Introduction

The journey through medical residency is a tough test, especially for female health professionals worldwide. As medical field advances and more female students are getting enrolled in medical colleges, an increasing number of women are joining residency programs bringing unique perspectives and invaluable contributions. In Pakistan, female students ratio has increased tremendously in medical colleges. It is reported to be 3:1 and even 4:1 in some medical colleges. Despite this, the ratio of female workforce remain below 50% due to multiple factors at social, organizational and individual level. There is restriction to work from in laws, child bearing and rearing difficulties, inequalities in promotions which hinder girls to join residency training.

Female medical residents are trailblazers who have shattered glass ceilings and embraced the challenges of a historically male dominated profession. These remarkable women navigate labyrinth of hurdles, break barriers and shape the future of medicine while inspiring generations to come. However, it is crucial to recognize the difficulties they face during their training. Following are challenges faced by female residents which we need to address to ensure their smooth and supported working.

Gender bias: Despite significant progress in gender equality, female medical residents still encounter gender bias and stereotypes within the medical community. Prejudices about their competence and suitability for certain specialties can hinder their growth and advancement. Moreover, gender disparities may affect the quality of training and exposure for female residents working with limited resources. Inadequate access to advanced medical equipment, modern facilities, and qualified staff can hinder their growth as competent healthcare professionals. A study has shown that young early carrier female family physician report emotional exhaustion more frequently than male counterparts.

Work life balance: Most of the female doctors are beginning families during residency. The perception of stigma related to pregnancy is associated with dissatisfaction with their carrier. Moreover, coping with pregnancy, child birth, breastfeeding and raising children is particularly difficult for young women without support at home and workplace.

Mentorship and role models: Women remain under-represented in academic leadership roles. The scarcity of female mentors and role models in medical leadership positions can be disheartening for aspiring female residents. Lack of representation may make it challenging to find guidance and inspiration for navigating their career.

Harassment and Discrimination: Instances of harassment and discrimination are still reported, highlighting the persistent challenges of creating safe environment.
for female medical residents. Such experiences have lasting impact on their confidence and mental well being.

**Workplace culture:** Some workplaces harbor a toxic environment in which supervisors do not engage with trainees. They bully them and fail to provide supportive and inclusive environment vital for fostering personal and professional growth. The female medical residents struggle with long working hours, which can be tough to manage along with family responsibilities and personal goals.

**High work load:** The high workload experienced by female residents poses a significant burden in gaining comprehensive clinical skills and knowledge. Handling numerous patients and cases can be overwhelming, especially for those with extra commitments. The demanding schedules can take a toll on their mental and physical well-being.

Female residents exemplify the resilience, dedication and brilliance that define medical profession. While facing a unique set of challenges, they remain steadfast in pursuit of excellence and positive impact on patient care and health systems. Women are backbone of healthcare in countries like Pakistan where it is easy for women to communicate with same gender health care providers.

By acknowledging and addressing the difficulties they encounter, by creating support networks, promoting diversity inclusive initiatives and policy advocacy we can pave a way for continuity of their training. Following are few suggestions for ensuring their wellbeing.

- The need for structured work-hour regulations and flexible working hours to achieve a better work-life balance is important consideration for continuity of their training.
- Reevaluating patient-to-resident ratios and optimizing clinical responsibilities can ease this burden for female residents. Ensuring inclusivity and addressing gender-specific needs can improve medical standards across the country.
- Encouraging strong mentor-mentee relationships can enhance the professional growth and competence of female residents.
- Active listening and fair decisions by supervisor should be emphasized at workplace.
- The emotional and psychological stress endured by female medical residents should not be overlooked. They often face complex and emotionally charged clinical scenarios, which can lead to anxiety and compassion fatigue. Providing accessible mental health support is crucial to their well-being.
- Feedback by trainees should be a regular feature in the department and facilitated by academic leaders. Psychological safety is most crucial aspect of training where trainees are able to express their views without fear and humiliation.

In conclusion, the challenges faced by female medical residents in Pakistan require specific attention and action. By implementing targeted reforms, fostering supportive environments, and prioritizing the well-being of female medical professionals, we can create a resilient and proficient workforce dedicated to elevating patient care and promoting gender inclusivity in healthcare. Empowering them is a not only a matter of justice but a strategic investment in future of medicine itself. Together, we can create a world where female medical residents thrive, inspire generations of women to reach for stars and shatter more glass ceilings.

**References**

6. Farkas AH, Bonifacino E, Turner R, Tilstra SA, Corbelli