Archives of Management and Social Sciences
2024, VOL. 01, NO. 3, 17-33

OPEN ACCESS

Assessing Gender Equality in Healthcare: How HR Practices and Organizational Culture Affect Women's Career Trajectories in Pakistan

Syed Muhammad Fauzan Ali*| Fahad Ahmed Khan| Dr Aimen Qadeer| Amber Awan| Saad Abdul Hameed| Anas Aijaz| Ali Jan
Baqai Institute of Health Management Sciences, Baqai Medical University, Karachi, Pakistan

ABSTRACT
Background of the study: This qualitative study focuses on the experiences of female healthcare workers in Sindh, Pakistan, exploring the gender dynamics within the healthcare sector. It highlights systemic challenges such as gender inequality, work-life balance struggles, and societal expectations that position women as primary caregivers.
Methodology: Employing an ontological constructivist perspective and Reflective Thematic Analysis, the study involves semi-structured interviews with 25 female participants. These discussions reveal the interplay between professional responsibilities and family duties.
Results: Participants report significant tension between their professional roles and familial responsibilities, often resulting in burnout and professional stagnation. The study further identifies a lack of supportive institutional policies, including inadequate maternity leave and inflexible work schedules, which complicate the ability of women to manage both career and family life effectively.
Conclusions: The findings underscore the structural and cultural barriers that inhibit the advancement of women in the healthcare sector. The research calls for policy reforms to foster a more inclusive and supportive work environment for women. It suggests that future research could incorporate male perspectives using an abductive approach to understand the gender dynamics and systemic challenges in healthcare fully.

ARTICLE HISTORY
Received October 2024
Accepted November 2024
Published December 2024

KEYWORDS
Female healthcare workers, gender dynamics, gender inequality, societal expectations, healthcare sector, Pakistan

Introduction

Pakistan's healthcare system is complex and constantly changing, and for the most part, public and private systems provide various services for the growing population. In the public sector, the structure is composed of basic health units (BHUs), rural health centres (RHCs), secondary and tertiary hospitals, and specialised facilities with provincial health departments (Dhahri et al., 2020). Also critical to the private sector are the many hospitals, clinics, and diagnostic centres alongside public services (Alumran et al., 2021). Government initiatives to improve access to health in Khyber Pakhtunkhwa (Hasan et al., 2022) and elsewhere in Pakistan have recently started and will continue to spread. Out-of-pocket expenses for patients vary depending on which public and private healthcare facilities (Khalid et al., 2021); workplace safety in healthcare is highly important (Ullah et al., 2021).

***Correspondence Author:** Syed Muhammad Fauzan Ali
Email: manager.ic@baqai.edu.pk
To cite this article: Ali, S. M. F., Khan F. A, Qadeer, A., Awan, A., Hameed, S. A., Aijaz, A., & Jan, A. (2024). Assessing gender equality in healthcare: How HR practices and organizational culture affect women's career trajectories in Pakistan. Archives of Management and Social Sciences, 1(3), 17-33.

Publisher: Allied Nexus Publisher

However, one of the most pressing problems is the long-standing discrepancy between the healthcare sector and gender, as it significantly affects the career trajectory of the women working in this sector (Ali et al., 2022). Many women are in the healthcare workforce, particularly in nursing, midwives, Lady Health Workers (LHWs) and other community health workers (Kinshella et al., 2020). The same societal inequity that women in Pakistan face in the healthcare sector also exists in Pakistan's healthcare sector (Iftikhar et al., 2023). Women in healthcare frequently receive gendered stereotypes which constrain their functions to caregiving jobs, while men control leadership and decision-making jobs (Janjua et al., 2020). These barriers include discriminatory HR practices, the absence of work-life balance policies, and work environments that do not support women's advancement (Arshad et al., 2022; Rao & Shailashri, 2021).

Women in healthcare find themselves often pigeonholed into the roles they are expected to play as an extension of their domestic responsibilities i., e., nursing or midwifery, but not encouraged to specialise in the areas traditionally considered off-limits to women (Shakir et al., 2024). Furthermore, female healthcare workers are often exposed to a hostile work environment characterised by sexual harassment, verbal abuse, and discriminatory practices (Shahzadi et al., 2023). Gender equality in healthcare is not only one of opportunity but, more importantly, gender equality as a matter of safety and respect in the workplace (Lolai et al., 2023; Malik et al., 2021). Efforts by the Pakistan government to increase the number of women in healthcare, initiatives like the Lady Health Worker Program, which aims to improve maternal and child health in rural areas, have been derailed by the same gender biases that necessitated their creation.

The lack of accommodation for women is not helpful if you plan to work, whether by advancing in your career or even keeping the same job, you have; many women find themselves forced to stay in their current position or leave the workforce altogether. This is particularly concerning in the healthcare sector, where long hours and high demands continue to make supportive policies all the more urgent (Waqar et al., 2021). In addition, the recruitment, promotion and compensation practices in healthcare organisations often follow broader societal biases that discriminate against women. Women are frequently overlooked for promotions in favour of their male colleagues, even for the position of women if they are equally or more qualified (Hinduja et al., 2023). There is a significant gender gap when it comes to the pay that healthcare workers receive based on their gender as well, where women are paid less than men for doing the same jobs (Mohsin & Syed, 2020).

Intersectional factors, such as race, socioeconomic status and geographic location, exacerbate these disparities of women with further layers of disadvantage for some, particularly those from rural or disadvantaged backgrounds (Noor et al., 2023). Additionally, sexual harassment and disrespect in the workplace are a big problem, especially for female nurses and healthcare workers (Shahzadi et al., 2023). By studying these challenges, we also observe that these challenges are not only against women's career growth but also against women's safety and dignity in the workplace (Masitoh & Pramesti, 2020).

The issues of gender inequality have been recognised, but research on gender inequality in Pakistan's healthcare sector is limited. Although there are numerous studies on some aspects of gender inequality, such as wage differentials or sexual harassment, there is little holistic research on the long-term impact of cumulative gender inequalities on the careers of women (Shakir et al., 2024; Shahzadi et al., 2023).In parallel, very little work still explores how HR practices and organisational culture both consolidate or dissipate these inequalities (Raza et al., 2023). The primary objectives of this research are as follows:

1. To identify and examine the key barriers hindering women's career progression in Pakistan's health sector.
2. To explore the impact of gender dynamics and role allocation on women's career development.
3. To assess how workplace environment and organisational culture influence women's career advancement.
4. To evaluate the effectiveness of existing policies related to pay transparency and gender equality.
5. To analyse the effects of security and safety issues on women's professional journeys.
6. To examine how work-life balance challenges influence women's health and overall well-being.

The study seeks to answer the following research question:
What factors, including HR practices, workplace culture, and barriers, influence women's career progression in Pakistan's health sector?

Literature Review

Theories of gender inequality in organisations are rooted in how societal institution's structure gender, as Joan Acker (1990) points out in her theory of gendered organisations. Acker argues that organisations, though seemingly neutral, are gendered and sustain male dominance, marginalising women. In Pakistan's healthcare sector, women, while educated and holding leadership roles in some cases, face structural impediments that hinder their career advancement (Raza et al., 2023). Although Acker's theory is influential, it has critics. Bates (2022) argues that Acker's framework is often used to prove the existence of gendered organisations, but researchers overlook the possibility of restructuring organisations to eliminate gender barriers. For the healthcare sector in Pakistan, the question is whether organisational change can truly address entrenched gender biases or if a more comprehensive overhaul of workplace culture is needed.

Judith Butler's theory of performativity adds another layer to understanding gender in organisations by focusing on how gender is performed in daily interactions. According to Butler, gender is not fixed but a repeated set of actions shaped by societal expectations. In patriarchal workplaces like healthcare institutions, women may unconsciously mimic behaviour that fits patriarchal norms (Raza et al., 2023). Johnson (2022) highlights those global crises, such as the pandemic, exacerbate gender inequalities in the workplace. Women in Pakistan's healthcare sector disproportionately bear the burden of care duties, especially those with family responsibilities (Mohsin & Syed, 2020).

Arshad Shahzadi and Afzal (2023) highlight the widespread issue of sexual harassment in healthcare institutions, severely affecting women's mental well-being and career progression. Despite policies, their implementation is weak, and such behaviour is often tolerated (Malik et al., 2021). While Bates (2022) advocates for more nuanced research validating Acker's theory, it is crucial to critically examine where it fails to address real-world inequalities. Research supports gender-based career progression disparities across sectors, with men and women facing different opportunities and challenges. Busch (2020) shows that occupational sorting and gender segregation create wage disparities and restrict women's career progress. Kabeer (2021) argues that systemic gender inequality in labour markets limits women's access to high-growth career paths, especially in developing countries. Women also face financial exclusion, gender bias, and lack of mentorship in entrepreneurship (Olarewaju & Fernando, 2020).

Khan and Siriwardhane (2021) identify supportive HR policies, mentorship, and flexible work arrangements as crucial for women's career growth. Usman et al. (2021) argue that legal reforms and gender-sensitive policies could foster an inclusive organisational culture. However, policy implementation in Pakistan is uneven, continuing to perpetuate gender gaps (Ali et al., 2022). Workplace culture often reinforces gender roles, limiting women's career opportunities. Hussain and Jullandhry (2020) note that even in urban areas, women are often confined to roles considered appropriate for their gender. Pay disparities persist, with women being paid less for the same positions, and lack of pay transparency further exacerbates the issue. Acker (1990) asserts that such systems sustain male-dominated hierarchies. Policies that reduce gender inequality often lack enforcement, making real change difficult (Abbas et al., 2021; Usman et al., 2021). Acker (1990) points out that policy implementation alone will not lead to meaningful change without changing organisational culture.

Finally, safety and security are critical issues for women in the workforce. Studies by Kumar et al. (2023) and Ali et al. (2022) show that women feel unsafe, particularly in male-dominated environments and late shifts. Acker (1990) argues that organisations are not designed to support women, with inadequate security systems and enforcement of harassment policies. Until these issues are addressed, women remain at a disadvantage.

Methodology

The qualitative study was grounded in an ontological constructivist stance (Allsup, 2020). The work used these foundations to justify a qualitative approach to explore women's experiences working in healthcare institutions across Sindh, Pakistan (Al-Ababneh, 2020). The themes and insights emerged inductively and systematically from the data (Vears & Gillam, 2022). The participants were purposively sampled, including women who had worked more than three years in the nursing field as nurses, doctors, healthcare practitioners and support staff. To eliminate the information bias, we excluded males and women in HR or senior management who interact regularly with healthcare environments. The study, which captured diverse perspectives of rural and urban healthcare settings in Sindh, used a sample of 25 healthcare participants.

ISSN: 3007-2115

District	Participant	Gender	Designation	Years of Experience
Karachi	1	Female	Consultant	18 years
	19	Female	Charge Physiotherapist	19 years
	11	Female	COMO	15 years
	12	Female	SWMO	15 years
	25	Female	Family Physician	15 years
	2	Female	General Manager	12 years
	24	Female	Staff Nurse	11 years
	16	Female	Senior Physiotherapist	10 years
	14	Female	Staff Physician	9 years
	10	Female	Senior Medical Registrar	8 years
	17	Female	UCPO	5 years
	18	Female	Assistant Division Director, Nutrition	5 years
	22	Female	Assistant Division Director, Curative	4 years
	23	Female	Assistant Division Director, Preventive	4 years
	13	Female	UCMO	3 years
	4	Female	Medical Officer	2 years
Hyderabad	21	Female	Dentist	9 years
	8	Female	Occupational Therapist	6 years
	20	Female	Staff Pharmacist	5 years
	9	Female	Assistant Division Director, RMNCH	3 years
Larkana	3	Female	NSTOP Officer	12 years
	5	Female	Midwife	7 years
Sukkur	7	Female	Lab Technician	4 years
	4	Female	Medical Officer	2 years
Badin	6	Female	OPD Assistant	4 years

Table 01: demographics information

Reflective Thematic Analysis (Braun et al., 2023) guided analysis, commencing with familiarisation – reading the interview transcripts to develop a first impression of emerging patterns. Major data segments in Table 1 related to the research questions were identified through a systematic coding process.

ISSN: 3007-2115

Result

Themes	Sub-Themes	Codes
Career Progression and Opportunities	Gender Disparities in Advancement	Gender Bias in Promotions, Leadership Barriers, Unequal Opportunities
	Barriers to Women's Career Growth	Gender Stereotypes, Lack of Mentorship
Work Environment and Culture	Gender Inclusivity and Representation	Male-Dominated Leadership, Women's Marginalization
	Cultural and Hierarchical Norms	Gendered Tasks
	Safety and Security	Harassment, Abusive language, mental trauma
Work-Life Balance	Challenges in Balancing Career and Family	Family Obligations, Work-Life Struggles, Maternity Leave Challenges
	Institutional Support	Lack of Flexibility, Lack of Work-Life Balance Policies
Pay and Compensation	Gender Pay Gap	Unequal Pay, Pay Discrepancies Based on Gender
	Transparency in Compensation	Lack of Transparency, Unfair Incentive Distribution
Policies and Regulations	Implementation of Gender Policies	Gender Equality Policies, Poor Policy Enforcement
	Recommendations for Policy Changes	Stronger Maternity Policies, Anti-Harassment Measures, Gender Audits

Table 02: Common Themes and Subthemes Identified

Barriers to Career Progression

Prominently, we saw barriers to career progression in the interviews, and 76% (19 out of 25) of the participants discussed this theme. Many of the concerns these individuals voiced involved physical task biases, climbing the career ladder and the lack of mentorship opportunities. However, women in healthcare tend to face hurdles that stop them from moving up the professional ladder, including into leadership roles. "Yes, there are big differences," Participant 1 remarked. "Women often experience more barriers in climbing the professional ladder." Participant 10 added, "Men tend to get promoted faster and are more likely to be offered leadership roles." These statements dovetail with a view held by many female professionals that gender has a significant role to play in career progression.

The interviews also point to a critical issue of the stereotype of physical tasks, which is a patriarchal mindset that underlines the majority of women in leadership roles. Participant 16 notes that "Biases and stereotypes about women's competence in leadership persist; women are stereotyped as less competent in handling leadership positions because of biases as to women's physical and mental competence." This also fits Acker's (1990) theory of gendered organisations in which workplace structures are built upon the idea of male attributes and relegated women to secondary roles.

Promotion inequity was another critical barrier that participants frequently mentioned, as people recalled how women are being bypassed for leadership positions with equal or superior qualifications to their male counterparts. Participant 22 noted, "Promotions are still skewed in favour of men," another symptom of an entrenched system. This is consistent with Raza et al. (2023), who observes that even in

sectors where women are highly represented, such as health care, women are overlooked for promotions owing to pernicious gender biases. As Mohsin and Syed (2020) point out, this not only de-motivates women but also prevents women from progressing in their professions and helps create a work culture that devalues their contributions.

Another interview theme was mentorship and how exclusionary practices in mentorship networks aggravate women's career progression. However, other participants — like 10 — pointed out that women are often left out of key mentorship networking, signalling the role of informal but influential guidance in career development. As Johnson (2022) states, access to mentorship is a key element in accessing organisational structures and progressing in your career. Without these openings, women are denied the professional advocacy and guidance that are so frequently necessary to attain leadership positions. This fits Butler's (1990) theory of performativity, which states that women may be forced to conform to male-dominated structures that prevent them from further breaching the barriers of professionalism. However, Participant 5 added that “mentorship networks are male-dominated", illustrating how these practices tend to be exclusionary and how we need more inclusive systems that nurture women's professional growth.

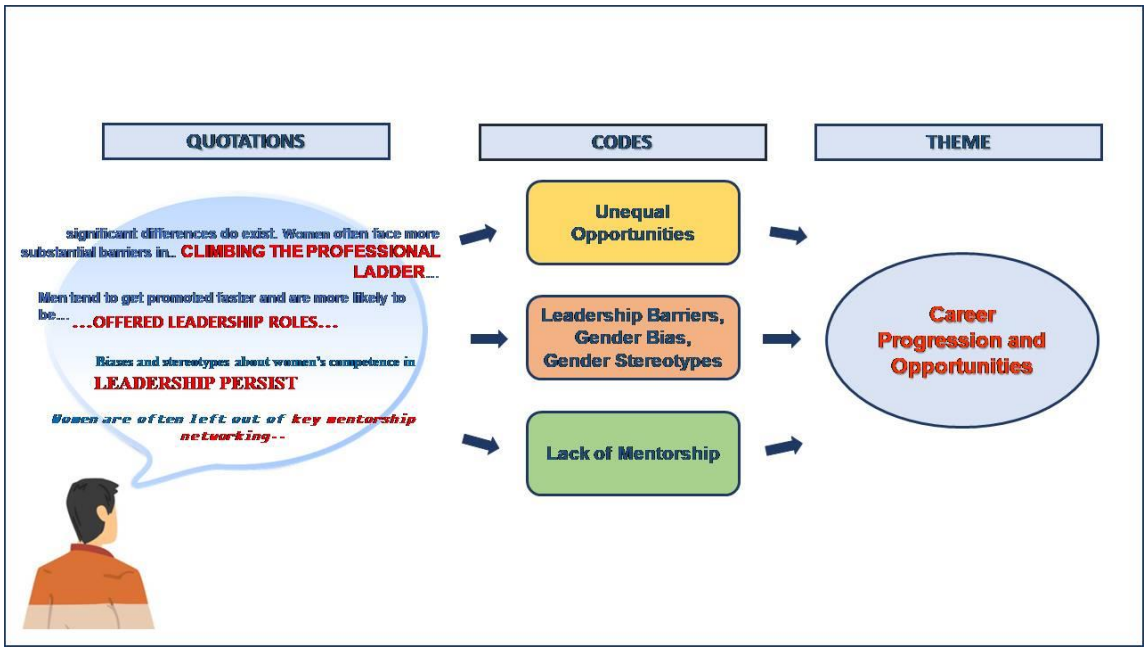

Figure 01: Thematic Map - Career Progression & Opportunities

Work Environment and Culture

The work environment and culture within healthcare settings significantly influence women's experiences, particularly concerning gender inclusivity, representation, and safety. Notably, the theme of women's marginalisation emerged strongly from the interviews, with 71% of participants highlighting how systemic barriers perpetuate a male-dominated leadership culture that sidelines female professionals. Participant 3 articulated this sentiment, stating, "Men mostly fill the leadership positions, and they often do not seem to value what women bring to the table" This perspective is further echoed by Participant 7,

ISSN: 3007-2115

who remarked, "It's hard to make your voice heard in meetings dominated by male colleagues" Such statements underscore the pervasive sense of exclusion many women feel within their workplaces.

According to Acker (1990), gendered organisations theory means that institutions support qualities associated with men while excluding women from inferior positions. Participant 12 said, "It is odd that women are placed in secretarial positions and not in strategic positions; the world will continue to tell us that we cannot lead." The research also showed that many women received abuse and trauma on the job; 20% of women surveyed said they faced workplace safety and harassment challenges, especially in rural settings. Participant 19 said, "I have suffered harassment that made me think maybe I should not be working in this position," this is a significant safety issue. According to Judith Butler's theory of performativity Jenkins & Finneman, (2018), female healthcare workers are forced to adopt the male stereotype of dominance. Participant 8 said, “There is always pressure to be hard, to show that soft is a sign of weakness.”

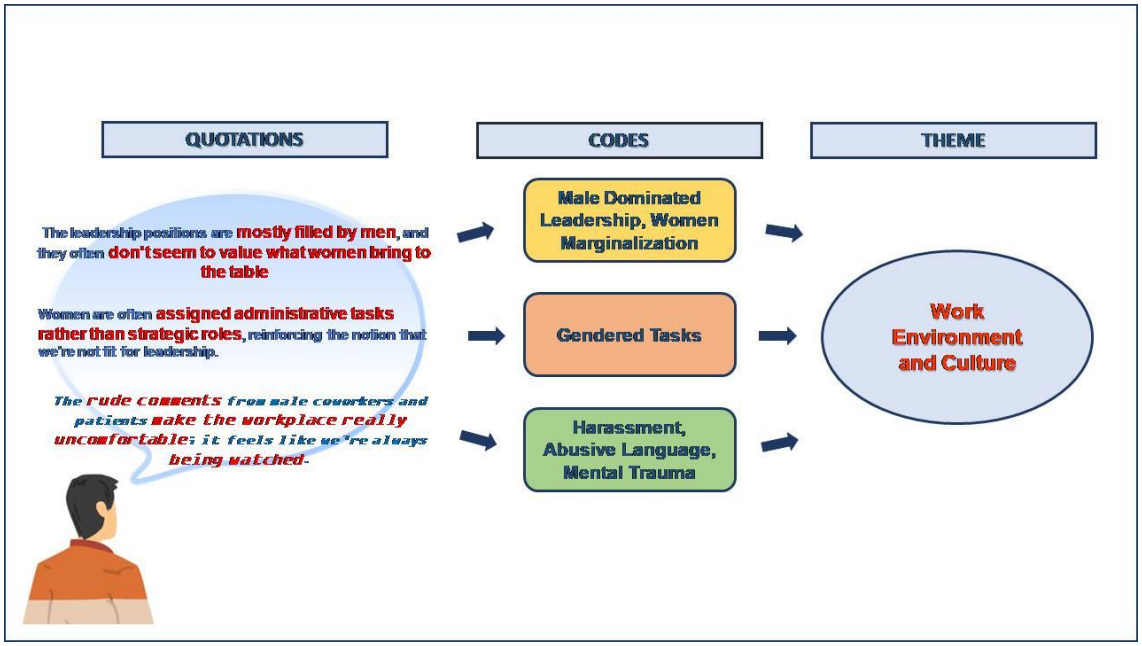

Figure 02: Thematic Map - Work Environment and Culture

Work-Life Balance

The theme of work-life balance, particularly concerning the challenges of balancing career and family obligations, was prominently reflected in the interviews. Of 25 participants, 68% (17) reported significant struggles related to family commitments, work-life balance policies, and maternity leave challenges. A considerable skew was observed in the Family Obligations and Work-Life Struggles codes, highlighting the overwhelming impact of familial responsibilities on women's career progression.

Participant 5 said, "I always have to balance family and work; it is always a fight." Similarly, Participant 11 said, "Caring for my children and being a full-time employee is demanding; I would like

assistance." These statements describe the everyday life of many women, where the ability to perform in the workplace meets several challenges. Moreover, Participant 15 said, "Had it not been for my boyfriend who encouraged me to go back to work, the maternity leave policies are not supportive, yet I was left overwhelmed and unprepared," reinforcing the lack of proper support structures within institutions.

Further, the deficiency of work-life balance has become an essential concern that needs to be addressed. Participant 18 said, "There is no work-life balance for me at work; I am just left with choosing between a career and children." These challenges are similar to what Acker (1990) called gendered organisations, as they tend to be designed for male employees while women are forced to work under these structures. Bates (2022) agrees with this view because organisations need to redesign their practices to help create equal opportunities for everyone in the workplace.

The findings support the work of Afzal et al. (2024), who pointed out familiar and socio-cultural factors that limit working women's advancement in Pakistan. In addition, as described by Asrar et al. (2021), the focus on the psychological effects of workplace bullying also calls for social policies that will cover the culture of workplaces and families. Taken together, these findings suggest that unless there are significant changes to work-life balance policies, organisations may well be maintaining gender inequalities that compromise women's career progression and their health.

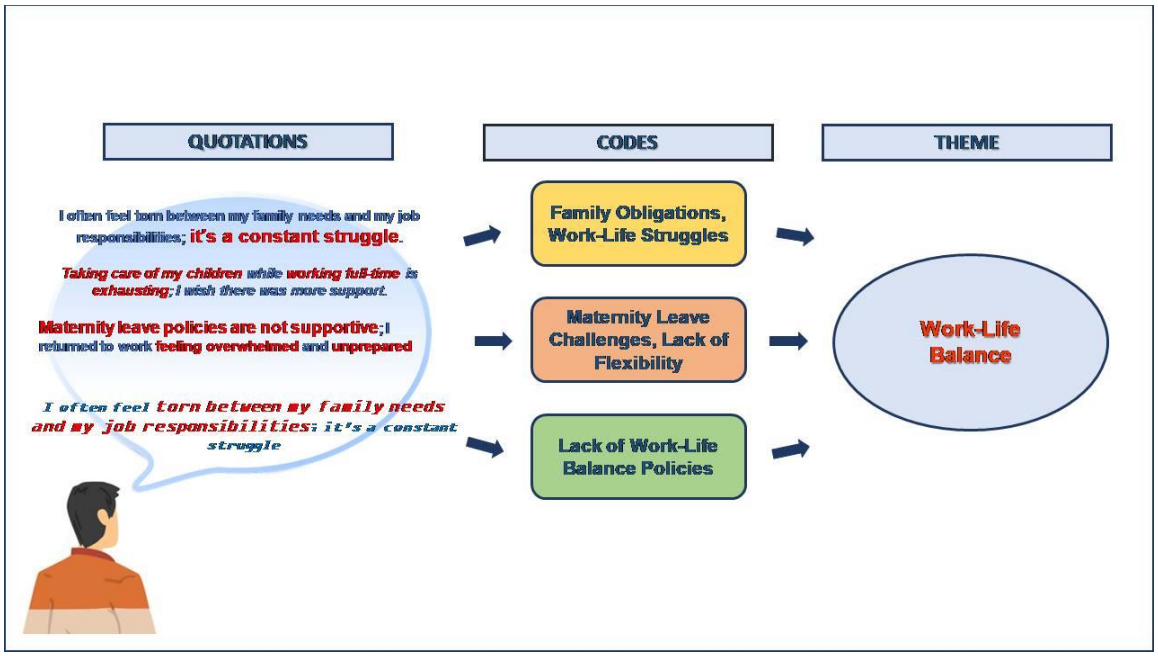

Figure 03: Thematic Map - Work-Life Balance

Pay and Compensation

Gender equality and the gender pay gap are especially outstanding issues, and against the more generic theme of pay and compensation, they are relatively less appreciated by the participants. Of the

25 participants, this particular theme was raised as a topic for discussion by only 8, who corresponded to 32% of the total. The arguments raised as concerns include equal pay, disparity of pay concerning gender and unfair distribution of incentives. For example, a male colleague asked Participant 4, "How can you be paid less than male employees for doing the same work?" "I do not understand myself," he responded. The ratio is 15. In this way, with the increasing number of women working in particular sectors, the amount of discrimination in payment increases. It is welcome.

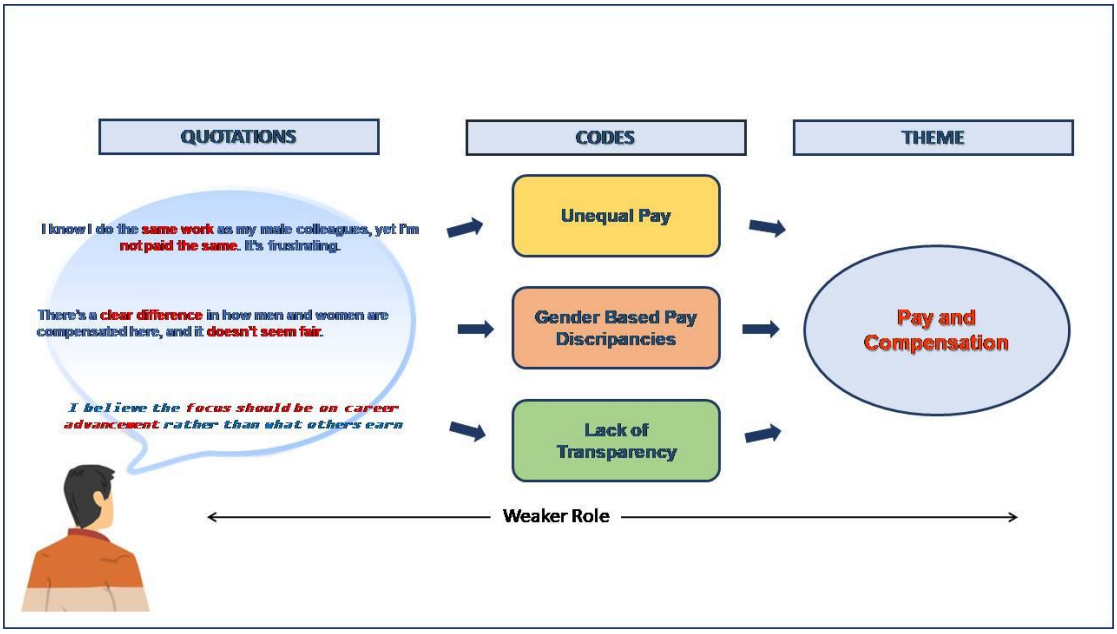

Figure 04: Thematic Map - Pay and Compensation

Policies and Regulations

The concerns relate to the underlying theme of gender equality policy condonation, including its enforcement mechanism, which means compliance - it was a significant concern for the participants. Of the 25 participants, 10 (40%) mentioned the related gender issues in the context of lack of enforcement, more vigorous measures against harassment and a gender audit saying that it is necessary. Participant 5 remarked, "We have policies; they are included in documents, but it is so rare when they are taken into action. The problem is this lack of enforcement." Similarly, Participant 11 noted, "I have not witnessed any gender equity affirmative post since I came here because there are policies but not any evidence." It is the first set of perceptions that capture the policy gap, particularly the issue of gender imbalance. Many policies exist in somewhat more simplistic terms, but very few are in practice.

For those participants, however, there were no reservations about gender injustices being perpetrated against women, and they justified their positions by demanding more action against the harassment of women in the workplace. For example, participant 9 said: "There must be stricter anti – harassment policies and women's grievances are always left unresolved." This hints at the need for policy reform and the lack of pragmatism regarding implementation issues. Likewise, Participant 20 explained

the need for gender audits in such a way: "There cannot be any audit, but regular gender audits are required to scan if these policies are only in files or if they are truly changing women's status in society." Conversely, some participants felt that policies were adequate but underutilised. Participant 17 commented, "I believe the policies are in place, but it's more about people not being aware or not using them properly." This contrast indicates that while some participants blame the policies, others highlight a lack of awareness or advocacy as the root cause of their ineffectiveness.

The need for stronger maternity policies was also frequently mentioned. Participant 13 explained, "The current maternity leave policy is insufficient; it needs to be more supportive of women's roles both at work and home." These concerns resonate with the findings of Lolai et al. (2023), who discussed how workplace mistreatment and weak institutional support impact women's performance in healthcare settings. This aligns with Acker's (1990) theory of gendered organisations, which posits that policies often reinforce gendered hierarchies rather than dismantling them. Additionally, Jenkins and Finneman (2018) expand on this by applying Butler's theory of performativity, arguing that institutions shape and constrain women's roles, reflecting persistent inequalities in organisational practices.

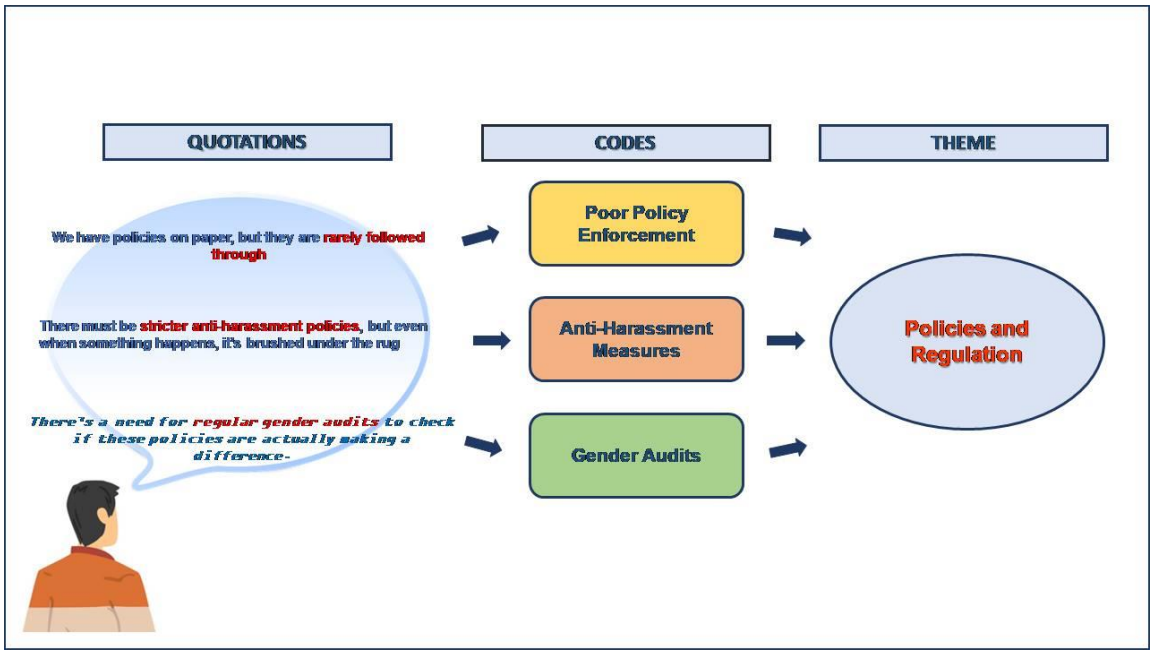

Figure 05: Thematic Map - Policies and Regulations

Conclusion

Through the reflective thematic analysis, it was found that certain interconnected factors helped to perpetuate gender inequalities and hindered the progression of women's careers in the healthcare sector of Pakistan. Gender dynamics, role allocation, organisational culture, policy inefficacies, security issues, and work-life balance challenges became the sources of these barriers. These women worked together to

create a complex environment to keep women from developing professionally and advancing into leadership positions.

The differences in career advancement can be attributed to the male-female interactions and the allocation of the various functions. It was believed that men were more suitable for leadership positions, whereas women were seen as less capable of performing tasks which involved authority and making decisions. This is also the reason why women have lower career advancement; it is the result of the structural barriers created by the patriarchal society, which hinders them from advancing to higher professional levels. They were seen as having more representation in the sector, but again, men remained in control at the top and sustained these norms. This resulted in women being pushed to the background, and their professional development stunted, as well as gender inequalities within the industry being perpetuated.

These problems were made more extreme by the organisational culture within the healthcare. The leadership structure was male-dominated, and women were marginalised when making decisions. Women's contributions were either undervalued or ignored, leaving it to the exclusion of women's voices in crucial talks. In addition, informal mentorship networks were rife with male predominant networks that excluded women. Women also faced additional hurdles in accessing the kind of guidance and support that facilitates navigating a career pathway effectively – limited ability to progress up to and into leadership roles. Systemic barriers limiting women's professional development were created in a prevailing culture, established to focus on male attributes and competencies.

While these policies concerning gender equality and pay transparency existed, they did not work. Perhaps undue to their potential for meaningful change, there was little proper enforcement and no regular audits. However, gender pay gaps and promotion inequity were largely left unaddressed because policies were often poorly implemented. The work that women did was the same as that done by their male counterparts, but women received less money for doing it. Secondly, the lack of strong anti-harassment measures and maternity leave policies made it more difficult for women to work in the healthcare sector. These policies did not protect and promote gender equality without more substantial institutional support. Women's experiences in healthcare were also shaped by safety and security concerns. The commonness of workplace harassment, abusive behaviour and psychological trauma was especially rife in rural areas with women. The problems created hostile work environments, which adversely affected women's mental health and impeded women from taking leadership roles. The lack of a secure and supportive work environment also limited women's career trajectories.

Another significant barrier to women's career progression was work-life balance. It was stressful because many women were torn between family duties and professional commitments, to the point of pressure to fulfil both simultaneously. These challenges were exacerbated by the inflexible work environments and inadequate maternity leave policies, which caused women to put career aspirations aside in favour of family obligations. Managing both spheres took a physical and emotional toll on

women's health and overall well-being, which made it nearly impossible for them to advance in their careers while remaining in a work-life balance.

The study finds the need for strategic reforms in healthcare management to be more gender equitable. It is important to raise awareness in order to dismantle societal norms, especially in South Asian societies where women are viewed as primary caregivers and housework. These expectations, in turn, put women balancing professional and domestic roles under enormous additional pressure. Gender policies need to be enforced by organisations, and regular audits must be done to make organisations accountable. Critical steps towards equitable career progression include restructur¬ing work-life balance policies, promoting in¬clusive mentorship programs and transparency in pay. Women's advancement in healthcare can be further supported by addressing workplace safety and implementing anti-harassment measures.

Limitations and Future Direction

Future research may take an abductive approach, where new hypotheses may be generated based on the findings but in integration with more general theoretical approaches. The generalizability could be increased by expanding the sample size and geographical reach. Moreover, including male participants could help create a more comprehensive understanding of gender dynamics in healthcare settings and expand the discussion around how both genders experience and navigate workplace obstacles. These strategies would provide greater depth into the intricacies of gender inequality and provide more helpful guidance for devising solutions that promote equity in the healthcare sector.

Author's Contribution

Conception or Design: Fahad Ahmed Khan, Syed Muhammad Fauzan Ali

Data Collection and processing, Analysis or Interpretation of Data: Amber Awan, Syed Muhammad Fauzan Ali and Dr Aimen Qadeer

Manuscript Writing & Approval: Syed Muhammad Fauzan Ali

Acknowledgments: I sincerely acknowledge all my colleague that supported me in this research. Also, ethical issues, safeguarding, and respecting participants' rights were considered. The participants were briefed on the purpose of the study and their right to withdraw at any given time and that their responses would be kept anonymous. The information collected was sensitive, especially regarding gender dynamics and work-related issues; the information in the final report was very sensitive and anonymous.

Disclosure Statement: The authors report there are no competing interests to declare.

Funding: Dr Aimen Qadeer, Amber Awan, Anas Aijaz, Saad Abdul Hameed, Ali Jan

References

1. Abbas, S., Isaac, N., Zia, M., Zakar, R., & Fischer, F. (2021). Determinants of women's empowerment in Pakistan: evidence from Demographic and Health Surveys, 2012–13 and 2017–18. BMC Public Health, 21, 1-14
2. Acker, J. (1990). Hierarchies, jobs, bodies: A theory of gendered organizations. Gender & society, 4(2), 139-158

3. Afzal, A., Arshad, M., & Naseem, Z. (2024). Familial and socio-cultural barriers faced by working women: Evidence-based study of district Gujrat, Punjab, Pakistan. Pakistan Journal of Applied Social Sciences, 15(1), 43-62
4. Al-Ababneh, M. (2020). Linking ontology, epistemology and research methodology. Science & Philosophy, 8(1), 75-91
5. Ali, T. S., Ali, S. S., Nadeem, S., Memon, Z., Soofi, S., Madhani, F., ... & 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), 540
6. Ali, T. S., Ali, S. S., Nadeem, S., Memon, Z., Soofi, S., Madhani, F., ... & 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), 540
7. Allsup, R. E. (2020). Epistemology and qualitative research in music education. Approaches to qualitative research: An Oxford handbook of qualitative research in American music education, 1, 37
8. Alumran, A., Almutawa, H., Alzain, Z., Althumairi, A., & Khalid, N. (2021). Comparing public and private hospitals' service quality. Journal of Public Health, 29, 839-845
9. Arshad, Q., Imran, M., & Pervaiz, U. (2022). The Impact of Workplace Support and Private Level Support on Work-Life Balance Satisfaction among Female Employees in the Health Sector of Pakistan. Journal of Managerial Sciences, 16(3), 61-74
10. Asrar, H., Amen, U., Sumayya, U., & Butt, A. (2021). Impact of Workplace Bullying on Psychological Wellbeing of Doctors in Health Care Sector of Pakistan. Journal of Entrepreneurship, Management, and Innovation, 3(2), 429-450
11. Bates, T. (2022). Rethinking how we work with Acker's theory of gendered organizations: An abductive approach for feminist empirical research. Gender, Work & Organization, 29(4), 1041-1064
12. Bhatti, A., & Ali, R. (2020). Gender, culture and leadership: Learning from the experiences of women academics in Pakistani universities. Journal of Education & Social Sciences, 8(2), 16-32
13. Bhatti, A., & Ali, R. (2021). Women constructing leadership identities in academia: Intersection of gender and culture. Issues in educational research, 31(1), 1-18
14. Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qualitative research in sport, exercise and health, 11(4), 589-597
15. Braun, V., Clarke, V., Hayfield, N., Davey, L., & Jenkinson, E. (2023). Doing reflexive thematic analysis. In Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research (pp. 19-38). Cham: Springer International Publishing
16. Busch, F. (2020). Gender segregation, occupational sorting, and growth of wage disparities between women. Demography, 57(3), 1063-1088
17. Byrd, R. (2020). Qualitative research methods. Virtual Class, Memphis. Recuperado em, 17
18. Dhahri, A. A., Iqbal, M. R., & Khan, A. F. A. (2020). A cross-sectional survey on availability of facilities to healthcare workers in Pakistan during the COVID-19 pandemic. Annals of Medicine and Surgery, 59, 127-130

19. Hasan, S. S., Mustafa, Z. U., Kow, C. S., & Merchant, H. A. (2022). “Sehat Sahulat Program”: a leap into the universal health coverage in Pakistan. International Journal of Environmental Research and Public Health, 19(12), 6998
20. Hinduja, P., Siddiqui, S., & Kamran, M. (2023). Public sector education and gender inequality: A mixed-method study in metropolis city of Pakistan. Asian Women, 39(1), 45-68
21. Hussain, S., & Jullandhry, S. (2020, September). Are urban women empowered in Pakistan? A study from a metropolitan city. In Women's Studies International Forum (Vol. 82, p. 102390). Pergamon
22. Iftikhar, S., Yasmeen, R., Khan, R. A., & Arooj, M. (2023). Barriers and Facilitators for Female Healthcare Professionals to Be Leaders in Pakistan: A Qualitative Exploratory Study. Journal of Healthcare Leadership, 71-82
23. Iftikhar, S., Yasmeen, R., Khan, R. A., & Arooj, M. (2023). Barriers and Facilitators for Female Healthcare Professionals to Be Leaders in Pakistan: A Qualitative Exploratory Study. Journal of Healthcare Leadership, 71-82
24. Inam, H., Janjua, M., Martins, R. S., Zahid, N., Khan, S., Sattar, A. K., ... & Malik, M. A. (2020). Cultural barriers for women in surgery: how thick is the glass ceiling? An analysis from a low middle-income country. World journal of surgery, 44(9), 2870-2878
25. Janjua, M. B., Inam, H., Martins, R. S., Zahid, N., Sattar, A. K., Khan, S. M., ... & Malik, M. A. (2020). Gender discrimination against female surgeons: a cross-sectional study in a lower-middle-income country. Annals of Medicine and Surgery, 57, 157-162
26. Jenkins, J., & Finneman, T. (2018). Gender trouble in the workplace: applying Judith Butler’s theory of performativity to news organizations. Feminist Media Studies, 18(2), 157-172
27. Johnson, S. (2022). Women deserve better: A discussion on COVID-19 and the gendered organization in the new economy. Gender, Work & Organization, 29(2), 639-649
28. Kabeer, N. (2021). Gender equality, inclusive growth, and labour markets. In Women's Economic Empowerment (pp. 13-48). Routledge
29. Khalid, F., Raza, W., Hotchkiss, D. R., & Soelaeman, R. H. (2021). Health services utilization and out-of-pocket (OOP) expenditures in public and private facilities in Pakistan: an empirical analysis of the 2013–14 OOP health expenditure survey. BMC health services research, 21, 1-14
30. Khan, T., & Siriwardhane, P. (2021). Barriers to career progression in the higher education sector: Perceptions of Australian academics. Sustainability, 13(11), 6255
31. KHURSHID, N., NASEER, A., KHURSHID, J., KHOKHAR, A. M., & IRFAN, M. (2022). Assessing Social and Work Environmental Factors Towards Women Upward Career Development: An Empirical Study from Pakistan. The Journal of Asian Finance, Economics and Business, 9(1), 53-61
32. Kinshella, M. L. W., Sheikh, S., Bawani, S., La, M., Sharma, S., Vidler, M., ... & CLIP Working Group. (2021). “Now You Have Become Doctors”: Lady Health Workers' Experiences Implementing an mHealth Application in Rural Pakistan. Frontiers in Global Women's Health, 2, 645705
33. Kumar, P., Khan, U. R., Soomar, S. M., Jetha, Z., & Ali, T. S. (2023). Workplace Violence and Bullying Faced by Health Care Personnel at the Emergency Department of a Tertiary Care Hospital of Karachi, Pakistan: A Cross-Sectional Study. Journal of emergency nursing, 49(5), 785-795

34. Lolai, M. B., Mahesar, S. A., Qureshi, M. B., & Abro, A. A. (2023). Impact of Workplace Violence, Bullying and Harassment on the Performance of Female Staff Nurses: A Case Study of Private Sector Hospitals of Hyderabad District, Sindh, Pakistan. Journal of Management Practices, Humanities and Social Sciences, 7(5), 32-47
35. Malik, M. A., Inam, H., Martins, R. S., Janjua, M. B. N., Zahid, N., Khan, S., ... & Enam, S. A. (2021). Workplace mistreatment and mental health in female surgeons in Pakistan. BJS open, 5(3), zrab041
36. Masitoh, D., & Pramesti, F. A. (2020). Gender inequality in Pakistan caused by domestic factors and conflict resolving based on CEDAW. Nation State: Journal of International Studies, 3(2), 241-258
37. Mirza, A. M. B., & Jabeen, P. D. N. (2020). Gender stereotypes and women in management the case of banking sector of Pakistan. South Asian Studies, 26(2)
38. Mohsin, M., & Syed, J. (2020). The missing doctors—an analysis of educated women and female domesticity in Pakistan. Gender, Work & Organization, 27(6), 1077-1102
39. Noor, N., Rehman, S., Ahmed, Y., Sarmad, M., & Mehmood, R. (2023). Discriminatory practices and poor job performance: A study of person-related hostility among nursing staff. Heliyon, 9(3)
40. Noor, N., Rehman, S., Ahmed, Y., Sarmad, M., & Mehmood, R. (2023). Discriminatory practices and poor job performance: A study of person-related hostility among nursing staff. Heliyon, 9(3)
41. Olarewaju, T., & Fernando, J. (2020). Gender inequality and female entrepreneurship in developing countries. In Decent work and economic growth (pp. 473-481). Cham: Springer International Publishing
42. Rao, A., & Shailashri, V. T. (2021). Work-Life balance of women medical professionals in the healthcare Sector-A systematic literature review. International Journal of Health Sciences and Pharmacy (IJHSP), 5(2), 54-79
43. Raza, A., Jauhar, J., Abdul Rahim, N. F., Memon, U., & Matloob, S. (2023). Unveiling the obstacles encountered by women doctors in the Pakistani healthcare system: A qualitative investigation. Plos one, 18(10), e0288527
44. Raza, A., Jauhar, J., Abdul Rahim, N. F., Memon, U., & Matloob, S. (2023). Unveiling the obstacles encountered by women doctors in the Pakistani healthcare system: A qualitative investigation. Plos one, 18(10), e0288527
45. Saleem, Z., Shenbei, Z., & Hanif, A. M. (2020). Workplace violence and employee engagement: The mediating role of work environment and organizational culture. Sage Open, 10(2), 2158244020935885
46. Shahzadi, R., Arshad, M., & Afzal, A. (2023). WORKPLACE SEXUAL HARASSMENT: A STUDY OF FEMALE NURSES FROM HEALTHCARE INSTITUTES OF LAHORE, PAKISTAN. PAKISTAN ISLAMICUS (An International Journal of Islamic & Social Sciences), 3(2), 142-157
47. Shakir, M., Irshad, H. A., Altaf, A., Ladak, S., Aziz, H. F., & Enam, S. A. (2024). Does gender disparity exist in neurosurgery training? Evidence from a nationwide survey from Pakistan. Medical Education Online, 29(1), 2310385.
48. Smith, S. G., & Sinkford, J. C. (2022). Gender equality in the 21st century: Overcoming barriers to women's leadership in global health. Journal of Dental Education, 86(9), 1144-1173

49. Sultan, S. (2022). Work-related quality of life of Pakistani Doctors. Sultan, S.(2023). Work-related quality of life of Pakistani Doctors. International Journal of Health Sciences, 7, 1350-1362
50. Ullah, Z., Sulaiman, M. A. B. A., Ali, S. B., Ahmad, N., Scholz, M., & Han, H. (2021). The effect of work safety on organizational social sustainability improvement in the healthcare sector: The case of a public sector hospital in Pakistan. International journal of environmental research and public health, 18(12), 6672
51. Ullah, Z., Sulaiman, M. A. B. A., Ali, S. B., Ahmad, N., Scholz, M., & Han, H. (2021). The effect of work safety on organizational social sustainability improvement in the healthcare sector: The case of a public sector hospital in Pakistan. International journal of environmental research and public health, 18(12), 6672
52. USMAN, M., KANWEL, S., KHAN, M. I., & Khan, A. (2021). Advancing Gender Equality within the Legal Framework of Pakistan: Navigating Progress and Overcoming Persistent Challenges. International Review of Social Sciences (IRSS), 9(5), 310-316
53. Vears, D. F., & Gillam, L. (2022). Inductive content analysis: A guide for beginning qualitative researchers. Focus on Health Professional Education: A Multi-Professional Journal, 23(1), 111-127
54. Waqar, S., Hanif, R., & Loh, J. (2021). Invisibility not invincibility: Pakistani women and the lack of career ascendance. Gender in management: an international journal, 36(6), 731-744

ISSN: 3007-2115