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GENDER DISCRIMINATION IN MEDICINE

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ABSTRACT : Women physicians continue to achieve tremendous advancements in medicine, both professionally and personally, from the boardroom to the front lines of the COVID-19 response. Women continue to be on an uneven playing field with their male coworkers because of persistent and serious inequities. Women doctors are sometimes paid less for doing the same work and having the same duties as men, even when the female doctor has experience that is comparable to or greater. In both academics and organized medicine, there are fewer female leaders. Women are far too frequently denied tenure at prestigious academic institutions. They receive significantly fewer bylines in scholarly publications, and they frequently experience implicit or overt bias, which prevents them from rising in their careers at the same rate as males. We must take advantage of the chance it presents to assess how far we have come toward gender equality in medicine and how painfully far away that goal still is.

KEYWORDS: *Gender, Discrimination, Medicine, Promotions, Specialties, Positions.*

I. INTRODUCTION

Since ancient times, women have participated in the practice of medicine. For their assistance during the European plagues, certain women were canonized in the 10th and 11th centuries. Women who practiced healing were viewed as witches and barred from participating in the medical education of the day from the 13th through the 18th centuries. This prohibition persisted up until the early part of the 19th century, which served to validate women's subordination. Women did not have access to medical education until the end of the 19th century. Women in Spain did not have access to higher education until the 20th century, and it took until the 1970s for them to fully integrate into medicine after doing so in the workplace. Women now make up most recent medical graduates and more than 40% of practicing physicians in Western countries, up from 10% of medical students and 15% of working physicians forty years ago. Between 1994 and 2011, the percentage of women among Spanish collegiate physicians climbed to 93.4%, while the percentage of men barely increased to 12.6%. More than 70% of primary healthcare providers are female doctors, and more than 40% of hospital staff in Catalonia are female doctors. Despite the enormous rise in the feminization of medicine in the industrialized world, women continue to be underrepresented in the upper echelons, with an astonishingly low number of female leaders rising to the position of full professor. Being a doctor and a mother can present challenges, but studies on the representation of women in higher medical staff positions conducted in the United States highlight this potential conflict as being less of a source of dissatisfaction than the chance for advancement and practice control in their careers. Since the early 1990s, a previous part-time contract with the British National Health Service appears to be linked to the likelihood that fewer women than men doctors in the United Kingdom attained the category of consultant. Due to unwillingness to offer such information, it is unknown how far along in their careers women doctors have advanced in Spain.

II. Gender and Promotions in Medicine

Women and men working in permanent medical positions differ significantly. These discrepancies gradually widen in connection to the level of progress over both PC and hierarchical promotion. The period for promotion is therefore delayed compared to that of male physicians with comparable years of professional experience when female physicians apply for advancement when male physicians have already secured a permanent post. The 'leaky pipeline phenomenon,' which refers to a disproportionately low number of women reaching prominent medical positions and advancement in PC promotion, is based on these discrepancies in permanent medical jobs held by men and women. The findings, which support earlier hypotheses generated from a study conducted in two Catalan hospitals, reveal that professional advancement is harder for women than for males in medicine, even though the grade of PC promotion for female physicians marginally improved over the study. After accounting for hours worked in internal medicine, pediatrics, family practice, and emergency

medicine, the disparity between men and women physicians in terms of PC promotion is consistent with the widening gender gap in physician beginning salary.

III. Gender and Specialties of Medicine

According to certain scholars, gender roles have a part in the current trends in the popularity of specialty for women. The length of medical school and academic success could affect specialization preference. It was discovered that a propensity for a profession in general practice and pediatrics was favorably associated with being female and having a parent in general medicine. The inclination for psychiatry was favorably associated with female gender among first-year students and those without any prior clinical exposure. In actuality, the three fields of pediatrics, psychiatry, and primary care in family medicine are all associated with higher relevance on the perspective-taking scale of the empathy test, which is a female notion within the society. The length of study was favorably associated with a preference for an internal medicine profession among students with clerkship experience and final-year students. Men continue to choose surgical specializations three times more commonly than women doctors. Numerous indirect personality characteristics affected sex. In a survey of 2867 British medical students, factors identified by route analysis that could be categorized into four categories of motivations—helping people, respect, science, and necessity—indicated the appeal of various facets of clinical practices. In general practice, pediatrics, geriatric medicine, and none of the specialties, helping people was strongly correlated with agreeableness and curiosity. Esteem was correlated with a surface-level learning strategy, research being more receptive to experience, and pathology being tied to science. Higher strategic learning scores, lower stress and fantasy scores, and motivation in urgent areas of medicine were all associated with irreplaceability. In order to maximize human resources in the existing health care systems, the feminization of the medical profession emphasizes the necessity for initiatives to boost female medical students' interest in the surgical sector. The remarkable rise in the percentage of female medical students in Spain over the previous three decades is now being reflected by the rising representation of women in all areas of medicine. However, according to data from our institution, men still outnumber women in the permanent specialist positions for most medical disciplines, with the disparity in favor of men being considerably bigger in higher hierarchical positions.

IV. Gender and Positions in Medicine

Women are expected to take on more leadership responsibilities as they advance in the medical profession because it has been hypothesized that the slower career growth of women compared to their male coworkers is a cohort effect. In fact, over 40% of all female consultants are concentrated in four specialties: anesthesia, pediatrics, pathology, and psychiatry. The proportion of women among consultant physicians, the highest level in British National Health Service hospitals, increased from 19% in 1995 to 25% in 2004 and reached 28% in 2007. In 2008, the study's final year, data analysis revealed that one-third more female doctors than male doctors attained senior consultant status, the highest level of the PC. It is still unknown why the "leaky pipeline phenomena" has persisted into the twenty-first century. One could contend that women have less training than males in hospital medicine given the stark disparity in equality revealed by our data. Fewer women may hold the highest leadership positions because of a shortage of prominent academics brought on by lower levels of scientific productivity. Female doctors are more likely than male doctors to be cautious when dealing with emotional problems and evaluating socio-cultural factors that go beyond objective pathology; they also devote more time to patient care and the encouragement of positive relationships with their patients. As a result of the tension between their commitment to the patient and their professional fulfillment, women may spend less time on research than males. Therefore, gender may be a factor in curriculum evaluation because the standards and rewards that help men advance may not be as desirable or even realistic for women.A formal hierarchical position was held by 18.7% of the women in the current study of 800 Catalan general practitioners as opposed to 33.8% of the men. The proportion of men in hierarchical positions was larger than that of women, with no relationship to age, seniority, or kind of institution. Women made up 8 points more of the population than men, at 28.8% versus 21.3%.Fewer women than men hold the highest levels of medical employment, according to some theories, because of differences in gender values and aspirations. The majority of childcare duties are still carried out by women, and for women physicians in Europe, finding a balance between career and family seems to be of utmost importance. The fact that fewer women ascend to the highest levels of formal medical hierarchy may be attributable to their resignation from taking on such roles, but this hardly explains the slow rate of advancement of recognition under the PC. Gender roles contribute to irrational beliefs that have little to do with an individual's actual knowledge and skills and have a negative impact on decision-making when it comes to promotion.

V. CONCLUSION

Everyone can agree that we want our institutions to develop, innovate, and deliver the best results for our communities as possible. The same is true for our professional associations, publications, and gatherings. There is no difference between females and males, except biologically, that's why they should be treated equally. As a result, women should be effectively represented in medical institutions so that they may promote gender mainstreaming and reduce gender disparities within the system. Eliminating gender gaps will assure top performance across the board. We all benefit when there is diversity, equity, and inclusion in thought and leadership.

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