BMC Women's Health

RESEARCH

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Women physicians' experiences in the workplace in Lebanon: a qualitative study

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Abstract

Background Over the past several decades, the number of female physicians entering the medical and healthcare workplace has increased. Despite their skills and qualifications, they face several challenges in their career including gender discrimination, work-life balance, sexual harassment, limited career advancement opportunities, and burnout. The purpose of this study is to assess perceived challenges encountered by women physicians in the workplace and identify coping strategies to overcome these challenges and achieve professional success.

Methods A qualitative research design with an inductive approach was used to collect the data from female physicians' experiences at their workplace between July and December 2023 through a semi-structured one-on-one interview with open-ended questions. Purposive and snowball techniques were used to recruit female physicians working in private and/or public Lebanese hospitals. The interviews were conducted in Arabic, recorded, transcribed, and translated into English. Thematic analysis was used to analyze data.

Results A total of 12 women physicians participated in the interviews. The analysis identified three main themes: (1) personal challenges faced by women in medicine, (2) institutional challenges faced by women in medicine, and (3) Solutions for issues faced by women in medicine.

Conclusions Participants highlighted personal challenges such as work-life balance, and burnout, as well as institutional obstacles like gender discrimination, limited career advancement opportunities, and sexual harassment. By uncovering these barriers this research provides a critical foundation for the development of targeted policies and interventions aimed at fostering a more equitable and supportive environment for women in the medical profession.

Keywords Women physicians, Challenges, Qualitative study, Lebanon

Background

In the last three decades, there has been a significant increase in the presence of female physicians and medical students, marking a positive shift in the demographics of the healthcare profession [1]. Despite notable progress, international data indicate that gender disparities persist within medical academia. While women constitute 41% of medical faculty, they face challenges in attaining the rank of professor and are less likely than their male counterparts to sustain careers in academia [2]. This highlights the ongoing need for targeted efforts to address barriers and promote gender equity in academic medicine. Male

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dominance prevails in leadership positions within the medical field. As of 2019, only 18% of department chairs and 19% of deans were women [3]. Additionally, women in these roles tend to earn less and suffer more from burnout than men [4]. These disparities underscore the existing challenges and the imperative for rigorous efforts to address gender inequities in leadership roles and compensation within the profession. A study published in 2020 by Templeton et al. using a focus group with female physicians 60 years of age or older found that issues faced by younger women physicians do not disappear with age or seniority. Age- and gender-based discrimination and harassment, salary inequity, and professional isolation persisted throughout their careers [5].

Lebanon was one of the first countries to have medical faculties in the Middle East. In Beirut —the Syrian Protestant College (1867), later renamed American University of Beirut (AUB), and Saint Joseph University (1883), Both AUB and Saint Joseph University had their first women medical graduates in 1931. Edma Ilyas Abu Shadid, who received her medical degree in 1931 from AUB and later settled in Baghdad, and Hélène D. Safi who graduated in the same year from Saint Joseph University and continued to work in the French Maternity Hospital in Beirut [6]. Despite the progressive advancements in Lebanese society, patriarchal structures continue to prevail, maintaining a significant influence on social and cultural dynamics. Recent estimates indicates that Lebanon has approximately 15,429 registered physicians, with 78.2% being male and 21.8% female [7]. A 2006 study revealed that 61% of Lebanese male practitioners pursued advanced medical specialties, while most female physicians worked as general practitioners, with only a small percentage specializing in surgery. Women remain underrepresented among surgeons in Lebanese hospitals, with significant gaps persisting in fields such as neurosurgery, oncological surgery, and vascular surgery [7, 8].

To the best of our knowledge, this is the first study conducted in Lebanon to assess the challenges faced by women physicians. To address this knowledge gap, qualitative design and theoretical frameworks were used to understand women's experiences within the healthcare system. Therefore, the objective of this study was to describe perceived challenges encountered by women physicians in Lebanon at varying stages of their career, and to identify coping strategies to overcome these challenges and achieve professional success. This research could be a crucial step to support females' physicians in Lebanon addressing women-specific issues and improving working conditions.

Methods

Theoretical framework

This study employed feminist theory, social role theory, and spill-over theory to explore the challenges faced by women physicians in Lebanon. Feminist theory focuses on understanding and addressing systemic gender inequalities and power dynamics in society. This theory is used to uncover the underlying structural barriers that women physicians face in their workplaces, such as discrimination, harassment, and lack of leadership opportunities [9]. Social role theory examines how societal expectations and norms influence individuals' behaviors and decisions [10]. Spill-over theory examines the interaction between work and personal life, specifically how challenges or support in one domain affect the other. It emphasizes the practical challenges of balancing professional and personal responsibilities [11].

Study design and population

This study utilized a phenomenological qualitative approach aimed at describing the barriers faced by female physicians in the workplace, providing them the opportunity and freedom to express their unique experiences. This qualitative approach was chosen to gain an in-depth understanding of the personal and professional challenges experienced by women physicians in their workplace. We conducted semi-structured individual interviews between July and October 2023. The inclusion criteria are (1) Lebanese female physicians specialize in various fields of internal medicine, including anesthesia, cardiology, pediatrics, hematology oncology, neurology, endocrinology, emergency medicine, obstetrics, gynecology, as well as various surgical specialties, at different stages of their careers, (2) practicing in Lebanese hospitals, and (3) available to participate in an interview to convey their experiences of workplace.

Data collection and procedure

The study purposively selected female physicians working in private and/or public hospitals across Lebanon. To recruit participants, a combination of purposive sampling (maximum variation sampling) and snowball sampling techniques was applied, using data from the order of Physicians website. Participants were selected from a range of medical specialties without formal randomization. The procedure involved sending an invitation email by the researcher (RD) and inviting them to participate in the study. The email provided comprehensive details about the study's objectives, participation requirements, and the methods employed to ensure the anonymity of collected information and the confidentiality of informants. Participants who expressed their willingness to participate were subsequently contacted via email to arrange an interview. The interviews were conducted in Arabic

separately by a single researcher (RD) and lasted 45 min to an hour on average. Data was collected through virtual zoom meeting and was recorded after obtaining the consent of the interviewee. Each interview began by providing the participant with a brief overview of the research purpose and operations definitions of key terms that would be used during the interview. The probes were utilized with care to encourage in-depth conversation. The interviews were audio-recorded, and the recordings were stored in a folder accessible to the Principal Investigator (FAM) and the researcher (RD). The audio recordings were transcribed verbatim later. Each transcription was analyzed and coded to determine common themes. No identifying information was included in the transcripts. Participants were informed by the researcher that this interview data will be confidential and that the recordings will be stored in a secure location and destroyed directly after the study. This approach aligned with best practices in qualitative research to protect participants' identities and uphold the integrity of the research process. Data collection continued until data saturation was reached, which occurred after 12 interviews when no new themes were identified. The characteristics of participants are presented in Table 1. After the interview, an email of appreciation was sent separately to each participant. Consequently, physicians were requested to provide names and contact information of potential informants, who were subsequently contacted and invited to participate in the study.

Data collection tool

Interview guide (Table 2) created and developed by the authors for the semi structured interview was used to ensure consistency in data collection (supplementary file). The use of open-ended questions allowed flexibility for the interviewee to discuss their experiences and opinions in their own words. The guide covered the following dimensions: challenges or barriers encountered as a woman physician at your workplace, work-life balance and family responsibilities, gender disparity, limited career advancement opportunities and burnout.

Trustworthiness

Our study employed Lincoln and Guba [12] four criteria, including credibility, transferability, dependability, and confirmability to ensure trustworthiness and validity in the thematic analysis process. Reflexivity is one of the key strategies used to indicate credibility in this study. The researchers prior to the start of the study highlighted the importance of remaining objective throughout the interviews to ensure that the first author did not impose her own beliefs and biases into the data collection process. No pre-existing relationships existed between the interviewer and participants, reinforcing the integrity of the research process. Our primary goal was to gather essential information crucial for the study. The data collection was carried out based on participants' preferences, allowing them to choose between in-person or virtual sessions at their convenience. This approach was designed to minimize any impact on their work shifts and to facilitate their active participation in the study. The selection of participants was unbiased, they were also informed that they could withdraw from participating in the study at any time. In addition to reflexive practice throughout the conduct of the study, confirmability was also maintained by ensuring that the study findings reflected accuracy of participants' meaning. Transferability refers to the relevance and meaningfulness of the findings which can be transferable to another research. Authors highlighted the importance of providing detailed and clear findings to enhance transferability in this study. Dependability was achieved through meticulous documentation and regular meetings among the authors. During data analysis, all authors were actively involved, ensuring the credibility of the theme development.

Table 1 Demographic data

Participant	Age	Specialty	Years of experience	Marital Status	Number of children
1	29	Anesthesia	5	Single	0
2	28	Anesthesia	4	Married	1
3	32	Cardiology	5	Married	1
4	30	Emergency Medicine	6	Single	0
5	40	Endocrinology	16	Single	0
6	42	Gastroenterology	18	Married	3
7	29	Gastroenterology	5	Single	0
8	32	General surgery	8	Single	0
9	40	Hematology- Oncology	13	Married	2
10	29	Hematology- Oncology	3	Single	0
11	28	Obstetrics & Gynecology	4	Single	0
12	38	Obstetrics & Gynecology	10	Married	2

Table 2 Interview guide for Semi-Structured interview

1- Can you describe any specific challenges or barriers you have encountered as a woman physician in your workplace? How have these challenges affected your career progression and professional opportunities?
2- In your experience, what gender-specific biases or stereotypes have you observed or personally faced within the medical profession? How have these biases impacted your interactions with colleagues, superiors, and patients?
3- Are there any specific barriers that you believe disproportionately affect women physicians in terms of career advancement, leadership opportunities, or access to mentorship and sponsorship? Can you provide examples from your own experience or observations?
4- Have you ever faced a remarkable experience in patients' preferences regarding physicians' gender? From your experience do you think the physician-patient relationship is affected by a physician's gender?
5- How have work-life balance expectations and family responsibilities impacted your career as a woman physician? Have you faced any challenges or lack of support in managing these competing demands? How have you navigated these situations?
6- During the current economic crisis in Lebanon can you tell me about your working hours? about your workload? Are you taking more duties? Describe your feelings of being "burned out" and "overwhelmed."
7- Have you personally experienced or observed any disparities in salary or compensation compared to your male colleagues? How have these disparities affected your career or job satisfaction? Have you encountered any challenges related to negotiating salary or advocating for equitable compensation?
8- Have you encountered any incidents of harassment in your workplace and how it affected you both personally and professionally. What steps you took to address the issue, seek support, or resolve the situation
9- Have you received mentorship and support from senior women physicians or leaders in your field? How has this mentorship influenced your career trajectory and helped you overcome barriers or challenges?
10- In your opinion, what strategies or changes could be implemented at the organizational or systemic level to address and mitigate the barriers faced by women physicians in the workplace? What steps do you believe would promote gender equality and create a more supportive and inclusive environment?
11- Based on your experiences and insights, what advice would you provide to other women physicians who may be facing similar barriers or challenges? Are there any resources or networks that you have found particularly helpful in navigating these obstacles?

Ethical considerations

Ethical approval was obtained before recruitment by the Institutional Review Board (IRB) at the Lebanese University reference number CUER 11-2023 and a written informed consent was obtained from all the participants. All data collection methods adhered to ethical principles, ensuring confidentiality, and voluntary participation. Our study was performed in accordance with the declaration of Helsinki. The collected data is securely stored with limited access only available to the researchers themselves. All recordings and transcripts will be deleted upon publication of the manuscript.

Data analysis

Data was analyzed using a thematic analysis approach [13]. Audio-recordings were transcribed verbatim in the Arabic language by the first author (RD) which enhanced comprehension of the data. The next step was familiarization which involved reading and re-reading the Verbatim transcripts to become familiar with the data and a process of immersion in the data began. A rigorous manual analysis was undertaken to detect frequent themes, and perceptions pertaining to physician women experiences and barriers at workplace. The verbatim transcripts were read in entirety and meticulously by two authors and each independently identified pertinent concept and phrases, which were then assigned as codes. The codes were then sorted and resorted into potential themes. All the authors of this study met regularly to review and revise themes and sub-themes which were defined, named and constantly reviewed until consensus was reached. It is worth mentioning that when one researcher felt that a statement reflected one theme and the other researcher felt it reflected a different theme, or when themes overlapped, a third researcher's opinion was consulted to resolve the inconsistency and to ensure accuracy and robustness in the research. Quotes used in reporting findings were translated into English Language.

Results

A total of 12 female physicians participated in the interviews. All participants were interviewed via zoom. The demographic data was reported in Table 1. Five of our participants were married and nine had five years of experience or more. The analysis of the information gathered was conducted through a process of coding, subtheme, and theme development. Thematic analysis of the data revealed the overarching themes and sub-themes (Table 3). In the following paragraphs, each theme is described in more detail providing sample quotes, where appropriate. These themes, sub-themes, and codes provide a structured overview of the challenges women in medicine may encounter and potential solutions to address those challenges. It's essential to recognize and address these issues to create a more equitable and supportive environment for women in the medical field.

Theme 1 personal challenges faced by women in medicine

Sub-themes *Impact of family responsibility, economic crisis in Lebanon, and burnout.*

All participants unanimously agreed that many challenges encountered Lebanese women in medicine while performing their job at workplace. Qualitative analysis of the sub-themes articulated by women physicians unveils a nuanced understanding of the personal challenges they encountered, and they were categorized into: Impact of family responsibility, economic crisis in Lebanon, and burnout. Firstly, the impact of family responsibility emerges as a salient concern, as participants navigate the intricate balance between professional commitments and familial duties. Their narratives illuminate the intricate juggling act required to fulfill caregiving responsibilities while meeting the demands of their medical profession, often leading to feelings of guilt, stress, and a sense of inadequacy. Most of the participants described a strong link between choice of specialty and lifestyle issues. Commitment to maintaining a balanced lifestyle required certain career decisions. "*When I began medical school, I planned to become a surgeon, was doing electives and I realized… I wanted more from life than just focusing on my career. This often meant I had to choose between my family life and my career" (29 years, single).* Secondly, the economic crisis in Lebanon reveals profound impact on their ability to access resources, provide quality care, and sustain their livelihoods, exacerbating feelings of frustration and disillusionment. Lastly, burnout emerges as a prevalent theme, characterized by emotional exhaustion, depersonalization, and a sense of professional detachment. Participants describe the pressures of their work environment, compounded by systemic issues and organizational constraints, leading to a depletion of energy and a loss of passion for their profession. All the participants clearly articulated that their main struggle was how to achieve a balance between their personal and professional lives. They often faced multiple demands: *"There are family demands and professional demands. It's hard to be good at everything at the same time".* Failure of female women to achieve balance was reflected in emotional distress: *"A lot of the time there isn't balance.… I get really stressed, and frustrated" (40 years, married).* Women in all specialties described feelings of being *"overwhelmed" and "burned out".*

Theme 2 institutional challenges faced by women in medicine

Sub-themes *Gender discrimination, workplace harassment, experiencing salary inequity, under-represented in clinical leadership, slower career advancement, workload,*

Table 3 Main themes, sub-themes, and codes

Main themes	Sub-themes	Codes
Personal challenges faced by women in medicine	Impact of family responsibility	Balancing work and family roles
	Economic crisis in Lebanon	Financial strain on healthcare professionals
	Burnout	Emotional exhaustion and professional fatigue
Institutional challenges faced by women in medicine	Gender discrimination	Unfair treatment based on gender
	Workplace harassment	Unwanted and offensive behaviors
	Experiencing salary inequity	Unfair pay disparities
	Under-represented in clinical leadership	Lack of female representation in leadership
	Slower career advancement	Hindered career progression
	Workload	Excessive work demands
	Patient-physician relationship	Patient interactions
	Shortage of physicians	Insufficient personnel in healthcare
	Migration of physicians	Movement of healthcare professionals to other regions
	Lack of childcare facilities	
Solutions for issues faced by women in medicine	Fostering supporting communities	Support systems for women in medicine
	Encouraging collaboration and mentorship	Policies establishing formal mentorship programs for women in medicine.
	Encouraging professional development	Providing opportunities for skill enhancement Initiatives supporting ongoing education and career growth
	System-Wide Policy Changes for Women Physicians	Inclusive recruitment policies Gender equity policies Equal opportunities for advancement Support Work-Life Balance

patient-physician relationships, shortage of physicians, migration of physicians and lack of childcare facilities.

Several respondents experienced gender-based discrimination where a female physician's medical expertise and authority are questioned based on her gender. Women receive less credit, and they spoke about receiving less recognition for ideas. *"Sometimes staff, and colleagues are less likely to accept my influence or opinion because of my gender.... I've been in many physician conferences where the comments of women are ignored and the same comments by men are celebrated" (32 years, single).* Others explained that women receive less credit for their accomplishments compared to men physicians. A patient might also express skepticism or reluctance to follow medical advice provided by a female physician, believing that a male doctor would be more competent or authoritative.

Half of our respondent reported having experienced sexual harassment on at least one occasion either during their training or during their years of practice, in terms of verbal, and uncomfortable gestures, and unfavorable treatments at their respective hospitals. The study found "silence and ignorance" as a common way to deal with harassment. It is important to note that they didn't report the incident and the main reason for not reporting a sexual harassment incident included the following: "I *did not think anything would be done about the incident" (40 years, single).* Another participant mentioned: "*fear of reprisal" (29 years, single)*. Another reason mentioned by the female physicians was the fear of difficulty working with colleagues after reporting the incident.

Economic crisis and movement of healthcare professionals to other regions lead to shortages in the medical workforce and insufficient personnel in healthcare. Therefore, physicians' men and women have to work long hours and have to agree to working frequent night shifts. Participant highlighted that extended work hours led to occupational health risks. She verbalized the following words "*I had to work long hours and even night shifts. When I experienced a near miscarriage with my second child, people at my workplace did not adjust my shift schedule…And I need to work…" (38years, married).* All the mothers' physicians claimed the lack or absence of childcare facilities at their workplace. They emphasized the pivotal role of childcare support in enabling them to balance their professional responsibilities with their familial duties. Many highlighted the challenges they faced in finding suitable arrangements for their children while they were at work. "*I wish my workplace has a childcare facility for sick children. Whenever my children have a fever, I am always called by the childcare facility to pick up my kid and I have to call my mom or my mother-in-law or my husband to pick-up my child because I'm not able to leave my work".* In addition, she added: *"Female doctors do not take fair maternal leave because of the limited number of co-workers" (40 years, married).* According to the participants, women have fewer opportunities for leadership positions and compensation. Additionally, physician women perceive fewer prospects for career advancement and promotion within the workplace. A participant noted, *"Women often find themselves burdened with extra responsibilities without receiving additional time or compensation, whereas men's time appears to be more consistently rewarded…." "This is likely a consequence of societal norms that instill the idea from an early age that girls should prioritize being perceived as pleasant and agreeable" (30 years, single).* Another participant in the early career group stated that the head of her department frequently phoned her at inconvenient times regarding work-related issues, showing little consideration for her schedule. She felt that she could not push back or set boundaries and was expected to answer his calls at any time of day in order to get promoted. In addition, female under-representation in clinical leadership can be observed in the field of surgery. Despite increasing numbers of women entering medical schools and residency programs, there remains a significant gender disparity in surgical leadership roles. Factors contributing to this underrepresentation include "*implicit biases, lack of mentorship opportunities, challenges in work-life balance, and systemic barriers within the surgical culture in Lebanon".*

Theme 3 solutions for issues faced by women in medicine

Sub-themes *Fostering supporting communities, encouraging collaboration and mentorship,*

Encouraging professional development and system-wide policy changes for women physicians

Even though there are lots of tough challenges, our participants still feel positive about women's future in medicine in Lebanon. They came up with many ideas to solve these problems. The main ideas they talked about were to encourage and help women grow personally and professionally. Change policies across the whole system to make things fairer for women physicians and support future women physicians' generations.

All our participants agreed to the importance of supporting women physicians by creating communities and groups in the workplace where they can connect, share experiences, and receive support. They believed that "*support systems in medicine are still behind the times*". One woman suggested to organize conferences that aim to empower women physicians and having a space to discuss common struggles. In addition to women supporting each other, they also described the importance of having men support women in the workplace. The women physician felt very supported and validated by having the

support of their male colleagues. Participants found that promoting personal and professional growth for women physicians is crucial. They suggested policy and organizational adjustments that promote equity and empower women to take leadership roles. One of the participants who works in a male-dominated specialty, recognized the advantage of having more women in medicine, particularly in positions of high leadership, which could lead to a reduction in sexual harassment due to decreased manpower at the top. They mentioned how their own experiences can help other female's med students or residents to improve their career. One participant said that: *"I noticed imbalances in the system, but I am eager to offer guidance and support as I saw opportunities for women to become leaders in medicine. Therefore, implementing strategies such as reduced work hours, flexible timing, and part-time work (50% clinical and 50% research) may contribute to highly motivated women in the workplace" (42 years, married).* Overall, they felt positive about the future of women in medicine in Lebanon and wanted to make a positive impact through their relationships with their colleagues and their own growth.

Discussion

This study revealed a wide range of challenges and barriers that women face throughout their medical careers. The participants also provided valuable insights into their personal workplace experiences.

In regard with the Impact of family responsibility and burnout, achieving personal and professional balance was a challenge for all female physicians. All participants in our study described the constant struggle they experienced to balance their personal and professional lives. These findings align with a study conducted in Canada by Mobilos et al., which involved 12 female physicians. The study revealed that female physicians perceived that male physicians do not carry the same amount of responsibility at home, making it much easier for them to succeed in a time-demanding field such as medicine [14]. A recent study by Chesak et al., in the United States used a focus group to explore the experiences of women physicians at various career stages. Across all groups participants reported feeling "burned out" and "overwhelmed" [15]. Existing literature demonstrates that a lack of balance is associated with decreased job satisfaction and leads to stress both within and beyond the workplace and this stress can ultimately lead to burnout [16, 17]. A cross-sectional survey conducted in 2018, among female oncologists from the Middle East and North Africa also highlighted their struggles to balance between family and career [18]. Moreover, a survey conducted in 2011 by Nomura et al., involving Japanese female doctors reported that there was severe shortage of childcare facilities in the workplace. In addition, the Japanese female doctors reported that professional practice was a struggle with long working hours due to a current shortage of doctors in Japan [19].

Gender discrimination in the hospital can take the form of sexual harassment [20], inequitable compensation [21], diminished career advancement to leadership roles [22], and the misidentification of women physicians' roles [20]. Some of our participants shared their deep concern about sexual harassment in the workplace. This aligns with findings from other published studies where female doctors reported that the person making the complaint ends up resigning while the harasser faces little to no consequences. Additionally, they also described experiences in which women were blamed for inappropriate sexual comments and actions imposed on them by colleagues [14, 15]. Harassment and unsafe work environment also was reported by women doctors who graduated from medical schools in Pakistan [23]. A recent study conducted to assess gender discrimination among women healthcare workers (HCWs) during the COVID-19 pandemic in the United States showed that women HCWs experienced gender discrimination from both patients and colleagues which made them feel "disheartened," "unvalued," "unrecognized," "disappointed," "angry," and "hopeless" [24]. A cross-sectional study conducted in Jeddah, Saudi Arabia, among 133 female resident trainees in medical units aimed to assess the challenges and obstacles they face in the workplace. The findings revealed prevalent issues including gender discrimination, harassment, work dissatisfaction, limited clinical correspondence, high rates of depression, burnout, stress, and dropouts. These results underscore the alarming and multifaceted challenges confronting female trainee residents in Jeddah across different levels and specialties [25]. A 2024 review by Alansari et al., explored the barriers faced by female surgeons in Arab countries and examined potential gender biases in patient preferences for surgeons. The study identified several core challenges, including the physical demands of the profession, gender-based discrimination, patient preferences favoring male surgeons, and the pressures of balancing social and family expectations. Additionally, the review highlighted the difficult working conditions such as long hours and high stress environments which hinder career advancement for women in surgery and often conflict with societal expectations surrounding women's roles in family life [26]. Moreover, A 2020 study on Canadian anesthesiologists in leadership roles revealed that participants faced discrimination and ingrained societal expectations. They noted that leadership traits were often judged differently for men and women [27].

The integration of the feminist theory, social role theory and spill over theory allows the study to comprehensively examine the experiences of women physicians

from multiple perspectives: Through these theoretical lenses, the findings reveal a complex interaction between societal expectations, gender roles, and familial dynamics that shape women's experiences within the medical profession. Feminist theory uncovered the underlying structural barriers that Lebanese women physicians face in their workplaces, such as discrimination, harassment, and lack of leadership opportunities. Social role theory provided insights into how traditional gender norms in Lebanon impacted women physicians' career trajectories and personal lives shaping their interactions with colleagues, patients, and families while affecting their professional development and satisfaction. Furthermore, the incorporation of spill-over theory shed light on how familial responsibilities interfere with women doctors' professional engagement. This theory is essential in understanding how Lebanese women physicians manage the competing demands of their professional and personal lives, ultimately influencing their performance and well-being. By addressing rooted societal norms, traditional gender roles, and familial expectations, this research deepens our understanding of the barriers faced by Lebanese women in the medical profession and paves the way for future interventions.

Promoting gender equity and implementing supportive policies can help Lebanon progress toward a more balanced and inclusive medical workforce, fostering opportunities for women to excel in diverse specialties and assume leadership roles. Medical schools should address these concerns with all their students and facilitate discussions on how to balance medicine with future caregiving responsibilities. Implementing strategies such as reduced work hours, flexible timing and part-time work may contribute to highly motivated women in the workplace. Given the workload of female physicians in Lebanon, it is imperative for authorities to propose solutions and proactive measures to counter physician migration and alleviate its impact. We should support and inspire young female doctors, especially those from groups that are not represented much in medicine, to grow in their careers. Stereotyping and discrimination can lead to stress, lower productivity, and reduce life satisfaction. In addition, providing replacement staff during maternity leave and increasing access to on-site day-care centers is essential. Moreover, increasing awareness of the challenges women face in leadership, alongside enhancing the visibility of women leaders, is essential to addressing the conflict between traditional leadership traits and societal expectations of women. Leaders, both women and men, should actively support women through mentorship, sponsorship, and coaching at every stage of their careers, emphasizing that women are equally skilled and qualified for leadership roles. Encouraging women to acknowledge their accomplishments can foster self-confidence and reinforce their ability to thrive in leadership positions.

Limitations

It's important to mention that not all Lebanese women physicians we approached for our study agreed to participate. We acknowledge that their nonparticipation creates limitations and potential biases since their perspectives and experiences are not included. Due to the purposive sampling method and the small sample size, the findings may not be generalizable to all female physicians. The subjective nature of the data, drawn from participants' personal experiences, may reflect individual biases. Finally, while we aimed for data saturation, time constraints may have limited further exploration of emerging themes. However, the stated risks are always present, but considerable efforts were taken to minimize the effects on the findings. Future qualitative and quantitative research could involve more physicians and enable comparisons across different specialties, and marital status which would be beneficial.

Conclusions

This study provides insights into the challenges faced by women physicians in the Lebanese healthcare system. Participants highlighted key personal challenges such as work-life balance, and burnout, as well as institutional obstacles like gender discrimination, limited career advancement opportunities, and sexual harassment. The findings also revealed coping strategies employed by women physicians to overcome these barriers and achieve professional success, including mentorship, peer support, and advocacy for systemic change. We believe that our findings can serve as a valuable resource for female medical students, particularly in guiding them as they select their specialties and can help future female physicians prepare for the unique obstacles they might encounter in their careers. By addressing and actively eliminating disparities in pay, leadership opportunities, and workplace culture, the Lebanese medical community can foster an environment that values and leverages the talents of all healthcare professionals, regardless of gender. A diverse and inclusive medical workforce not only enhances equity but also contributes to improved patient care, innovation, and women physician prosperity. Findings may therefore not be generalizable among all the Lebanese women physicians, but they do give an insiders' perspective of the experiences of female physicians at workplace in Lebanon. Further research is needed to explore these issues in different healthcare settings and to evaluate the effectiveness of targeted interventions in improving workplace conditions and empowering women physician.

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12905-025-03640-3.

Supplementary Material 1

Acknowledgements
We thank all the Lebanese women physicians who accepted to participate in this study.

Author contributions
RD developed the research idea and conducted the interviews. RD, LT, and ZN conducted the transcription, translation, and drafted the manuscript. ZN contributed to the qualitative analysis of the data. FAM reviewed the article for important intellectual content. All authors read and approved the final version submitted.

Funding
No funding was received.

Data availability
The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate
Ethical approval was obtained before recruitment by the Institutional Review Board (IRB) at the Lebanese University reference number CUER 11-2023 and a written informed consent was obtained from all the participants. All data collection methods adhered to ethical principles, ensuring confidentiality, and voluntary participation. Our study was performed in accordance with the declaration of Helsinki. The collected data is securely stored with limited access only available to the researchers themselves. All recordings and transcripts will be deleted upon publication of the manuscript.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

Received: 15 September 2024 / Accepted: 26 February 2025
Published online: 14 March 2025

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