depth. The data was collected through face to face semi-structured in-depth interviews. Content analysis was done to identify categories and sub-categories from participants' narratives.

Findings: The two categories which emerged from the analysis of the participants' narratives were sources of empowerment and socio-environmental hindrances. The first category comprises of sources of empowerment to get enrolled in post graduate residency program included factors like: opportunity to acquire new knowledge and skills, better job opportunities, popularity, elevated self-esteem, gaining autonomy, increased income in private practice and enhanced capacity to serve the people. The second category comprises of socio-environmental hindrances that include: inadequate family support, uncertainty about job opportunities, and denial of permission for night duty in conservative families, lack of female-friendly facilities in hospitals.

Conclusion: The study findings indicate that various factors at the individual, social, and institutional level that affect the enrollment of female doctors in postgraduate residency programs. By encouraging participation of women for higher medical education will promote well-being and resilience of female physicians which will eventually bring positive change in health care system of Afghanistan.

Keywords: Resilience, female physicians, post graduate medical residency program, Afghanistan

1. Introduction

Many individual in this world are exposed to stressful experiences in their lives, such as: jobstress, death of loved one, academic pressures, illness, accident, and traumatic events; however, most of the are less likely to capitulate psychopathology as they have the capacity to adapt and overcome the adversities and are believed to possess resilience. (Ungar, 2005; Shi, Wang, Bian & Wang, 2015). Resilience is significant for mental wellbeing and protects against negative health and social consequences, such as poor academic performance, anxiety, depression, substance abuse, eating disorder and suicide. (Andrews & Wilding, 2004; Deas & Brown, 2006). In addition, resilience is considered strength and necessary to deal with every day difficulties (Howe, Smajdor & Stockl, 2012). Physicians' health is vital not only for themselves; however, it is also important for their patients' wellbeing and safety. (Zwack & Schweitzer, 2013). Physicians dissatisfaction with medical training impact upon academic performance, health and patient care. (Dyrbye, Thomas & Shanafelt, 2005; Keeton, Fenner, Johnson & Hayward, 2007). Women benefit from high degree of resilience than man to overcome traditional obstacles in order to survive in today competent world (Hartling, 2008; Dyrbye & Shanafelt, 2012). In

medical profession, female physicians are constantly facing challenges in their practice, and “resilient females are better equipped to meet these challenges” (Cloninger, 2012). Female physicians’ wellbeing is vital for their personal and professional growth (Eley et al, 2013). Failure of resilience among physician lead to burnout and poor mental health, and eventually affecting their career growth and safe practice. (Eckleberry-Hunt et al, 2009; Goldhagen, 2015)

Resilience develops over a period of time and multiple factors contribute to the development of resilience that include: close relationships with family and friends, confidence in one’s own strengths and abilities, problem-solving skills, seeking help, coping with stress in healthy ways, and finding positive meaning in life (Howe, Smajdor & Andrea, 2012).

There is dearth of research in medical education regarding the resilience of female doctors about post graduate residency programs in Afghanistan. Therefore, this study is aimed to explore the resilience of female doctors about their enrollment in post graduate residency program in Afghanistan. The study has used resilience framework; therefore, we posed a question categorizing resilience in human, social and institutional domains:

- How do individual, socio-cultural and geographical factors influence resilience and enrollment of female doctors in post graduate residency programs in Afghanistan?

2. Methods

A descriptive exploratory design was employed to understand the phenomena of resilience among female doctors. The study population was comprised of female doctors irrespective of their enrollment status in postgraduate residency programs. A total of nine female medical doctors were recruited from two maternity hospitals in Kabul, Afghanistan. Purposive sampling was employed to recruit a diverse sample of female physicians that added richness to the data. The data was collected through face to face semi-structured in-depth interviews. Female enrolled in this research were asked to sign consent form to ensure their voluntary participation.

A Local Advisory Committee was formed which was comprised of a representative from the research department of the Ministry of Public Health, a research focal point from each hospital, and a WHO technical officer for Reproductive Health who assisted in selection of recruitment process of study participants. Content analysis was done manually by reading all the transcripts. Categories and sub-categories were formed to evaluate the comparisons and variations.

3. Findings

The study participants had graduated from medical university during the period of 1989 to 2011. Less than fifty percent of female physicians were enrolled in Post graduate residency program and more than half were working in public health & administration. The present study findings reveal the life experiences of female physicians about their resilience and enrollment in postgraduate residency program. The two categories that emerged from the analysis of the participants’ scripts were: sources of empowerment and socio-environmental hindrances.

3.1. Sources of Empowerment

Majority of the participants acknowledged key factors which were sources of empowerment that include: opportunity to get equipped with updated knowledge and skills, better job avenues, popularity, gaining autonomy, high self-esteem, monetary benefits and building capacity to serve the people. Most of the participants who were enrolled in residency program shared that acquiring more knowledge and experience will lead to good job opportunities, a better life and respect in society in the future.

For instance, one of the participants expressed that,

- “Higher education in medicine leads to greater autonomy at home and better job opportunities which eventually promotes respect in society”. (Participant 01)

Another participant verbalized that,

- “After Post graduation, there are benefits of acquiring new knowledge and skills and getting good salaries”(Participant 08)

The interview narratives also suggest that women who were raised by highly educated families with positive attitudes towards girls’ education, better economic status and women having husbands in the same profession were more likely to be enrolled in a postgraduate residency program.

3.2. Socio-environmental Hindrances

On the contrary, participants have also shared some of the obstacles associated with enrollment in residency programs such as complicated bureaucratic procedures for enrollment, difficult entry test, unavailability of standard teaching materials for preparation, cumbersome preparation for entry test, insufficient time to study and lack of family support. Our study also revealed that unmarried female doctors and new graduates have better chances of being enrolled in a residency program; however, married female doctors face challenges as they have additional burden of running house and managing household chores.

Female doctors have serious concerns about low salary, lack of proper facilities for their child in hospitals, inadequate family support, and uncertainty about job opportunities in urban areas after graduation. Family commitments, including being a mother and a wife, negatively affect the enrollment of female doctors in residency programs.

As one of the participants verbalized that;

- “In our society woman role is confined to a mother and a housewife rather than doing a post graduate study. They believe that the best place for woman is kitchen”. (Participant 5)

Cultural factors such as negative attitudes towards women who work outside of house, criticism from extended families, religious misbeliefs, and low literacy rates within the family, discrimination against women, attitudes towards female doctors, night duty and restrictions on travels outside of the country and to provinces, all negatively influence female doctors’ enrollment.

As one of the respondent shared:

- “Our religious and cultural norms do not accept post graduate education especially if a woman has to go abroad for studying without her Mahram (e.g. Husband)”. (Participant 3)

Geographical situation and lack of female friendliness facilities in work setting also influence access to higher education and affect their enrollment in postgraduate residency programs.

As one of the interviewee shared:

- “Long distance, economic restriction, lack of transport facilities and absence of the program in nearby areas negatively affects female enrolment in residency program”.. (Participant4)

In addition, lack of transportation or inability to pay transport costs, political instability, security issues and living in rural areas, also minimizes female doctors’ enrollment in postgraduate medical programs. The lack of female-friendly facilities within hospitals limits both access and completion of residency programs. Participants also verbalized about these facilities which include: kindergartens, hostels, libraries, access to internet, positive attitudes towards female physicians, qualified female trainers, good interpersonal skills of trainers, separate female services such as office space and washrooms, facilities that ensure privacy, transport, shift work, manageable standard workloads, and proper accommodation for night duty.

4. Discussion

This study is a first qualitative inquiry of its kind that explored the female physicians’ resilience and factors affecting their enrolment in post graduate residency medical program in Afghanistan. This study has extracted the sources of empowerment and socio-environmental hindering factors at human, social and institutional levels.

4.1. Human Factors

In terms of human factors, opportunity to acquire new knowledge and skills, positive attitude towards medical career, better job opportunities, elevated self-esteem, gaining autonomy, and enhanced capacity to serve the people were identified by female physicians as motivating factors for their enrollment in residency program. Personality traits like self-directedness, high self-esteem, tolerance and adaptivity to adversity and feeling that one is making difference in their profession are significantly valuable for physicians to cope up with their personal and professional challenges. Eley et al. (2013) and Barankin, Pare & Bugeja (2004) affirmed that aforementioned attributes are strongly linked with resilience.

4.2. Social Factors

Environment is a key factor which may support or undermine resilience of an individual. Personal support system of partner, family, and friends, cultural diversity, family values, and religious beliefs may remarkably affect the enrollment of female students in specialized medical education programs. Our study findings have revealed that at social level, adequate family support and living in an educated family are motivational factors that affect enrollment of female physicians in residency program. On the other hand, negative attitude towards female education, lack of support for children were determined as hindering factors in our study. This study finding is aligned with past study which identified that presence of family support, love, and security fostered resilience. (Bovier & Perneger, 2003; Bergman, Ahmad & Stewart, 2003). Moreover, gender discrimination also leads to deprivation of women in education sector due to socio-cultural and religious factors and this scenario is prevalent in most of the developing countries. (Naz et al, 2012; Rose & Subrahmanian, 2005)

4.3. Institutional Factors

At institutional level, participants highlighted that increased demand for deployment of female doctors were identified as motivating factor for attaining higher education. On the contrary, lack of transportation facilities, geographical distance, and lack of female friendly services, limited financial incentives, high workload and night duties can hinder female enrolment in advanced medical education programs. Our study findings are consistent with findings presented by Zwack & Schweitzer, 2013 which suggests that flexible working hours and provision of financial incentives and facilities for families enhance resilience ability and promotes job satisfaction among physicians. According to a research by Mathauer and Imhoff (2006) increasing workload was a major hindering factor that affects the enrollment of physicians.

5. Recommendations

Based on the findings, our study proposed that female-friendly facilities in hospitals, provision of additional incentives, and transport facilities, proper accommodation for shift workers, and deployment of female trainers will positively affect the enrollment of female physicians for higher education in medical programs. Residence should also be provided appropriate time off during holidays and between rotations to allow them to decompress from work and training stressors.

6. Conclusion

Female physicians' cadre plays significant role in health care services delivery. The study findings reveal that various factors at the individual, social, and institutional levels influence the resilience and enrollment of female doctors in postgraduate residency programs in Afghanistan. A comprehensive approach is required to encourage maximum participation of women in these programs in order to promote safe clinical practice and improve well-being and resilience of female physicians in Afghanistan.

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