23 Empowering Female Doctors for Sustainable Health Management in Bangladesh

A Spiritual Perspective

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Introduction

Doctors are part and parcel of society, as people rely on them for their health. The medical profession is considered one of the noble professions that have social importance. However, gender divisions in this profession are unequal (Yamazaki et al., 2017). Historically, women have less participation in the health sector (Witz, 1990). This trend is changing at the present time. It is a growing concern about women's increased participation in the medical field, which poses enormous challenges to them. Despite the revolution for change in the last decades to reduce inequality of women's representation in various specialist fields and top management positions in the health sector, women's progress seems to be very slow (Addagabottu & Battu, 2015). Although women successfully enter and manage their professional roles as a doctor, they are unable to shift their other roles as a spouse and a mother. With a heavy shoulder due to the uneven distribution of family responsibilities, female doctors sacrifice their careers in many ways (Szabo et al., 2020; Yamazaki et al., 2017). Moreover, this excessive pressure creates more danger for them physically and mentally compared with their male colleagues (Dastan et al., 2019).

A considerable amount of evidence suggests that gender roles and gender stereotypes play a central role in impeding female doctors' empowerment (Ali, 2014). In addition, the choice of a female doctor's subject specialty is influenced by family, sociocultural, and religious beliefs (Baig, 2020). Even though empowering women (SGD5) and good health and well-being (SGD3) are two major Sustainable Development Goals (SDGs for 2030), none of these can be achieved without removing the inter-role conflicts of women that are associated with the gender gap in health care. From the spiritual perspective, empowering women is the need for a balanced society. Islam also ensures the equal participation of women in every aspect of life. Health care is also one sector where women can leave a great impact. In fact, women's contribution as doctors has a historical background. Khadija Binte Khuwalid played a significant role in establishing charitable hospitals during

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plague epidemics (Azid & Ward-Batts, 2020). Thus, the role of women in sustainable health management cannot be denied.

This chapter reflects the reasons for female doctors' underrepresentation in various specialized fields in health care in Bangladesh. It also identifies the insights into gender disparities in the medical profession in Bangladesh and how female doctors are responding to eradicate that gap. Besides, this study explores the benefits of women's empowerment in sustainable health management, including the ways to improve it.

Why Are Female Doctors Not Empowered Enough?

Women empowerment is a multidimensional notion that includes various subjects such as health, education, economic development, and social welfare wrapped up within the definition of sustainable human development (Oladejo, 2018). Empowerment is a process of continuous negotiations following appropriate needs. Therefore, women's empowerment occurs when women wish for significant change in their lives and fight for it. To achieve this, women need to clearly recognize the position they are in within a specific social structure and the reasons for their disadvantaged positions (Ali, 2014). Women's empowerment has received enormous attention all over the world over the last few decades and has converted itself into a buzzword of this century. Historically, women's life has restraint which is exercised in their movements, decision-making, health, wealth, and role allocation within the family and society. Therefore, women's mission to establish equality with men is a global phenomenon. Research suggests women's empowerment does not certainly mean separating men from women in the social structure, but it involves gender interdependence which means establishing self-respect, and dignity, being part of the decision-making process in the family, representation in a leadership role within the organization, engages in the career ladder and so on (Bhuyan, 2020; Mehrajunnisa & Jabeen, 2019; Oladejo, 2018).

One of the important agendas of the United Nations (UN) SDGs (goal no. 5) is women's empowerment (UN, 2015). Without women's equal participation in each aspect of society, it is not possible to achieve this goal. Since women's contribution to paid labor forces has increased, the world economy experienced the expansion of annual growth each year. However, this economic growth does not represent a change in women's life. Besides, the number of challenges it has posed to women is huge. Managing work and family is one of the significant challenges among them (Dousin et al., 2019). The status of women is still determined by kingship and the patriarchal society, where family roles are distributed unevenly to women due to a conventional gender role. Therefore, domestic duties like childcare, child-bearer, and elderly care are the main responsibilities of women, including their paid work, in every society. Hence, no matter what position women have in their workplace, they are considered to play a major feminist role of "nurturing" and "caregiving" in the family (Bhuyan, 2020; Ezzedeen et al., 2018). According to Ezzedeen et al. (2018), women began to access the professional role that was thought to be the exclusive territory of men. Therefore, the contemporary challenges and possibilities

women face in their career and family lives continue to be unpredictable. Because of the disproportionate amount of family responsibilities women have compared to men, it is more difficult to balance work and family life (Mone et al., 2019). It is still significant that women's participation in certain industries and occupations is less due to the barriers to equal opportunities, workplace rules, social norms, and failure to support a reasonable work–life balance. At the same time, women failed to climb the professional career ladder because some professions required longer working hours, sacrificed weekends, and get penalized while taking time off. The medical profession is one of them (Yamazaki et al., 2017).

Medicine is a respected and valuable career, but it can be demanding. All over the world, doctors work for long hours, taking tough decisions in response to the uncertainty about life and death and cope up with distress while dealing with compassion. Medicine is a profession where the main important part is how someone has dedicated his or her life to the well-being of others. In addition, historically, careers in medicine demanded that caregiving for patients should be in exchange for one's marriage, children, and personal life (Addagabottu & Battu, 2015). This angle for the medical profession worked for men easily when the vast majority of doctors were men. However, the direction has changed when women's participation in the medical profession has increased all over the world. According to Hossain et al. (2019), all over the world, female doctors have selected fields of specialties like obstetrics and gynecology, pediatrics, dermatology, radiology, and imaging due to priorities in family life. At the same time, female physicians in Japan are less engaged in research compared to many other developing countries. Childbirth and parental duties are considered the main obstacles for female physicians to progress in their careers in academia or research. In addition, the extended working hours and traditional Japanese values of raising children mother have an impact on the female doctors shortage in Japan (Yamazaki et al., 2017). Adisa et al. (2014) described a similar condition in the African context where women's obligations to fulfill all the domestic duties, including tidying the home, cooking, laundry, and child and elderly care in a combination of a full-time paid job. Lachish et al. (2016) argued that there are fewer female doctors at the senior and consultant level in England. In addition, male doctors are dominating in certain areas, such as cardiology and surgery, and the majority of men hold senior career grades (Pérez-Sánchez et al., 2021). According to the study most of the female doctors identified family burdens as one of the main reasons not to progress in their careers.

To understand women's career progression path, which leads to women's empowerment, and the obstacles they face during this journey, it is vital to understand what choices they have. Besides, women's participation in the labor market based on their preferences has a significant impact on their careers (Witz, 1990). Researchers identified that there are gender differences in the job market in the UK and the rest of the world. Women play multiple roles (both at home and work) which lead to conflict and have a negative impact on them. These negative impacts cause absenteeism (at work), burnout (both work and home), less job satisfaction, and career progression (Dastan et al., 2019; Dousin et al., 2019; Ezzedeen et al., 2018; Hossain et al., 2019). There are many other obstacles women come across

while pursuing career objectives and fulfilling family responsibilities. In Asia, North and Sub-Saharan Africa, female doctors avoid relocating to rural areas due to poor social security (Hossain et al., 2019). At the same time, fewer opportunities and an unfavorable work environment are also the reasons female doctors have few representations in the healthcare sector worldwide (Munabi et al., 2022). In the Middle East and Arab countries, female doctors complain about gender disparities, dissatisfaction, and lack of support from superiors due to social, cultural, and religious barriers (Mehrajunnisa & Jabeen, 2019). Therefore, it is important to identify the need for female doctors' empowerment in order to ensure effective, sustainable health management in any community.

Patriarchy in Health: The Evidence

There is a strong relationship between gender and professions which was once overlooked because history suggests that most of the successful professions are male-dominated in each society (Witz, 1990). Therefore, the inclusion of women in the workforce as a support role and excluding them from superior positions and well-paid professions created the debate of gender equity, equal opportunities, and the demolition of barriers to women's career advancement. Moreover, women were considered to fill up all adjunct positions in any organization (Davies, 1996). Historically, patriarchy created the social pattern of dominance of male power over women in different social aspects. The word "patriarchy" refers to male supremacy of wealth, status, and sociocultural controls over women within the family, organization, and society. Although it started within the family as a male authority among women and young men, subsequently, this has shifted to institutions since women joined the labor forces (Marchbank & Letherby, 2014). Patriarchy links with the traditional gender roles where the division of labor within the household and occupational segregation at work are very prominent beneath the frame of women as "caretakers" and men as "breadwinners" (Kray et al., 2017). Besides, men and women are perceived to work in different occupations that fit into their social, cultural, and religious beliefs. Thus, sex role stereotypes suggest that the rigidity of thoughts about women's competencies in different job roles is implied by the biological differences between men and women. In addition, universally, women are expected to behave in a feminine way (kind, tender, affectionate, and submissive) and men in a masculine way (competitive, success-oriented, aggressive, decision-maker, and risk-taker). Moreover, society segregates occupations as men's job (doctor, engineer, accountant, architecture), which is highly paid with high status, and women's job (nurse, teacher, and secretary), which is low paid with low status and unskilled job. At the same time, traditionally, the occupations selected for women have limited opportunities for progression (Perez-Quintana et al., 2017; Cassie & Chen, 2012).

Due to sociocultural and economic changes, the traditional gender role stereotypes were challenged by women by entering male-dominated occupations worldwide and cracking the barriers to women's career advancement (Wright, 2016). By claiming equality with qualifications and competencies, women are

posing a direct threat to their male competitors (Bagilhole, 2002). One of the best examples of women's transition from low-status to high-status jobs is the medical profession (Witz, 1990). Women were excluded from medical professions until the middle of the 20th century, although nursing was thought to be the female job since the history of mankind. Research suggests that the perception of caring and motherhood is associated with nursing, and taking tough decisions related to human lives are taken by doctors (Baig, 2020). Although the scenario has changed, and more women are graduating from medical college, gender bias still persists in this profession. Although women's participation as a physician has increased worldwide, there is a gender gap in specialist medical fields and senior positions (Brown et al., 2020). Furthermore, fewer women are acquiring leading positions in clinical and academic medicine even though there are social, cultural, and religious differences in every society. Research suggests multiple factors associated with this gap, such as restrictions by in-laws or husbands, childbearing and caring, elderly care, workplace harassment, inequality in pay and promotions, long working hours, less flexibility in training plans, and lack of support from superiors, and so on.

In Pakistan, 85,000 women did not practice as a physician due to marriage, although the doctor's bride is a source of pride for the family (Baig, 2020). In the UK, due to family responsibilities, 42.1% of female doctors work "less than full time", whereas only 6.7% of men are in this category (Lachish et al., 2016). Also, 88% of female doctors believe surgery is a male-dominated field and reported discrimination and hidden barrier to progress to senior positions. In the United States, female doctors represent only 7% of the chief of the gastroenterology department. Inappropriate and sexist comments from male patients, lower status in training, being assumed to be a nurse or an aid during the treatment, and pressure to on-call duties are the barriers for female doctors to pursue their careers in this specialized field (Kardashian & May, 2019). At the same time, cardiothoracic surgery is another field in Canada where only 12%–33% of female doctors are representing themselves as a cardiologist and cardiac surgeon due to a lack of work–life balance and mentorship (Banks et al., 2020). In Japan, female doctors' subject choice depends on whether they have children or not (Yamazaki et al., 2017).

Regrettably, the traditional gender stereotypes, attitudes, and expectations from the patriarchal society are the reasons for "system loss" or "dropout" for female doctors in many societies. Although only a few Asian (Bangladesh, India, Pakistan, Japan) and African countries are highlighted for gender disparity of female doctors, the Western world is also part of this "system's losses". At the same time, choosing only a few specific fields as a specialist creates a shortage of different subject areas (Hossain et al., 2019). The "feminization of the medical profession" and women's long history of struggle to stay in this profession did change the global health sector a bit. However, this sector needs explicit and extensive reform to increase the proportion of female doctors in the underrepresented areas of the medical profession. Research suggests that more women are entering the medical profession, but they are not interested in diverse specialist fields due to various reasons. The career choices of medical graduates in different specialties affect the family (parents,

husbands) social, and religious factors within a country (Hossain et al., 2019; Mone et al., 2019; Yamazaki et al., 2017). Hence, it is evident that female doctors globally have male dominance in their workplace, which is a hindrance to their career growth and success.

Sustainable Health and Female Doctor's Empowerment from a Spiritual Perspective

Initially, the word "sustainability" refers to building a connection between the environment and its development. However, the concept now reflects all aspects of development over the period (Rogers et al., 2012). Although there is no clear definition of sustainable development, the term chooses to explain the way present needs will be fulfilled without compromising the needs of future generations (WCED, 1987). On the other hand, sustainable health focuses on an appropriate approach to improve human health through communal health prosperity (Salam, 2020). Due to climate change, there are many health issues that are a threat to many societies. There is an increase in heat-related death, acute cardiovascular disease, drowning, mental health issues, gastrointestinal illness, bloodstream infections, behavioral disorders, etc., which are common in many societies nowadays. In addition, some diseases are a burden to the poorest community in low- and middle-income countries all over the world. For example, poor people in many countries are in debt to continue the treatment of tropical diseases, such as dengue (Cambodia, Vietnam, Bangladesh, and Nepal), chikungunya (Reunion Island), and Buruli ulcer (Ghana and Nigeria). However, these costs are a burden for the poor people in every country. Therefore, it is necessary to create a sustainable health system worldwide so every country would be able to prioritize its necessity and use its resource effectively (Littlejohns et al., 2019; Bangert et al., 2017).

The SDGs for 2030 not only prioritize the fight against poverty and inequality but also emphasize women's empowerment and the health of the world population. Besides, all these elements are equally linked to each other, and health is one of the major contributors that benefits the entire development policy (Bangert et al., 2017). It is not possible to achieve any of the SDGs independently. For example, SDG5 (gender equality and empowering women and girls) and SGD3 (ensure health equity and well-being for all) may not be conceivable to achieve individually without ensuring both the goals are achieved at the individual, institutional, and global levels (Manandhar et al., 2018). To accomplish sustainable development in health, some criteria need to be fulfilled. These are adequate administrative support, effective and motivated individuals, sufficient numbers, and appropriate distribution of the health workforce, who will play a key role in delivering an effective healthcare system. In addition, more health workers (doctors, nurses, technicians, and volunteers) are required to reach the SDG3 with an explicitly tailored policy for each country (Szabo et al., 2020). Even though the health sector is growing globally, countries are struggling to recruit and retain health workers, especially doctors in the healthcare sector. For example, in India, inappropriate transfer in rural areas compromises the motivation to stay on the job and creates a

shortage of doctors, mainly female doctors who have security issues (Kadam et al., 2016). These lead female doctors to be discouraged from community work at the rural level, where healthcare needs are highly demanded.

A conceptual framework is required to reduce the inequalities and fulfill the shortage of doctors. Therefore, it is important to create effective recruitment and promotion policies in government and private healthcare organizations to attract and retain doctors. At the same time, appropriate guidelines are required to execute these policies to build accountability. Besides, employee turnover is crucial for any organization, including the healthcare sector. Research suggests that work–life balances have a strong relationship with job satisfaction that retains female doctors at their jobs (Chaudhry et al., 2012; Hossain et al., 2019; Kadam et al., 2016). Eventually, it is challenging at all times to measure empowerment. As different country uses different criteria, there is no universal standard for measuring women's empowerment. In addition, empowerment means different in dissimilar sociocultural contexts. However, there are some guidelines that might indicate the level of empowerment women have in different societies, for example, in women's decision-making capacity relating to family matters, finance, childcare, access to household cash, freedom of movement inside and outside the home, equal treatment at work, right to work and study, and so on. In addition, empowering women will benefit the family and society (Khattar, 2019).

The empowerment of Muslim women is a hot topic for non-Muslim countries because Muslim women are the least empowered in today's world. There are social misconceptions about the status of Muslim women worldwide. Many religions believe women are oppressed and treated unequally as a secondary role in Islam (Chaudhry et al., 2012). That indicates that women are only confined to family responsibilities, such as caregiving, childbirth, and household chores. However, from both the Holy Qur'an and Hadith, women have many rights which never established and highlighted accordingly to remove any misconceptions. For example, women have the right to have a property and get an inheritance (from father and husband), mothers have more rights than fathers within the family, and the husband is fully responsible for taking care of the wife and children. However, there is no empirical research or data that shows how many women enjoy these rights truly within the family (Azid & Ward-Batts, 2020). Furthermore, women have a respectable position in Islam which is concealed by tradition and culture. The Holy Book Qur'an states:

> And (as for) the believers, both men and women – they are friends and protectors of one another: they [all] enjoin the doing of what is right and forbid the doing of what is wrong, and are constant in prayer, and render the purifying dues, and pay heed unto God and His Messenger.
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> (Surah At-Taubah 9:71)

According to a Hadith, the Prophet (pbuh) informed all Muslims to seek knowledge without imposing gender discrimination between men and women. A Hadith

narrated by Anas bin Malik that the Messenger of Allah (pbuh) said: "Who goes seeking knowledge, then he is in Allah's cause until he returns" – Jami` at-Tirmidhi (2647).

Regardless of what Qur'an and Hadith say, many countries that practice Islam follow their local and regional customs, which often interchange and misinterpret with Qur'an and Hadith. Moreover, society frequently uses religion to establish its actions or beliefs that are not always consistent with religious doctrine. Also, there are countless misinterpretations of religious quotations by many different scholars worldwide.

Islam recognized women as equal role players for mankind. One of the most successful businesswomen in her time was Khadija Binte Khuwalid, the first Muslim woman in Islam. She was philanthropic and maintained a charitable hospital for plague patients and helped poor people in society (Azid & Ward-Batts, 2020). There are many verses in the Qur'an that clearly show men and women are not discriminated against due to sex, age, or any kind of limitations. At the same time, Islam has given rights to women to take their own decisions about marriage, divorce, providing advice, sharing opinions, or freedom of worship. For example: during the early age of Islam, women from many places came to Mecca (Makkah) and converted to Islam without the permission of their families. The Holy Qur'an says:

> O Prophet, when the believing women come to you pledging to you that they will not associate anything with Allah, nor will they steal, nor will they commit unlawful sexual intercourse, nor will they kill their children, nor will they bring forth a slander they have invented between their arms and legs, nor will they disobey you in what is right – then accept their pledge and ask forgiveness for them of Allah. Indeed, Allah is Forgiving and Merciful.
>
> (Surah Al-Mumtahanah 60:12)

At the same time, consulting women with many issues was established during the Prophet (pbuh) time. The Prophet Mohammad (pbuh) himself took advice from his wife Umme Salamah during the "treaty of Hudaybiyya". In addition, Islam encourages men and women to work together, offering advice and support to each other (Chaudhry et al., 2012). Therefore, all the obstacles that are preventing women from establishing their position in society (due to unequal distribution of household work, family responsibility, lack of voice in decision-making, unequal distribution of wealth, and so on) can be resolved by following the religious guidelines. Besides, women are given autonomy and economic independence by Islam, and the practice of those may resolve many issues of today's world. Furthermore, women's position and empowerment should be determined from the spiritual perspectives of religious doctrine, not from the established cultural beliefs of the society. Therefore, an empowered woman will be considered confidential and wise, who would be able to judge her surroundings, take decisions in critical situations, and exercise her rights when necessary.

Research Methodology

This study has conducted five In-Depth Interviews (IDIs) and one Focus Group Discussion (FGD) to find out the existing problems behind female doctors' empowerment and the ways to solve the problems through spirituality for sustainable health management. The detailed demographic information of the participants of IDIs and FGD are provided in Appendices 23.1 and 23.2, respectively. This is a qualitative study and exploratory in nature, where a case study approach has been followed. Female doctors have been selected as specific gender groups who are the main focus of this study. All the participants are female doctors working in different positions at different hospitals all over Bangladesh. The identity of the participants and their workplaces are kept anonymous as part of the research ethics. During December 2021 and January 2022, five IDIs were conducted first with the full consent of the respondents and hospital authorities in Bangladesh. The first research question was why female doctors are not empowered in the health sector. The second research question was how to make gender balance for sustainable health management through spirituality. To verify the findings of the IDIs, one FGD was conducted in January 2022 with the participation of another six female doctors working at six different hospitals in Bangladesh. The participants of this study have been selected conveniently from the personal network of the researchers. All participants have a minimum of five years of work experience in the health sector, and semi-structured face-to-face interviews and FGD were conducted, which have been moderated by the researchers through open forum discussions. Data collection and analysis follow the interpretivism paradigm, and naturalistic ways of collecting data have been considered, as suggested by Mone et al. (2019), Saunders et al. (2012), and Yin (2003). IDIs and FGD have not been recorded as the participants did not allow them due to their privacy and voice identity. Thus, the main discussion during the IDIs and FGD has been noted down initially and then transcribed on the same day. This study follows thematic analysis in a deductive manner, and common themes of the study have been predetermined based on the existing literature review. From the collected data, findings were analyzed and chosen in a synthesized manner without using any particular software, and it has used codes for all the participants.

Findings and Discussions

This study has applied both IDIs and FGD for primary data collection methods. From the collected data, it has collectively analyzed and found out the reasons behind gender disparity for female doctors' empowerment, the benefits of female doctors' empowerment toward sustainable health management, and discussed spirituality and its role in this regard. It has also included ways to empower female doctors for sustainable health management. These are explained in subsequent sections.

Existing problems faced by female doctors

All the participants of this study have spoken about gender disparity in general in the healthcare sector. They have mentioned that this gender disparity in health care is common worldwide. According to participant D of IDI,

> I studied in a medical college where my fellow female classmates are from 8 different countries. Unfortunately, 3 of them are not able to work at this moment due to their after-marriage family responsibilities. They are from Pakistan, Nepal, and the Maldives. My five other female international doctor friends are working at hospitals in their respective countries, but they face regular constraints at work with their working hours, pay, promotions, and safety at work. Some of them shared about gender violence at their work. These are also common in my work life due to male dominance.

Female doctors have a lack of representation in the different specialized fields. It is common that female doctors mostly work in Gynecology and Obstetrics, Pediatric, Radiology and Imaging, Ophthalmology (eye), Dermatology, and Endocrinology (F2, F4, and F6). However, female doctors' specialization in the fields of Neurosurgery, Urology, Otolaryngology (ENT), Orthopedics, and Plastic Surgery are comparatively rare (participants D and E). Though this trend has changed in the last 8–10 years due to social awareness and societal changes, gynecology among female doctors is a less favorable field to be specialized in at present due to oversupplied female doctors in this field. Female doctors, in general, choose few specialized fields due to family pressure (from parents, husband – after marriage), cultural impact (male vs. male, female vs. female), ease of dealing with a female patient, job security, and earning.

Male dominance in medical science is also a common phenomenon. According to participant E of IDI,

> my husband is a doctor in a public hospital, same as me. I have seen in both hospitals that female doctors are ignored by their senior male doctor colleagues during the medical board decision for a critical patient. I am also personally discriminated against by my fellow male colleagues because we have differences in our opinions. It is also visible that male patients often do not feel comfortable and confident enough to get treatment from a female doctor.

Social security, cultural reasons, work–life balance for married female doctors, and the structure of the hospital (as an organization) are not favorable sometimes (participants A and B). It is also reported that male administrative personnel who are not doctors but work in health care do not often appreciate female doctors as much as they do male doctors (F2, F3, and F5). Participation of female doctors in decision-making is always ignored by the counter male colleagues and seniors. At the same time, female doctors are discriminated against in pay and promotion even

though the organizational policy is to consider performance, qualification, experience, and seniority in these regards (participants B and C).

Gender disparities in a leadership role in the health sector are another reason for the failure of sustainable health care. There is a negative perception of women's incapability and credentialism for managing patients (F5 and F6). Both participants C and E have stated that there is an increasing trend worldwide for early retirement or part-time practitioner among female doctors due to family priority. Unfair performance evaluation for female doctors due to the perception of coping mechanism inefficiency is also seen in health care. Lack of opportunity for female doctors to practice in the clinical sector is also another barrier, and they are considered as family pride to be the medical graduate instead of getting a platform to serve humanity as a noble profession (F2, F5, and F6). Practicing the profession with freedom and increasing their skills through further training and academic degrees are often impossible for female doctors. Mainly family responsibilities (child care, elderly care), safety and security, long and odd working hours (especially night shift), and lack of organizational structure (hospital and health clinic) cause the imbalance in work and family life for female doctors (participants C and E; F2, F5, and F6).

Participants D and E have added one example of their classmates who were unable to practice after returning to their home countries due to family pressure. The MBBS degree was considered a source of pride for that family to have a doctor in the family. The success rate of female medical students in MBBS is higher than their male counterparts. This trend changes dramatically after their marriages. Female doctors start reducing their working hours, changing their subject specialist fields, and canceling their transfer to rural areas that have a negative impact on their career growth and promotions. Only those who get proper support from family (parents, in-laws, and husband) can manage to stay on track and sustain themselves in the competition of their profession. Female doctors are attending fewer national and international health conferences and seminars, attending less medical research, and getting fewer opportunities to obtain higher degrees compared with their male counterparts from the beginning due to their dual roles in the workplace and family.

Benefits of Female Doctors' Empowerment and Sustainable Health Management

The first and foremost benefit of empowering women and allowing them into the health profession is for the health and well-being of women themselves. Due to gender differences and personal privacy, a female patient is more comfortable being treated by another female doctor. Besides, the religious factor is another important issue for which female doctors need empowerment for sustainable health care in society. Gender similarities between doctors and patients create more empathy and inpatient care (F1, F2, F5). Psychological comforts are one of the major parts of medical treatments. The patient needs to believe their doctors. And both doctors and patients need to understand each other; otherwise, treatment will not be satisfactory (F3 and F4). That is why female doctors can ensure the trust of female patients. According to participant D,

> There are religious boundaries in health treatment. Female prefers not only female doctors but also other healthcare assistants during their health treatment. Physical touch, showing body parts to the opposite gender, is a big issue for a country like Bangladesh, especially private parts.

Thus, it is always recommended to have adequate numbers of female doctors in different specialized fields.

Managing patients on an emergency basis also requires female doctors to be trained in different medical fields. Women tend to have more empathy and manage to interact with emergency patients better than male colleagues. Female doctors listen carefully and give more time to explain (F1 and F6). There is another important fact that women from traditional Muslim families do not go to doctors unless it is an emergency or unbearable (participants B and E). They think about cost, travel companions, etc. When female patients reach the hospital or health clinic, it requires enough attention and accurate treatment that relates to managing their problems and assisting them effectively. Otherwise, women do not prefer to continue their treatment. This also causes damage to women's health that is linked with a country's overall health condition (this happens more specifically in poor and developing countries). According to participant C,

> When women do not get enough health care on time, it affects the overall society. It is essential for women to get sufficient medical care during their pregnancy which is often neglected, and child morbidity and death happen due to this.

When female doctors are in a leading position with liberty in decision-making during patient care, then treatment gets smoother and faster and more female patients are encouraged to go for health care which has a positive influence on the health management system in a community. Evidence is found in many developed countries with regard to women's participation in healthcare management. According to participant A, "Female doctors in Singapore, Thailand, and Malaysia are empowered enough with specialization in different areas, and their health care systems are comparatively better in the Asian region". Gender disparity in health care needs special attention, and female doctors need independence in practicing their profession. When gender disparity is less, it can ensure female doctors' participation in every field of health care. Male dominance needs to be reduced for healthy competition based on qualifications and experiences among doctors (F2, F5, F6). It is recommended that the obstacles of female doctors can be removed and overcome by social awareness and family and organizational support (F1, F3, F4). It is also essential for the medical college authorities and health department to reduce the dropout of female medical students and part-time female doctors by encouraging them and ensuring their career growth and progression (participants A, C, and D of IDI).

When female doctors are empowered, it also eradicates the social misconception of women's credibility in health management. There will be more health camps and healthcare services for a sustainable health management system in a country.

Since women doctors are often kept quiet and do not take part in leading positions and power role play due to male dominance, it cannot ensure equal participation of women in identifying health-related problems during the epidemic (F3, F5, F6). Participant B says, "female doctors are more successful in detecting some specific diseases like Hum-Rubella, HIV, Hepatitis etc. Female doctors are good at medical research though the opportunity for them is limited". Both IDI and FGD have identified that female doctors have efficiency in dealing with vulnerable communities like special needs patients and transgender and elderly patients. Therefore, it can be summed up that female doctors' empowerment can ensure sustainable health management in any society.

Ways of Empowering Female Doctors for Sustainable Health Management

Since female doctors do not get enough support from both family and work, ensuring a family-friendly work–life is crucial for them to be empowered. When they are empowered, there will be a balance in the health management system. According to participant B,

> I was married during my 3rd-year study at medical school. It was not possible for me to cook, do household chores, attend class and seminars and look after my two little kids. I still can remember those struggling days, and my husband, mother and mother-in-law supported me a lot, for which I am now Professor with good career success. My best friend from medical school had better academic performance than me, but she could not continue her profession after her graduation and marriage due to family restrictions. Two of my other female doctor friends also left their jobs due to organizational politics and lack of support from their male colleagues, which hurt me most, and I could not do much for them.

If a male doctor does long hours or attends critical surgery and goes home take rest, that is normal, but when it is the turn of female doctors, then there is an issue of incapacity to manage the family by them (F2, F4, F5). It is well established that female doctors or any working women fail to meet family responsibilities; they are blamed as career-oriented. In contrast, society does not consider the same for working men. Thus, the first way to empower the female doctor is to consider them equal to their male colleague at work. At the same time, the family and society as a whole should support them for healthy work and family life. There is a basic need for coexistence and tolerance for females to be empowered.

Ensuring safety and security for female doctors at work is another way to their empowerment. Female doctors are prone to sexual harassment, inappropriate comments, and behavior from anyone (male colleagues and male patients), and they are not safe in rural areas to work independently (F1, F2, F6). There is also a lack of tolerance among male doctors to consider their female colleagues as equal to them, and female doctors are abused both verbally and sexually at work, even by their peers, which is insane (F3, F4, F5). Therefore, hospitals and health

clinics need to ensure the safety and security of women with the intervention of the health department of the government. Besides, female doctors lose their interest in progressing with their careers since their opportunities for higher degrees and training facilities both locally and internationally are fewer. According to participant C, "female doctors are not given priority for foreign training, and they often have limited access to skill development". It is obvious that female doctors face inflexibility with training schedules due to their family responsibilities. They often cannot leave their children alone at home for long weeks of training or seminar, which their male colleagues do not face. Therefore, female doctors need more support in this regard.

Allowing female doctors to make decisions and play a leadership role in patient care is also needed for sustainable health management. Female doctors, in general, spend more time with patients to identify problems, whereas male doctors are quick to assess the patient (F5, F6). Hence, the patients get confused when doctors are in a rush. The female success rate for identifying critical problems is higher than male colleagues in health care (F2, F3). If women are in leadership positions, that will create a more patient-oriented environment, and they will create a flexible pattern of work for everyone, which is favorable for sustainable health care in any community. Organizational restructuring with women's participation in the senior role is also needed for female doctors' empowerment. Health organizations like hospitals and clinics can restructure their operational approach by allowing equal participation of female doctors. In a public hospital, female doctors nowadays get equal options which are not the same in private hospitals where male doctors are often the owners of the hospitals and women's voices are mostly neglected (F2, F6).

Recognition of female doctors for their contributions to the health sector can be introduced by the health department of the government as suggested by the participants of both IDIs and FGD. This will inspire female doctors to be more devoted to their profession. According to participant E, "Female doctors are not recognized adequately due to their dual role at work and family. They miss social gatherings, getting together with office colleagues, and networking, including annual party or picnic. In that way, they miss their recognition". Pay and promotion for female doctors need to be equal and equitable. According to employment rights, there is no gender discrepancy in the pay and promotion of doctors, but female doctors often get less access to higher-paid jobs, and their promotion and career growth are always the challenge (F1, F4, F6). Hence, this issue needs further focus to consider for female doctors' empowerment.

Lastly, psychological support for female doctors (in case of a patient's death and crisis moment) is crucial. Participant D says, "There is a lack of psychological support in both private and govt hospitals for female doctors". Even though doctors, in general, are harassed physically and mentally in Bangladesh and many other developing countries by patients' family members, female doctors are in more vulnerable positions (F4, F5). Therefore, ensuring their safety by law enforcement and hospital authorities is needed for their freedom of work and personal safety that are related to their empowerment.

Conclusions

From the above findings, discussions, and literature review, it can be concluded that female doctors are oppressed and discriminated against in general. Their employment rights and access to higher education are always challenges, and this issue is not much highlighted through research. Responsible authorities like the department of health and hospital management need careful attention to female doctors' equality and empowerment issues. Otherwise, sustainable development in health care will continue to be disrupted. Empowerment is also essential for further improvement in health care in an emergency situation, specifically during any epidemic like COVID-19. This study also intends to draw the attention of policymakers to take appropriate initiatives. From the spiritual perspective, female doctors have the full right to be empowered, and they have the right to choose and specialize in any medical field of interest that ensures sustainable community health management.

Limitations and Future Works

This study has a few limitations to be acknowledged. First of all, it is qualitative in nature, and it only includes case study approaches. Second, the qualitative analysis of this study has not used any software like NVivo, Atlas.ti, etc. Third, this study is gender-biased and focused only on female doctors, but further study can be conducted by relating the overall empowerment of all doctors for sustainable health management from a spiritual perspective. Data from this study is based on Bangladesh, and future studies can be conducted in the same field through the comparison between developing and developed nations. As the total number of participants is only 11, the findings of this study cannot be generalized. Besides, IDIs and FGD have not been audio recorded due to privacy which might occur, missing any important information mentioned by the participants. IDIs and FGD have been taken by using both Bengali and English languages which might have chances of changing the meaning of participants' opinions that can be avoided by using one language as a medium of discussion in the future. At last, it is essential to mention the time constraints. Getting the appointment and schedule of the participants, especially for FGD, was the most difficult one due to the COVID-19 outbreak and the busy schedules of the doctors. Future research based on this exploratory study can be conducted by developing hypotheses, quantitative analysis, and using statistical software such as SPSS, AMOS, SMART PLS, etc.

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