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Exploring Intellectual Capital

BROKEN WINGS: ISSUES FACED BY FEMALE DOCTORS IN PAKISTAN REGARDING CAREER DEVELOPMENT

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ABSTRACT

We often read slogans like "Without women, no development" but are women really advancing? We still need to know 1) whether women's career paths are as smooth as that of men's? 2) Can they claim and bargain for their desired compensations and promotions; 3) 0r they can easily relocate themselves easily to some organization or place where they may find all that is desired by them? 4) Can they build and sustain their own power networks; 5) can they organize and run professional bodies and societies on their own? And finally we see women facilitating others everywhere but how often do we see women leading others? This qualitative study aims to identify reasons why women fail to pursue their career as seriously as men. What are the social and psychological factors that are pushing women behind? What values and traits are missing in women that they fail to acquire leadership roles in life? What can be done to help and guide the women struggling in their careers towards better decision making. The study comprise of report developed after interpretive analysis of the qualitative survey done with lady doctors working in national hospitals in three districts of Punjab, Pakistan supported by in-depth interviews of doctors working with Pakistan Medical Association and telephonic survey with doctors who did not pursue their career. After triangulation and analysis of the evidence, the researcher reached at an interesting conclusion, that lady doctors must learn to balance between their emotional and professional needs to stay in the field and advance in career.

Keywords: *Career development, Gender discrimination, Glass ceiling, Leadership, Emotional stability*

1. INTRODUCTION

Career has been understood as "advancement, creating positive references towards career aspirations, promotion and development" (Oplatka and Tamir, 2009). People are groomed to think in this direction over time and thus seek 'vertical mobility', i.e. moving upward in an organization's hierarchy during their course of work life (Greenhaus and Callanan, 1994; Hall, 2002). Seeking professional growth and pursuing actively is considered very natural in highly competitive knowledge society. The renowned motivational theorists Abraham Maslow and Frederick Herzberg have identified the goal of personal growth and development

as central to an individual's motivation. Career progression not only provides the opportunity for personal growth, but can also satisfy status and security needs while at the same time providing an opportunity for self-actualisation (Sultana, 2008; Sultana and Watts, 2008).

When we search for 'meaningfulness' in women's life, the research indicates that women are far behind and misrepresented in this race because their fixed traditional role in the home environment is still dominant globally and women still contribute more to the domestic arena than men (Broadbridge, 2007). Hence, even when freedom and liberation are the 'lexicon' of the twenty-first century, research on women career demonstrates that despite the growth of dual career households, women still opt for forced choices rather than free ones (Green et al., 2004). The situation does not seem to differ for 'lady doctors' (a term generally used for female physicians in Pakistan) (Bano et al., 2005; Yasmeen, 2005; Nizami et al., 2006 and Ghazali et al., 2007).

Why lady doctors do not appear to be so enthusiastic and motivated to pursue their career in terms described above when in Pakistan girls succeed to get into medical colleges through open merit and in many medical colleges girls are equal if not more in number. Moreover, higher education in public institutions is almost free. Apart from this girls enjoy the privilege of girls' only medical colleges as well. Hence, there are better chances for girls to get into medical colleges than boys; still we do not find more lady doctors than male doctors in hospitals and clinics. It is a difficult challenge both for governments and human resource management agencies, which look it as total waste of money, time and effort that many women after completing their MBBS degree do not work at all, neither at any public institution nor at any private organization. Pakistan is already ridden with women and child health issues, hence wasting of such an important human resource can never be justified where we are experiencing a shortage of 70000 doctors in the country (Khan, 2004). Therefore, it becomes imperative to investigate, why such a valuable asset is wasted after many years of hard work and much investment in this precious human capital. Which barriers are blocking the way of women's professional growth?

2. LITERATURE REVIEW OF THE PROBLEM

Previous research tells us that what seems right for men in terms of career growth and advancement goes wrong with the women. Gender has been shown to play an important role in determining the extent to which children and the employment status of one's spouse influence one's attitude toward relocating (Landau et al., 1992). Research indicates that while men's careers benefit from having children at home, women's careers are hindered by it (Tharenou et al., 1994). Furthermore, women with pre-school age children at home have been found to possess a more negative attitude toward relocating (Baldridge et al., 2000). It appears that for men, having children pushes them to make career choices that are likely to help them fulfill their role as provider, whereas for women having children makes them less likely to pursue their careers due to the extra demands that child rearing places on them (Powell and Mainiero, 1992; Blau et al., 1998). Therefore, it is predicted that the presence of children at home will be positively related to men's and negatively related to women's willingness to relocate.

Dambisya (2004) has reported that "little information exists on the career paths and destinations of graduates of medical schools from developing countries, in contrast with many such reports from the developed world". Women have been historically found lacking in administrative role and hospital administration appears historically as a male profession predominantly (Borkowski and Walsh, 1992). Green et al. (2004) have argued that gender is still a major issue in the workplace because of the impact that gender stereotypes have on the attitudes and decision making of employers and employees alike. Moreover, satisfaction with career is also aligned with practicing male norms (Broadbridge, 2007) because obstacles often impede women's career paths more than men's (Madsen and Blide, 1992). Moreover, perceptions by women and men of a woman as homemaker and mother create serious conflicts when jobs are demanding and time intensive Madsen and Blide (1992) and if they wish to advance, they may have to move to nontraditional work settings (Robinson, 2004; Baruch, 2006; Swanson and Fouad, 2009). Education is also expected to influence one's beliefs concerning one's marketability. Human capital theory states, "More educated workers have more options because they have increased their human capital investment" (Wayne et al., 1999: 580). Hence, the doctors today demand significantly different lifestyle desiring to keep leisure and work separate and balanced (Ek et al., 2005) requiring better personal and time management skills. Doctors, in fact are seeking careers that involve less occupational stress while having a potential for 'controllable lifestyle' (Ek et al., 2005).

Mangan (2009) has described lady doctors' career as "leaking pipeline" because of their shying away from 'academic medicine' and other highly demanding professional careers. Research has evidenced that women are more likely to be found in less prestigious and lower income specialties such as pediatrics, obstetrics gynecology, psychiatry, pathology and family practice (Jagsi et al., 2007) and they are prepared for under-representation in top positions in medical organizations and medical school facilities. Though many female physicians marry either other physicians or highly career oriented Professionals, still they fail to follow a smooth career path. If women are to move through the glass ceiling, health care institutions must become sensitized to the factors that prevent women's advancement and facilitate entry-level opportunities for women in administration (Davidson and Cooper, 1992; Hamel et al., 2006).

Yasmeen (2005) has identified that due to cultural and traditional practices even highly educated women did not receive equal rights as those of men in traditional society of Pakistan. She (Yasmeen) has advocated for an awareness campaign about harmful traditional practices based on the idea of the inferiority or superiority of either sex or on stereotyped roles of gender at all levels in society to modify the social and cultural attitudes of both men and women in Pakistan.

Bickel and Clark (2000) have noted that women receive inadequate mentoring and encouragement in their career development or partly because of women's tendency to think of relationships in terms of support and affiliation, whereas men are more accustomed to competition and hierarchy, which is the tendency to view relationships in professional, educational and/or workplace context. Nizami et al., (2006) have discussed that multiple factors can influence a person's level of job satisfaction; these factors range from the level of pay and benefits, perceived fairness of the promotion system within the organization, the quality of the

working conditions to leadership and social relationships. Furthermore, they (Nizami et al.) have pointed out lack of communication and cooperation between professionals as major sources of distress and dissatisfaction among female doctors. Bano et al. (2005) has identified the source of stress for lady doctors in Pakistan, which tends to multiply, occupational stress into family stress.

3. THEORETICAL FRAMEWORK

Borkowski and Walsh (1992) have discussed 'theories for disparity', i.e., economic, organizational, and psychological factors influencing career development. Among these theories, economic theorists suggest that wage and career opportunity differentials may be attributable to interrupted employment cycles; psychological theories suggest that career advancement and subsequent earnings are affected by the psychological attributes of the individual and finally the organizational theories emphasize the structural and behavioral dimensions within the organization that can affect mobility. Moreover, issues of gender and mentoring are explored through several theoretical lenses — similarity, attraction paradigm, power dependence, social exchange, biological, and psychological theories—to provide a more comprehensive view of mentoring from a gender-based perspective (Young et al., 2006). According to Ng et al. (2005) career success can be influenced by both subjective indices (personal view such as career satisfaction) and objective indices, i.e. extrinsically observable factors, including salary progression and promotions.

While examining how gender differences impact the enactment of careers Sullivan and Mainiero (2007) have outlined two major patterns that describe the careers of professionals in the contemporary workplace, 1) the alpha career pattern usually followed by men, with their gradual focus on challenge, then authenticity, and then balance and 2) the beta career pattern followed by females usually with a gradual focus on challenge, then balance, and then authenticity. However, this challenged is pronounced differently for genders across cultures; men take 'work life' as challenge and women the 'family life'. Kirchmeyer (1998; 2002) identified four categories of phenomena which impact managerial careers: human capital (e.g. work experience and education), individual (personality traits, sex roles and motivation), interpersonal (mentors, support from superiors and networks) and family determinants (marriage, children and responsibilities).

Pachulicz et al. (2008) have further investigated Kirchmeyer's model according to predictors of career success of physicians comprising four sets of variables, 1) Human capital is comprised of an individual's educational, personal, and professional experiences; 2) Organizational sponsorship includes career sponsorship (the extent to which employees received sponsorship from individuals within the organization; 3) Sociodemographic predictors include demographic and social background, such as gender, race, marital status, and age; and 4) Stable individual differences factors are personality factors including the Big Five factors (i.e., neuroticism, conscientiousness, extroversion, agreeableness, and openness) as well as factors such as proactivity, locus of control, and cognitive ability. Pachulicz et al. (2008) have concluded that human capital and sociodemographic predictors were found to have stronger relationships with objective success, and organizational sponsorship and stable individual differences had

stronger relationships with subjective career success. Gender and time were found to be moderators of some relationships.

This study has followed Pachulicz et al. (2008) model to explore the factors that influence lady doctors' career in Pakistan either in negative or positive way.

4. RESEARCH DESIGN

Interpretive qualitative paradigm was adopted for the study (Cohen, et al., 2007) suiting the nature of problem, i.e. to explore issues and constraints faced by Pakistani lady doctors in their career development. Qualitative techniques were employed for data collection whereas triangulation of sources was observed to observe validity, and coding was employed to reach major themes emerging in the data (Miles and Huberman, 1994). Final interpretation was done through exercising a constant dialogue between the primary and secondary data sources following the tradition of phenomenology (Lincoln and Guba, 1985). Hence, after going through "thick descriptions" and detailed scrutiny (Basit, 2003) some conclusions were derived. The graphical representation has been used to demonstrate occurrence of themes in the data and no other quantitative or statistical technique has been used to interpret or analyze the data.

The sample of our research comprised 200 lady doctors from four district of Punjab. The sample comprised a good mix of age, experience and doctors working in public hospitals and private clinics. The sampling technique was "convenience sampling" keeping in view the diversity of population, its size and access. Qualitative questionnaires with open ended responses were used to secure opinions of working lady doctors. At the same time unstructured interviews (Kvale and Brinkmann, 2009) were held with three lady officials of Pakistan Medical Association and to counter validate the opinions a telephonic survey was done with 25 non-practicing lady doctors, who had either never adopted or had to quit at the beginning stage of their careers. A pilot was held to determine the reliability of the instruments used in the research.

5. ETHICS

The ethic of 'minimal intrusion' was followed asking only those questions directly related to study' (SERA, 2005:6). Informed consent of all participants was sought to ensure voluntarism following Cohen et al. (2007: 55) and to ensure anonymity of the data.

6. LIMITATIONS

The study has been done with a relatively small sample. To make effective generalizations, a longitudinal study with increased sample is suggested. Personal bias may have affected data interpretation and analysis to some extent, though I have tried my best to be self-critical and reflexive to minimize the bias.

7. RESEARCH FINDINGS

Fig. 1. Preferred work environment regarding gender
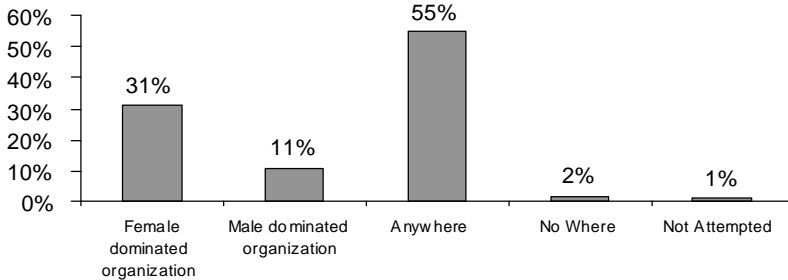

The results demonstrate that more than 5o% lady doctors can work in any work setting but still a significant number of practicing lady doctors (31%) would feel more secure in female dominated organization. The non-working doctors found it to be an issue, especially working at night shifts at the beginning of their married life.

Fig. 2. Planning for a career
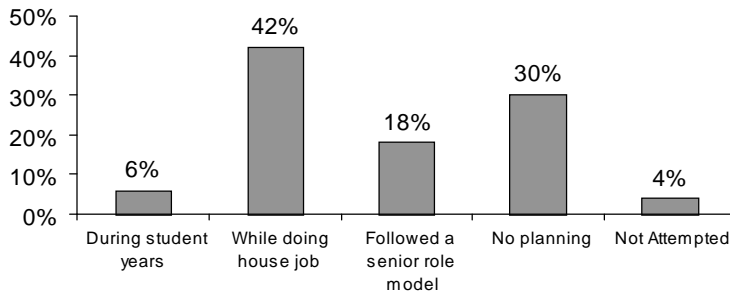
According to results 42% lady doctors did their career planning while doing their house jobs and/or followed a senior role model (18%). However, it remains significant that many lady doctors (30%) didn't plan at all while a few (only 6%) sought it in their student years. Non-practicing lady doctors also complained of non-availability of career counseling services and PMA (Pakistan Medical Association) persons also realized its dearth.

Fig. 3. **The influence of male colleagues on Quit**
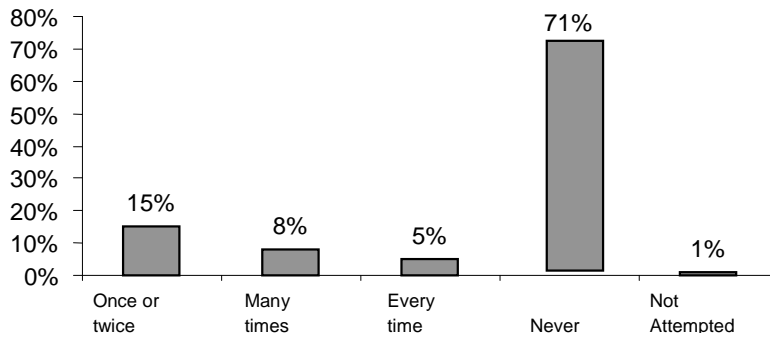
According to results most practicing doctors appear to be uninfluenced by male domination of the profession, but the non-practicing felt it deeply. However, Dr. Yasmin Rashid (president PMA) is of the view that this profession is same for both male female doctors and female doctors should not give up their any chance to their male colleagues.

Fig. 4. **Autonomy at work**
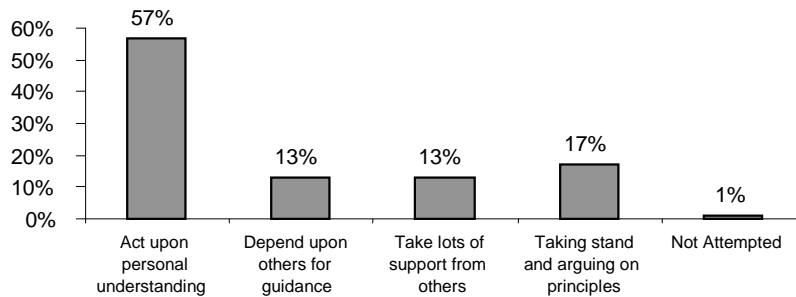
According to results most of the practicing doctors realize and enjoy autonomy and did not find difficulty in taking personal decisions as well as influencing others, while most of the non-practicing doctors felt shy and dependent upon others. Dr. Yasmin Rashid, had complained that women are reluctant in taking personal decisions, being firm and assertive, taking stand and arguing on principles.

Fig. 5. **Handling critical situations and problem solving**
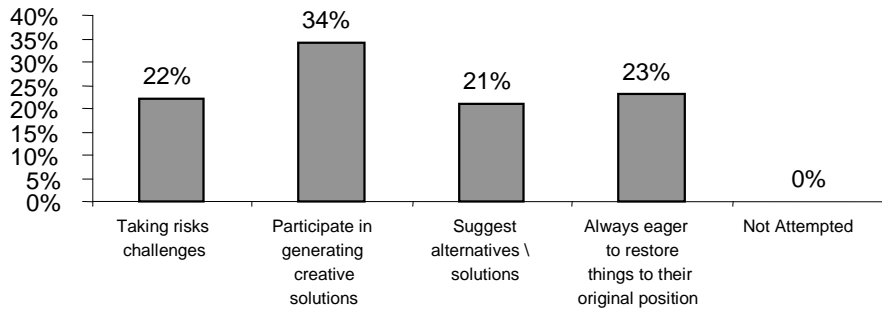
According to results most practicing doctors found themselves comfortable in participative decision making and generating creative solutions. Few felt naturally inclined towards restoration of balance and avoid uncertainty, whereas among non-practicing doctors uncertainty led to confusion and they were not motivated to take personal responsibility for taking risks and facing new challenges.

Fig. 6. **Personal response to critical situations**
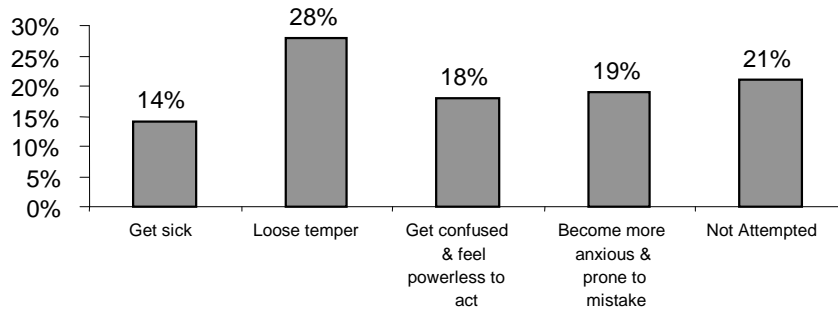
Results to this item have been most diverse showing a large scale of emotional instability and perceived height of occupational stress. Many practicing doctors (28%) loose temper when things go out of control. 19% become more anxious and prone to mistake, 18% get confused and feel powerless to act. While a few, i.e. 21% lady doctors think that it's part of their job and they know how better they should control the situation, which is not very difficult for them. Similarly, non-practicing doctors also showed lack of the ability in stress management related to occupational stress and also find it difficult to manage personal stress due to early pregnancy or difficulty in managing with new relationships in their lives, such as with husband and/or in-laws. Hence, they decided to quit, though unwillingly.

Fig. 7. **Sources of subjective satisfaction**
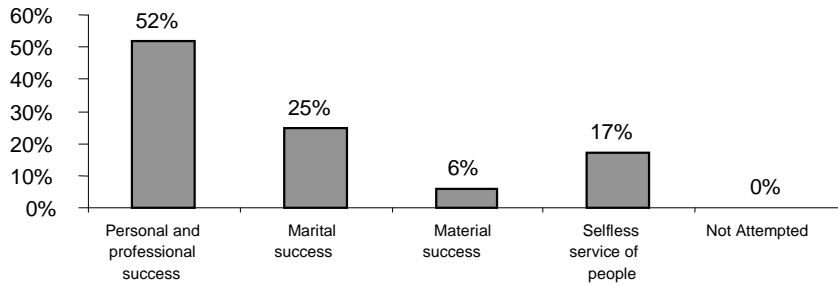
According to results most of the practicing doctors (52%) agree that both personal and professional success brings satisfaction in life; some of the lady doctors (25%) seek comfort in marital success. A few lady doctors (6%) realized it in material success, whereas, 17% of lady doctors believe that selfless service of humanity harbingers satisfaction. The non-practicing doctors have been more dependent upon their life partner's success for socio-economic reasons or they have invested their hopes in their children's welfare and wellbeing.

Fig. 8. **The type of influence used to achieve career success**
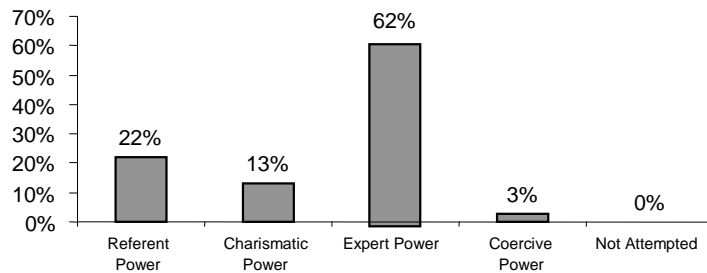
According to results most of the practicing doctors (62%) rely upon 'expert power' for their personal success; 22% use "referent power"; 13% prefer charismatic power. The non-practicing doctors said that they don't feel lacking in ability to influence, just their domain is different. They like to use it in personal rather than professional life. However, Dr. Yasmin Rashid recommends a combo of 'charismatic' and 'expert' powers making oneself self confident, assertive with "magical personality, knowledge and skills and reaching to heights of success one aims in life." It is further noted that gaining access to powerful networks is an important career management strategy, especially in regard to boundary less careers (Forret and Dougherty, 2001; Hall, 1996; Bierema, 2005). Networking is a proactive way for individuals to develop their careers "through such means as making contacts with others to obtain the necessary resources or developmental experiences" and to receive information regarding job opportunities.

Fig. 9. **Leadership Style and practicing norms**
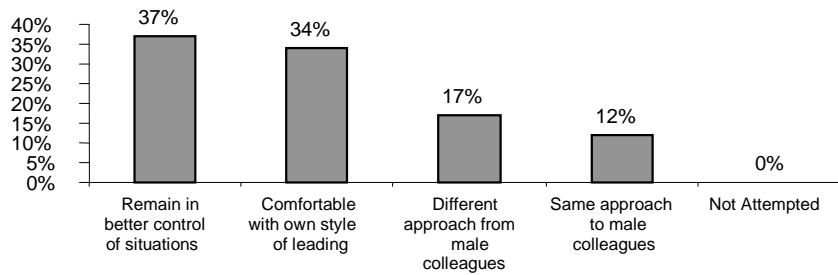
According to results most practicing doctors remained confident and sure of their leadership style, however, few realized that their way of handling with problem was different from their male colleagues using soft values than hard core commercialism and only few (12%) that their practicing norms for career development are not different from male colleagues. Non-practicing doctors did not sufficiently commented because they thought they lack experience.

Fig. 10. **Ways of expressing dissatisfaction**
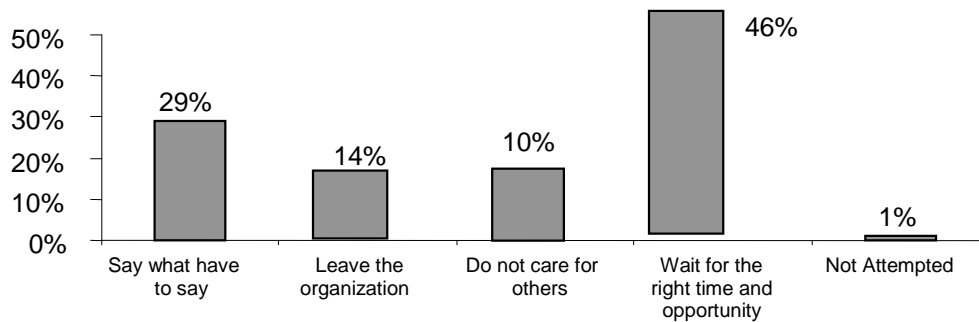
According to results most practicing doctors have been patient and resilient and have preferred to wait for the right time and opportunity to knock at their doors; 29% are very straight forward and will say what they have to say; 14% will leave the organization and 10% will be following others, doing routines and not giving the extra. Non-practicing doctors said they were not mature enough to realize what was needed at the moment and made wrong choices at wrong times.

Fig. 11. **Emotional balance**
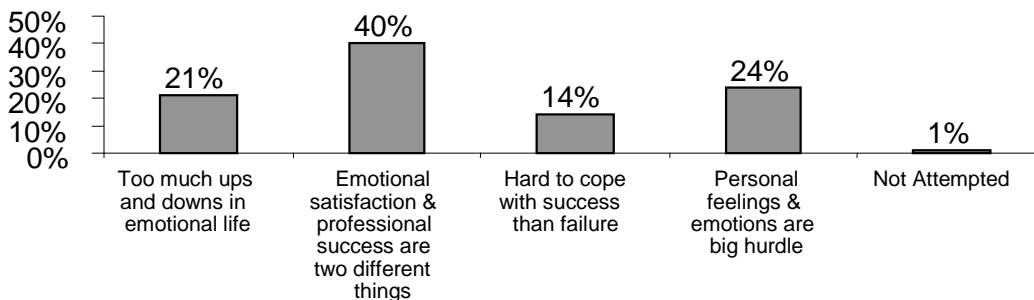
According to results, 40% practicing doctors were able to successfully compartmentalize between emotional satisfaction and professional success making harder choices, while 24% still feel that personal feelings and emotions are a major block in their way of success. A few even that their lives have been a ride on a roller coaster with too much ups and downs in their emotional life. "It is the emotional instability, which influences the walking on the way not just the destination" non-practicing doctors had admitted. Dr. Yasmeen admonished, "bringing one's emotional baggage at work brings negative connotation to work relationships, when one tries to displace it on colleagues, staff or patients; it destroys work life."

Fig. 12. **Satisfaction with relationships**
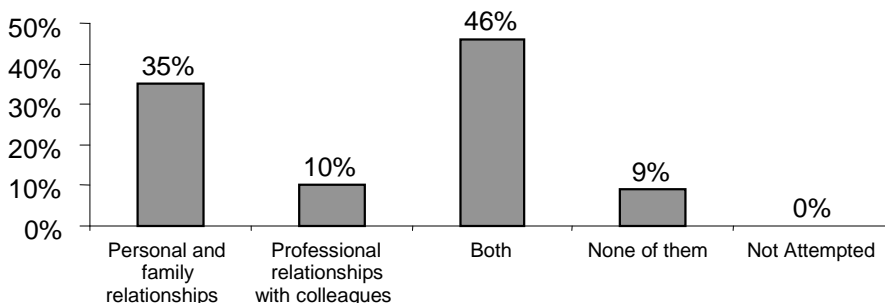
According to results many practicing doctors (46%) were able to seek satisfaction both in personal and professional relationships; 35% prefer their personal and family relationships and only 10% preferred professional relationships. Non-practicing doctors realize family and personal relationships very demanding and attention seeking most of the time blocking their scope for investment in professional relationships.   Many non-practicing doctors have complained that in Pakistani traditional society, where joint family system is preferred, married female professionals are often responsible not only for their professional duties but also for most of household chores, child care and care of elders in their families. Such responsibilities have stressed them out physically and emotionally. The doctors remarked, "There is no psychological help; there are no alternatives and choices are limited, and in many situations one has to surrender before family and social pressure."

Fig.   13.   Approaches   to   continue   with   success
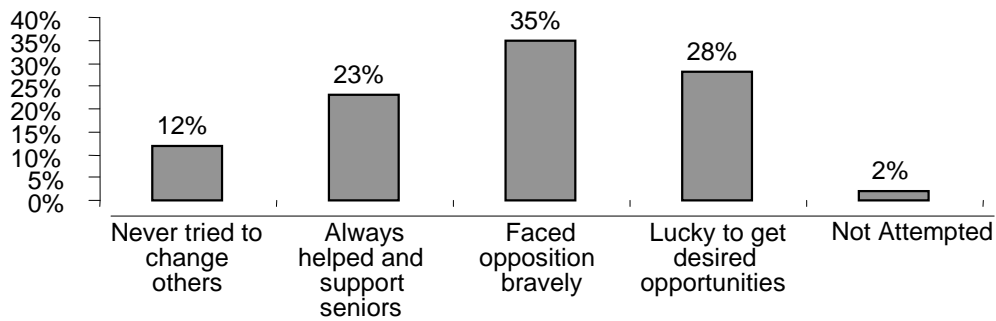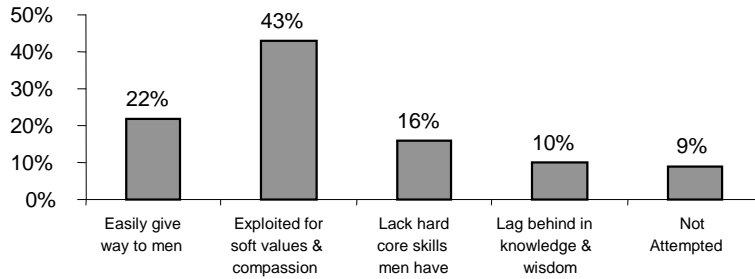

According to results, some practicing doctors managed the pathway to success because they could handle adversity and face opposition; some have been lucky to get desired opportunities on time and/or they are very helping and supporting to their seniors to carry out things "their" way. They think their compliance worked as they were dormant enough not to challenge ongoing policies at the workplace. Non-practicing doctors openly stated, they lacked support either at home or at work or at both avenues, which had made them weaker and they had to surrender to their personal situations.

Fig. 14. **Career success brings**
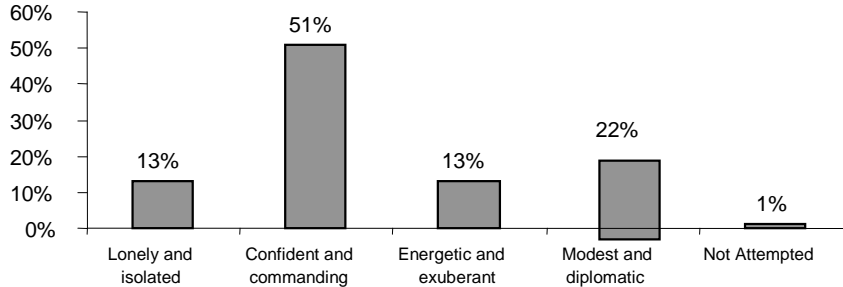
According to results most practicing doctors feel confident and commanding at the maturity of their career, 13% feel energetic and exuberant, while 22% feel modest and diplomatic. However, a few (13%) felt lonely and isolated at the peak of their career. Non-practicing doctors had commented that it depends upon the quality of experience, whether it was negative or positive, sometimes luck does not favor people as they want them to be favorable.

Fig. 15. **Reasons of failure to pursue career**

According to results practicing doctors have identified women's exploitation for their soft values and compassion as major reason of failure. The others are: they easily give way to men both at home or work, women lack confidence, lack hard core professional skills, they also tend to lag behind in practical knowledge and support in career planning. But non-practicing doctors thought they failed because of family pressure of getting into early marriage and relocating to places like Middle East where opportunities become limited due to lack of freedom to female mobility. Some have cited the example of other lady doctors, who have moved to developed world with their husbands, but could not pursue career due to lack of financial autonomy needed to pursue professional certification and/or higher education.

Many non-practicing doctors have reported that while relocating to USA or other Western countries they thought that they will be freer to pursue their career but what they really experienced was that their career remained 'trailing' after 'blazing' careers of their husbands and they spent most of the time in 'adjustment to new life style' and 'renegotiating their new social identity' as explained by Cooke (2007). Moreover, the occupational stress multiplies into family stress usually produced by uncooperative husband and/or in-laws, lack of the facilities for a proper day-care for children, insufficient income to afford day-care for infants, etc.

Fig. 16. **Skills needed to pursue career successfully**
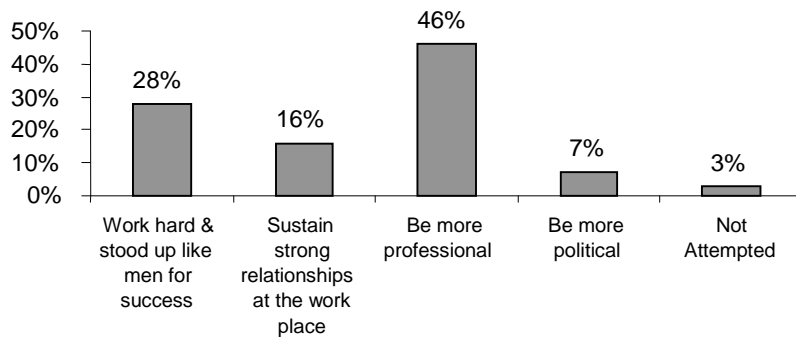
According to results many practicing doctors think that women should be more objective and professional, they should work harder and not give up, and stood up like men for success as well as they must learn to sustain strong relationships at the work place, seek mentors and develop strong social networks. A few lady doctors think that they must be political. Non-

practicing doctors are of the view that women should have more financial autonomy; mentoring and coaching should be available in early career and training of professional skills of personal management and relationships management must be incorporated in their curriculum.

Fig. 17. **The most vital skill for career development and missing in most of lady doctors**
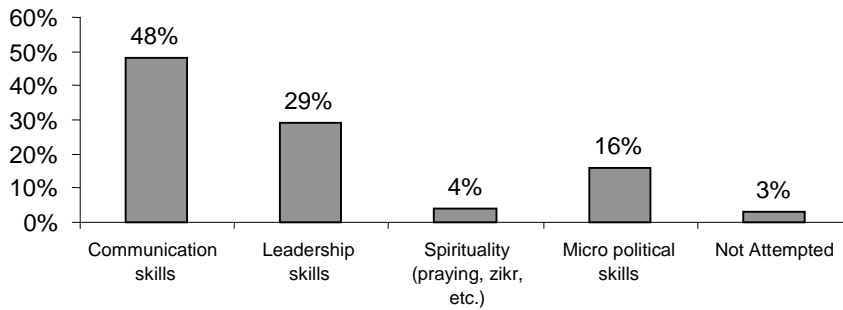
According to results almost everyone agreed that lady doctors lack in professional and interpersonal skills, such as communication, effective planning and decision making as well as smart political skills to maneuver in critical situations and save oneself from becoming a victim. Lady doctors need to work on intrapersonal skills as well to manage better sense of self esteem and autonomy. Moreover, they agreed that they need to grow patience and resilience in them as it breeds spirituality and empowers from inside.

It has been best realized by Vera and Hucke (2009) that the typical career paths of professionals are different from careers of other occupational groups. Doctors are trained and socialized according to professional values and norms that are considered to be the antithesis of a managerial orientation, whereas, they need a certain degree of managerial orientation to have a successful and satisfying professional career.

Fig. 18. **Changes required at institutional level**
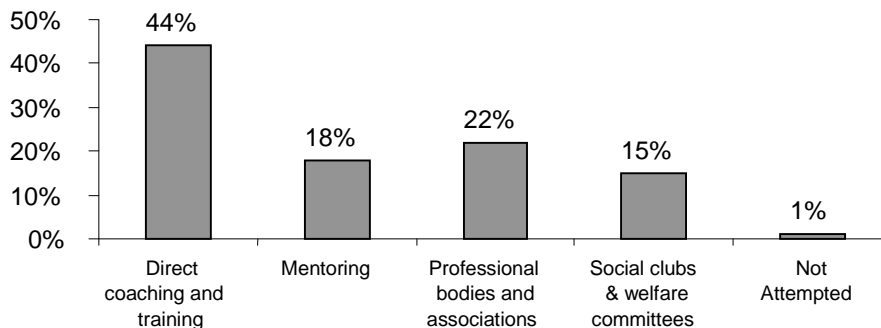
According to results most of the participants both the practicing and non-practicing doctors have recommended for direct coaching and training, some realized the importance of professional bodies and associations to cultivate professional attitudes and culture and

reinforce support for their careers. What is needed is active mentoring, as a partnership in personal and professional growth and development (Sambunjak et al., 2006; Weinert et al., 2005; Mayer et al., 2008) but it is challenged by increased clinical, administrative, research, and other educational demands on medical faculty. Dr. Yasmin Rashid advises to join hands to help each other, being vocal and make connections even virtually through blogs and websites, whereas, e-mentoring is a valuable tool for the career and management development of both returners and employed women who wish to break through the "glass ceiling" (Headlam-Wells et al., 2005)

Fig. 19. **Most successful strategy for career success**
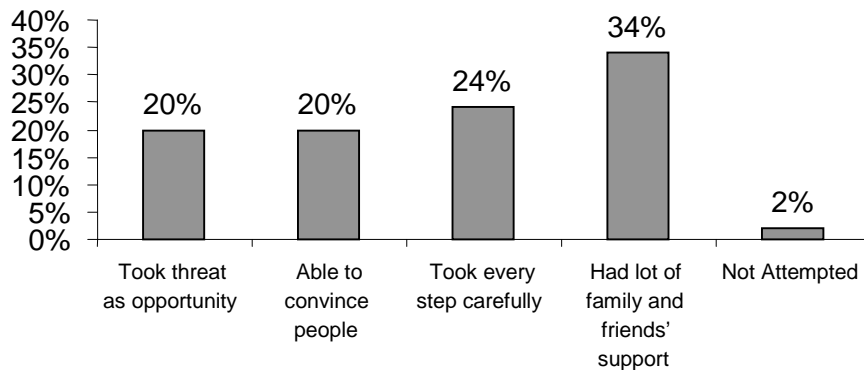
The results clearly demonstrate that family support matters the most in achieving success. The doctors need knowing exactly what they want in life, do careful planning and take sensible action to convert every threat into opportunity. It needs mastery in communication, the art of asserting oneself and convincing others.

Fig. 20. **Personal Approach**
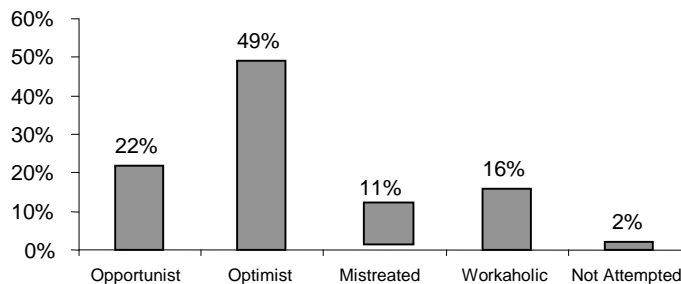
According to results most of the practicing doctors think that they are optimists and can make most of the situation, some feel they can grab the opportunity well, some define themselves as workaholics and only few regard themselves as unfortunate victims of hard luck and being mistreated. All doctors expressed the need of developing a strong sense of personal

efficacy and belief that their education, skill and knowledge must earn them the right to live with dignity securing one's rights for autonomy and personal decision making. Sense of self efficacy is enhanced by mentoring (strong social support) as well as experiential learning leading to mastery experiences, increasing self confidence, hope and trust in oneself. It also helps to develop social networking that increases the opportunities and marketability.

Fig. 21. **Best suited work domain**
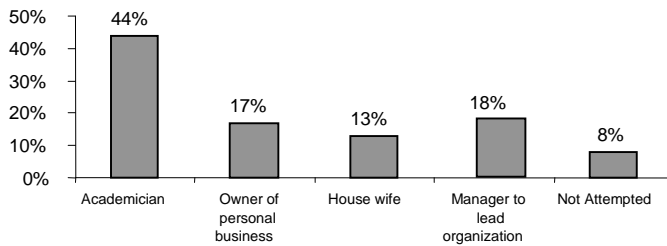
According to results most practicing doctors think that their personality is best suited for academic profession that is to teach and instruct others, few think managing personal clinics suits them that they can own their personal business to make money; only a few think that they can lead and mange the organization best. It has also been observed that though women choose academic careers for themselves, because it offers fixed and flexi hours and restricted social interaction and personal responsibilities are also minimum, but women do not justify realistically the demands of an academic career even, especially related to research and publication (Jagsi et al., 2006).

Fig. 22. **Reasons for Quitting government sector job**
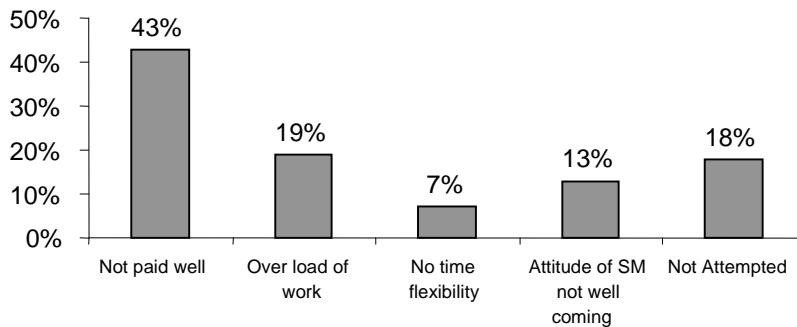
According to results 43% of practicing doctors are not satisfied with the salary and want to quit government job; 19 % want to quit due to huge work load; 13% are not satisfied with the attitude of senior management and 7% wanted to quit for lack of time flexibility. Though inequity is experienced globally in near-equal representation of women and men in medicine and greater salary disparities by sex (Laine and Turner, 2004), still this is not the influencing factor in Pakistani context, where men and women are paid according to scale not differentiating on the basis of gender. Still this factor has not been able to motivate lady doctors to continue with job.

Fig. 23. **Reasons for continuing government job**
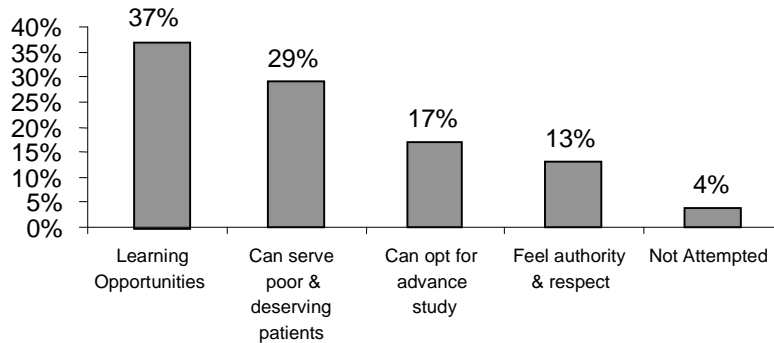
According to results 37% of practicing doctors wanted to continue government job due to high learning opportunities; 29% because they can serve poor and deserving patients; 17% think that they can opt for advance studies through scholarships and can enhance their career while 13% want to continue because they feel authority and respect in government job.

Fig. 24. **Change needed in career development policy**
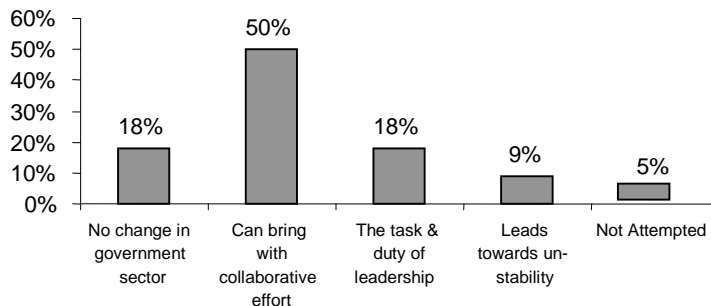
According to results 50% lady doctors think that they can bring change with collaborative effort; it's not a single effort job; 18% think that it's not very easy to bring change due to unstable government and its policies; similarly, 18% lady doctors its leadership task to bring change; whereas, 9% lady doctors feel that it leads towards instability.

There has been increased stress upon availability part time or other forms of flexible working (Mayor, 2009), because it has been found out that women do not generally encounter direct discrimination; however, the possibility that indirect discrimination, such as lack of opportunities for part time work, has influenced choice of specialty cannot be ruled out (Taylor et al., 2008; 2009). In addition to alleviating financial pressures, academic careers may be aided by providing more information about career pathways, job expectations, and success rates (Weinert et al., 2005). Institutions must design and implement interventions aimed at reducing the gender disparities in the productivity and promotion of academic faculty (Nattinger, 2007).

Fig. 25. **Future of lady doctors' career development**
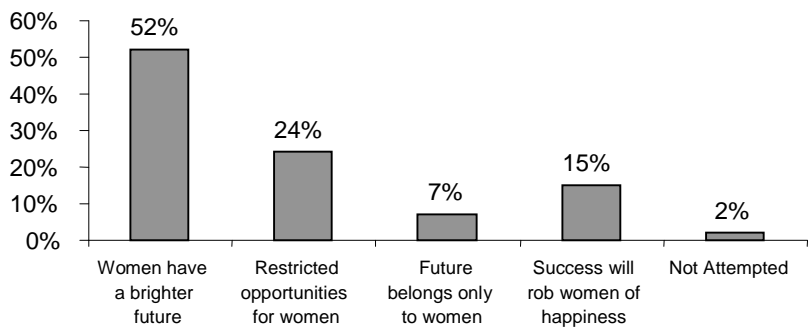
According to results 52% of practicing doctors think that times are changing for women and they have a brighter future ahead; 24% still think that the opportunities for lady doctors will remain restricted how hard they may try; 15% think that more success will rob women of happiness, while Dr. Yasmin Rashid agrees with the 7% that times are changing for women and they have a brighter future ahead because in medical profession there is open merit and now a majority have entered it. The slow progress made by talented, educated, ambitious women is now having some negative effects on women's views of management and the professions as a career (Burke and Vinnicombe, 2005; 2006; Winyard, 2009).

Fig. 26.**Glass ceiling**
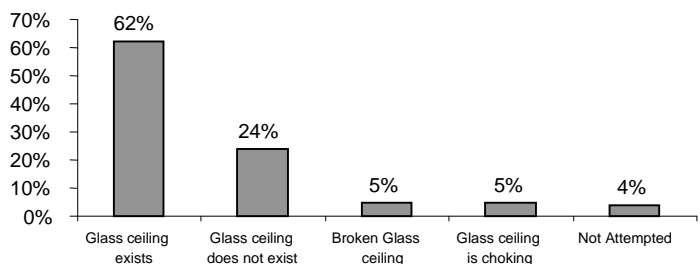
According to results, 62% lady doctors strongly believe that glass ceiling exists and women will have to struggle harder to reach the top; 24% believe that Glass ceiling does not exist and it is the same both for a man and women to reach the top; 5% said that Glass ceiling is there and it is choking them while other 5 % said that if there was a glass ceiling they've already broken it.

8. CONCLUSIONS

Career development of Pakistani lady doctors is influenced by sociopolitical, cultural, contextual, and personal variables. Results have suggested that (a) career paths tended to be unplanned and nonlinear lacking guidance, mentoring and professional coaching (b) background variables, socioeconomic status, and relocation with family strongly influenced the sense of self and career motivation; (c) family, cultural and social norms were also influential; (d) Above all relational support systems, particularly those that involved extended family, spouses, and mentors, were important; and (e) the participants' optimism, resilience, passion, and capacity for cognitive reframing helped them cope with challenges and remain true to their values, beliefs, and sense of self worth.

According to successful doctors, success does not come easy and many are not ready to pay the price. It is a common perception that lady doctors tend to avoid loads of responsibility, search for escapes and show emotional instability in handling critical situations. In order to reach leadership status, they must acquire and polish leadership skills, especially communication and stress management. However, keeping in view the loss of human resource and our cultural constraints, policies need some modification at governmental level to get some relief providing lady doctors protection from unhygienic and un productive occupational stress, offering them equitable salaries, protected time and means of covering small crises at home and at work by flexible hours, freedom to fail, open-minded mentors and collaborators to mend the "leaky pipe" leading to both objective and subjective success in profession.

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