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Obstacles and Challenges Facing Iraqi Women Ophthalmologists

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Abstract:

PURPOSE: The purpose of this study was to address disparities between male and female Iraqi ophthalmologists in terms of personal circumstances, professional profiles, and attitudes toward work and family life.

METHODS: A Google Form-based questionnaire was released on a social media platform including 500 ophthalmologists between September 1, and December 1, 2021. The survey included three domains: (1) demographic characteristics, (2) clinical practice profile, and (3) career satisfaction and work/family balance.

RESULTS: The study included a total of 209 specialists, with a response rate of 45.5%. About 69.4% of them were 45 years and younger. The female-to-male ratio was 1:1.6, 188 (90%) were married and 186 (88.9%) had children. Women ophthalmologists worked fewer hours, days, and operations than male ophthalmologists ($P = 0.091$). Moreover, women ophthalmologists in private practice were considerably underrepresented. General ophthalmologists represented 77%. The number of women ophthalmologists with subspecialty degrees was far less 9 (11.5%) than males 38 (29.2%), $P = 0.003$, and they performed significantly fewer operations than male ophthalmologists ($P = 0.001$). Family duties were the biggest deterrent for female ophthalmologists. For males, the private clinic is an obstacle to acquiring a specialty degree in 45.6%, but for women, it is just 25.7%. Overall satisfaction was 65.1%. Women respondents were less satisfied with their practice ($P = 0.009$) and thought that they are facing more challenges (0.007). Men believed they had less time to spend with family, implying that women sacrifice working time/income to satisfy family obligations and expectations. Work-life balance is achieved by limiting work hours and including family members.

CONCLUSION: Women ophthalmologists in Iraq might be facing greater obstacles to their professional advancement than their male counterparts. Female doctors were working fewer hours and doing fewer surgical procedures, and they were less likely to pursue subspecialty certification.

Keywords:

Career satisfaction, clinical practice, women ophthalmologist

Introduction

Ophthalmology is a recognized medical specialty with long-term physician career satisfaction. This has been related to the high level of interaction with patients of all ages, the number of surgical procedures, and the opportunity for a healthy lifestyle.^[1] In general, women doctors globally face challenges in pursuing surgical spatiality.

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Despite the fact that more women are joining typically male-dominated surgical professions, such as ophthalmology, women remain underrepresented in these fields.^[1-3] Several studies on gender disparity in this branch are 4–8, demonstrated that women ophthalmologists perform less procedural work compared to their men counterparts and are less likely to achieve top academic positions.^[3,4]

In Iraq, the proportion of females in undergraduate medical colleges exceeded

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that of males for the last decade, for instance, registry data of Al Kindy college of medicine showed that the average male-to-female ratio over the past 5 years was 1:1.4. Despite that the proportion of women trainees in the Iraqi Board of Ophthalmology for the past 5 years constituted 38%. Furthermore, according to the 2022 statistics of the Iraqi society of ophthalmologists, the registered female ophthalmologist represented only 25%.

Female presence in leadership is essential for training and departmental boards since diversity in leadership leads to the successful administration of diverse and inclusive departments.^[5] The scarcity of female leaders as role models significantly affects the willingness of junior women in early careers to leadership positions.^[5] Several contributing factors are suggested including female ophthalmologists' approach to manage their personal and professional life. There is currently no study undertaken to quantify the gender gap among Iraq's ophthalmologists or uncover the causes behind it. Understanding these factors is critical for future workforce planning in ophthalmology and for better informing prospective entrants into ophthalmic training programs.^[6] Therefore, this study was designed to address disparities between male and female Iraqi ophthalmologists in terms of personal circumstances, professional profiles, and attitudes toward work and family life.

Patients and Methods

This study was approved by the ethical committee and scientific affairs of AL Kindy College of Medicine (No.174). All of our methods were obligated to the Declaration of Helsinki. A Google Form-based, self-developed questionnaire was released on a social media platform including 500 registered senior consultants and joiner trainees' ophthalmologists from all Iraqi cities during the period between September 1, and December 1, 2021. Only specialists and consultant responses were included in this study.

The questionnaire, which was kept anonymous, was designed to investigate areas where there might be a disparity between men and women in ophthalmology. In the questionnaire, four sections asked for information on (1) demographic characteristics, (2) clinical practice profile, and (3) career satisfaction and work/family balance. A prototype questionnaire was initially sent to three consultants who completed the questionnaire and offered comments on the question's clarity, validity, and simplicity of completing the electronic form.

Multiple-choice questions were designed to elicit the most appropriate and correct responses. A choice of "other" was used when appropriate to give the chance for

the participant to add if the choices do not apply to them. For example, when asked about the reason for being not satisfied, respondents were given three choices (a) due to the income, (b) due to the shortage of time that remains for your family, (c) hard responsibility, and (d) others. The overall career satisfaction was assessed using the dichotomous question yes and no.

Statistical analyses were performed using SPSS version 25 (IBM, New York, USA). Nominal data were analyzed using either the Chi-square test or Fisher's exact test. A $P < 0.05$ was deemed statistically significant.

Results

Participant demographics

The total number of responders was 250, trainees (41) were excluded and the remaining 209 specialist ophthalmologists were included, therefore, the response rate was 45.5%. The majority (69.4%) of them were 45 years and younger. Men predominated the responders with a female-to-male ratio of 1:1.6; 188 (90%) were married and 186 (88.9%) had children. Women were significantly younger ($P = 0.046$), 15 (19.2%) were single compared to 6 (4.6%) of the men ($P = 0.001$), and have less number of children ($P < 0.0001$). The responder's characteristics are detailed in Table 1.

Clinical practice profile

As Table 2 shows, there was no significant difference in the years of practice profile of respondents from both gender ($P = 0.091$); however, women working hours, days, and operation days were significantly lower than that of men ophthalmologists. Moreover, the number of women ophthalmologists practicing in the private sector was significantly lowers than men.

Table 1: Responders' demographic characteristics stratified according to gender

Characteristics	Total	Ophthalmologists		P
		Women (n=78; 37.3%), n (%)	Men (n=131; 62.7), n (%)	
Age				
35-40	74 (35.4)	31 (39.7)	43 (32.8)	0.046
41-45	71 (34.0)	30 (38.5)	41 (31.3)	
46-50	36 (17.2)	6 (7.7)	30 (22.9)	
51-55	28 (11.4)	11 (14.1)	17 (13)	
Marital status				
Married	188 (90)	63 (80.8)	125 (95.4)	0.001
Single	21 (10)	15 (19.2)	6 (4.6)	
Number of children				
None	23 (11)	15 (19.2)	8 (6.1)	<0.0001
<3	89 (42.6)	40 (51.3)	49 (37.4)	
3-5	92 (44)	23 (2.5)	69 (52.7)	
>5	5 (2.4)	0	5 (3.8)	

Practicing ophthalmologists without subspecialty constituted 77% of the responders. The number of women with subspecialty was significantly lower than men ($P = 0.003$). In addition, the types of operations they performed were significantly lower than those performed by men ophthalmologists ($P = 0.001$), Table 2.

The main obstacle hindering women ophthalmologists from pursuing subspecialty degrees was family responsibilities. About 45.6% of men, however, find that the private clinic is an exploiting factor preventing them from obtaining subspecialty degrees compared to only 25.7% of women ($P = 0.009$), Figure 1. In addition to cataracts, women ophthalmologists were more interested

in refractive 45 (59.2%) and squint 41 (53.9%) surgeries and only 4 (5.3%) perform a vitrectomy.

Career satisfaction and work/family balance

The overall satisfaction of responders was 136 out of 209 (65.1%). Although responders showed no significant difference in work burnout, women responders were less satisfied with their practice ($P = 0.009$) and thought that they are facing more challenges ($P = 0.007$). About 64.4% of men responders acknowledged the challenges facing women [Table 3]. Among nonsatisfied responders, hard responsibility was the main reason for unsatisfaction in both genders, whereas men thought that they had less time to spend with family suggesting that women compromise on working time/income to meet family responsibilities and requirements [Table 3]. Ophthalmologists from both genders agreed that reducing work hours and family help are the main strategies to achieve work-social balance, Figure 2.

Table 2: Gender differences in ophthalmology practice

Parameter	Total	Ophthalmologists		P
		Women, n (%)	Men, n (%)	
Years of practice				
<10 year	66	29 (37.2)	37 (28.2)	0.091
10-15	70	25 (32.1)	45 (34.4)	
16-20	39	9 (11.5)	30 (22.9)	
21-25	23	8 (10.3)	15 (11.5)	
>25	11	7 (9)	4 (3.1)	
Working h/day				
1-5	28	17 (21.8)	11 (8.4)	0.002
5-9	140	5 (64.1)	90 (68.7)	
10-12	39	9 (11.5)	30 (22.9)	
>12	2	2 (2.6)	0	
Working days				
1-2	20	11 (14.1)	9 (6.9)	0.044
3-4	46	21 (26.9)	25 (19.1)	
4-5	99	36 (46.2)	63 (48.1)	
6	44	10 (12.8)	34 (26)	
Operation days				
None	17	12 (15.4)	5 (3.8)	0.001
1	96	40 (51.3)	56 (42.7)	
>1	17	26 (33.3)	70 (53.4)	
Affiliation				
Hospital	158	61 (78.2)	97 (74)	0.596
Academic	9	4 (5.1)	5 (3.8)	
Both	42	13 (16.7)	29 (22.1)	
Private clinic				
Yes	177	53 (67.9)	124 (94.7)	<0.0001
No	32	25 (32.1)	7 (5.3)	
Subspecialty				
Yes	47	9 (11.5)	38 (29.2)	0.003
No	161	69 (88.5)	92 (70.8)	
Practiced operation				
Cataract	200	72 (94.7)	128 (98.5)	0.001
Refractive	145	45 (59.2)	100 (76.9)	
Squint	130	41 (53.9)	89 (68.5)	
Glaucoma	73	22 (28.9)	51 (39.2)	
Vitrectomy	18	4 (5.3)	14 (10.8)	
Other	4	3 (3.9)	1 (0.8)	

Discussion

The issue of gender-based discrimination in the medical and surgical professions has been increasingly addressed globally.^[7] A survey of Australia and New Zealand ophthalmologists concluded that the prevalence of reported discrimination, bullying, and harassment was much higher among female ophthalmologists (62%), compared to all ophthalmologists (37%).^[8] To the best of our knowledge, this is the first Iraqi study that assessed gender differences in career and personal profiles facing Iraqi ophthalmologists, highlighting the possible causes of these discrepancies, and the impact on career development and satisfaction.

We found that the working hours and surgery days of women ophthalmologists were significantly lower compared to male counterparts regardless of the years of practice. A similar finding was reported by a recent Australian study which found that the median working hours of women ophthalmologists were 35.0 per week versus 41.8 for men.^[3] McAlister *et al.* reported that

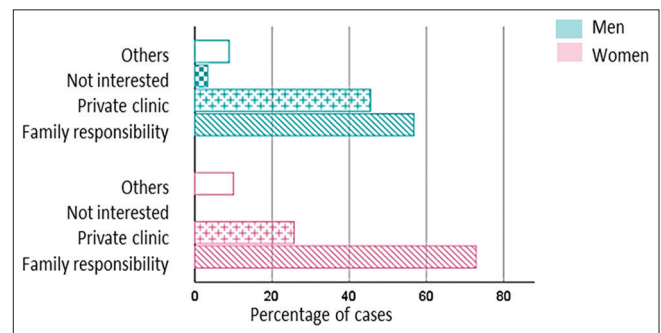


Figure 1: Factors that refrained male and female ophthalmologists from pursuing subspecialty degrees (n = 163)

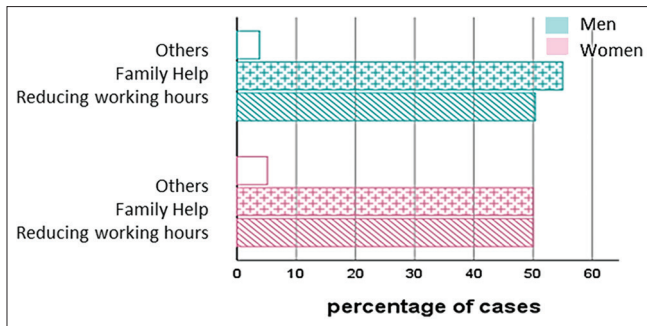


Figure 2: The approaches used by male and female ophthalmologists to balance work and family responsibilities

Table 3: Gender differences in terms of work impact and satisfaction

Parameter	Total	Women, n (%)	Men, n (%)	P
Burnout				
Yes	130	50 (64.1)	80 (61.1)	0.768
No	79	28 (35.9)	51 (38.9)	
Woman ophthalmologist faces more challenges				
Yes	132	65 (83.3)	67 (64.4)	0.007
No	50	13 (16.7)	37 (35.6)	
Satisfaction				
Satisfied	136	42 (53.8)	94 (71.8)	0.009
Not satisfied	73	36 (46.2)	37 (28.2)	
Causes for not being satisfied				
Income		12 (29.3)	10 (20.4)	0.645
No time for the family		14 (34.1)	21 (42.9)	
Hard responsibility		22 (53.7)	26 (53.1)	

Canadian male ophthalmologists had more monthly operational days than females.^[4]

We also found that women are less likely to have subspecialties and practice less diverse operations than those performed by men ophthalmologists. Only 5.3% of female ophthalmologists in this study undertake vitrectomy, making refractive and squint surgery their primary interests in addition to cataracts. Jain *et al.* reported that Australian male surgeons are more in surgical retina and cornea/anterior sector specialties, although women had more advanced degrees.^[9] Danesh-Meyer *et al.* reported that subspecialization rates did not differ substantially between the sexes; however, discrepancies were seen regarding the kind of subspecialty with considerably fewer females in the surgical retina and cornea/anterior segment subspecialty types.^[6] Further, a recent American study concluded that fellowship training was undertaken by both male and female respondents equally, although males were more likely to pursue vitreoretinal fellowships and women were more likely to pursue fellowships in pediatric ophthalmology and neuro-ophthalmology.^[10]

We found that the reasons for not pursuing a subspecialty were vastly different for men and women. While practicing in the private sector was the major impediment for most men, women’s responsibilities for child care and family affairs prevented them from advancing in their degrees. In agreement with that several studies contributed the deter of women’s professional advancement was not only due to women having a bigger responsibility in household tasks, including childcare and housework but also due to lack of mentoring and a sexist culture.^[6,8,9,11]

Participants in this study reported relatively low levels of overall job satisfaction (65.1%), yet males were more content than females. Women’s dissatisfaction may be rooted in the sacrifices they make in the professional aspect to satisfy their family’s needs. This was acknowledged by 64.4% of surveyed male participants who thought that women ophthalmologists face more challenges. In a multinational survey, 44%–75% of women reported that after having a child, they cut back on or transferred to a less demanding career, whereas only 13%–37% of fathers reported doing the same.^[2] Further, more than eight out of 10 women ophthalmologists who work halftime do so for child-rearing, according to a recent survey.^[5,9] On the other hand, women were more likely to defer having their first child until they complete their fellowship training, at a mean age of 35.^[5,6,9] In this study, ophthalmologists from both genders agreed that reducing work hours and family help are the main strategies to achieve work-social balance; however, the concept of family help might vary between genders. Women usually request family help from their mother or mother-in-law, whereas men’s family help usually means wife help, thereby if both husbands were ophthalmologists, more family responsibility would affect the women.

The limitation of this study is that it used dichotomous questions to elicit information on satisfaction and burnout. While this diminishes the assessment’s accuracy, it provides a general estimate of participants’ happiness that may be reviewed further in future research.

Conclusion

Women ophthalmologists in Iraq might be facing greater obstacles to their professional advancement than their male counterparts. Female doctors were working fewer hours and doing fewer procedures, and they were less likely to pursue subspecialty certification.

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Conflicts of interest

There are no conflicts of interest.

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