

GENDER TREND IN RESIDENCY TRAINING IN NIGERIA

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Abstract

There is a global trend in the number of women entering medical school and becoming doctors on graduation. This is a review article on gender and residency training in Nigeria. The keywords gender and medicine, gender and residency training was used to search for literature relevant to the topic. More women doctors are undergoing residency and training in previously male-dominated medical specialties.

Introduction

Gender and sex tend to be linked but they are distinct concepts, sex is the biological difference and constitution in their reproductive organs that differentiate a male from a female while gender is the socially constructed set of roles and responsibilities associated with being a woman or a man created by families, societies, religion and culture.^{1,2} Gender is also important in medicine and the work of the physician including junior doctors as the society and the Nigerian culture has some unwritten roles for men and women which also extends to the workplace.

The clinical medical specialist training program is known as medical resident training.³ Residency training for doctors started over 30 years ago.⁴ Generally, worldwide there is an increase in the number of women pursuing careers in medicine and medical specialties as was previously seen in the past.⁵⁻⁹ In some developed countries, women now outnumber men in medical schools.¹⁰ Since in recent times more women are becoming medical doctors and dentists, there remains a large gender difference in the choices that are made concerning their occupation which includes pursuing a residency in various medical specialties and

subspecialties and other courses in postgraduate medicine.¹⁰

Traditionally, women have assumed the responsibility for raising families and maintaining the household.⁸ This affects their choice of career and residency programmes which is tedious and involves taking call duty, attending refresher and update courses, sometimes undertaking clinical rotations in other hospitals outside the town, city and even state of abode, going for professional examinations and attending conferences. The gender roles defined by Nigerian society may affect the choice of medical specialty.

In Nigeria, medicine and dentistry are male-dominated professions that are why most patients, clients and their relatives generally refer to any woman working in the hospital as a nurse even though she is a doctor and any man working in the hospital as a doctor even if he is a nurse or health assistant. Recently this trend is changing due to modernization and civilization as more females are receiving formal education and are also encouraged to study medicine and dentistry. This has also affected the gender trend in postgraduate medical training including residency.

There is scarce data on the link and relationship between gender and residency training in Nigeria. In residency training, there are few females in some specialties like the surgical specialties and subspecialties but this is gradually changing as women doctors are now penetrating the highly dominated male medical specialties such as Orthopaedics, general surgery, burns and reconstructive surgery, obstetrics and gynaecology and urology. Generally in most Nigerian residency training centres, females have dominated some specialties such as paediatrics, anaesthesia, internal medicine, ophthalmology, radiology, family medicine and community medicine. This is similar to the United Kingdom, where the highest proportion of female registrars is found in the specialties of public health medicine and paediatrics.¹⁰ This reflects that women like to specialize more in fields of medicine that express the natural caring and nurturing nature of women as related to preventing diseases, helping and taking care of children.^{5,11} Some training centres have recorded an increase in women doctors training to become obstetricians and gynaecologists and in some countries, this speciality is dominated by women.^{9,10,12} In some countries, while women now represent the majority in obstetrics and gynaecology, there continues to be a disproportionate number of men in the predominately surgical postgraduate fellowships. In such countries, though both general surgery and obstetrics encompass many of the same challenging aspects of work-life balance, it is interesting that the latter has emerged as largely female.⁹ The urology specialty has few female residents, this may be because most of the patients and clients in the Nigerian environment are mostly men.⁵ Traditionally, surgery was seen as a male-dominated specialty in medicine and there were few Nigerian women surgeons in the past. Surgery remains an

unpopular career choice for Nigerian women doctors, this may be due to the understanding of the surgical job and nature of the work involved in being a surgeon.^{13,14}

Presently, there is a noticeable growing interest and entry of females into the technically male-dominated surgical subspecialties of orthopaedic surgery, cardiothoracic surgery, neurosurgery and urology.

Training of specialists in Nigeria was cheaper with the downturn of the Nigerian economy.¹⁵ In a study conducted in the United Kingdom, women rated 'wanted a career that fits their domestic situation' as the reason for the choice of medical specialty hence they preferred non-surgical specialties or specialties with flexible hours of work.¹⁶ Current statistics on medical school matriculation reported an increasing number of students been admitted to study medicine.⁹ In a study conducted in 2010, the number of male residents far outnumbered that of the female residents which is probably a reflection of the graduation pattern in medical schools.¹⁵ Lack of female mentorship and role models during medical school, lifestyle choice and conflicts with family plans have been identified in some studies as the reason for the paucity of women in some surgical specialties and subspecialties.⁹

A study conducted in South Africa revealed that the gender of the mentor affected the choice of the specialty and also impacted positively on the quality of the training.¹⁷ This shows the importance of mentorship to be provided by senior colleagues of both genders both in medical school and residency as it will help to strike a balance in the gender disparity noticed in some departments in residency training. The future role of gender in medical work continues to generate questions as the cultural and social roles of women at work

In recent times, there is an increasing number of women pursuing a residency in the different medical specialties

and subspecialties, this may be due to the increasing number of specialist training centres in Nigeria. Females have a concern about maintaining a work-life balance to accommodate family responsibilities.¹⁷ A study conducted among women physicians in Saudi Arabia reported that the choice of medical specialty was determined by their family responsibilities.⁶ Findings from a Canadian study reported that women doctors preferred medical specialties with more flexible scheduling, the option of job-sharing and replacement staff when they are on maternity leave.⁸

Conclusion

Despite the traditional role of the office of a woman in Nigeria is in the kitchen, women are undergoing specialist medical training in male-dominated surgical specialties. Women doctors moved by the compassionate virtue and trait women are borne with to populate the specialty of Paediatrics, anaesthesia, neonatology, paediatric anaesthesia, paediatric ophthalmology and child health dentistry.

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