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ORIGINAL ARTICLE

Gender Difference and Job Satisfaction Among Resident Physicians

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ABSTRACT

Background Over time, women have been more prevalent in the health sector. Work-related experiences, like work-life balance and job satisfaction, have been related to gender. This research aimed to evaluate the effect of gender difference on job satisfaction and to determine other factors, contribute to job satisfaction among resident physicians at Zagazig university hospitals. **Methods** A comparative-cross sectional research has been performed out at different departments in Zagazig University hospitals on 142 resident physicians. A semi-structured questionnaire was used to gather their demographic information, like age, gender, number of kids, marital status, educational level, professional title, department (specialty), average monthly income, average working hours per week. Job satisfaction has been measured through the short version of the Minnesota Satisfaction Questionnaire (MSQ). **Results** The outcomes showed that 64.8% of the participants showed average degree of satisfaction while only 15.5 % showed high satisfaction. Females have significant high job satisfaction compared to their male colleagues. Not married participants had higher job satisfaction than other participants. It was found that 54.5% of residents working 81-120 hours per week had low job satisfaction. Residents working in departments with 24 hours emergency shifts had significant low job satisfaction. 66.2% of the participant perceive low level of gender discrimination. 77.3% of participants with high job satisfaction perceive low gender discrimination while 4.5% perceive high gender discrimination **Conclusion** The gender discrimination score was significantly higher in females than males. The perception of gender discrimination was significantly related to job satisfaction.

Keywords Gender Difference, Job Satisfaction, Resident Physicians

INTRODUCTION

The gender gap in the workforce is a long-standing problem that has been redefined rather than gone away in recent years. As is known, the two areas of employment quality and job happiness are where the variations are most noticeable [**1].** The sentiments that arise from one's work experience might be characterized as job satisfaction. Employees are more likely to be satisfied with a work that aligns with their skills and interests, boosts engagement, and offers greater prospects for advancement. A number of variables, including age, gender, marital status, professional title, and educational background, have been linked in the past to physicians' job satisfaction [**2, 3**]. Numerous studies have looked at how

doctors' job satisfaction varies by gender. Male physicians reported higher levels of job satisfaction, while some research found no significant gender differences [**4, 5];** some even found the opposite [**6, 1].**

According to analyses, differing job expectations and values in job incentives, in addition to the systemic inequalities in working qualities that men and women encounter, are the root cause of the disparities in job satisfaction between men and women. According to certain studies, women's lower job expectations are the reason for the gender disparity in job satisfaction. Women are forced to lower their expectations for their jobs due to their more or less noticeable disadvantage in the labor market [**2].**

Job satisfaction among healthcare professionals is influenced by various factors, including job title, authority level, workplace atmosphere, job stress, heightened job expectations, limited hospital resources, inadequate peer support, and insufficient remuneration. Personality traits, financial difficulties, psychological stress in the home, and the ability of employees to complete work responsibilities are examples of individual risk factors. One's capacity to fulfill job requirements and expectations is impacted by conflicts between work and family responsibilities, which ultimately jeopardizes job satisfaction. Through different patterns of physiological, emotional, behavioral, and cognitive processes, these stresses have been shown to have an impact on health outcomes and work satisfaction [**7].**

Over the past few decades, significant strides have been made in the healthcare industry toward gender equality in the workplace. The growing percentage of female students in medical schools indicates that women are being afforded greater educational and career options. Nonetheless, there are still gender differences among medical practitioners. Some specialties do not see a proportionate increase in the number of females. Despite being more prevalent in the field, women doctors are still concentrated in a small number of specialties, such as the vast majority of female gynecologists. Additionally, there are still not enough women in senior medical jobs [**8].** So, we conducted this research to evaluate the effect of gender difference on job satisfaction and to determine factors, contribute to job satisfaction among resident physicians at Zagazig university hospitals.

2.METHODS

2.1 Study design: Comparative-cross sectional research has been carried out.

2.2 Study setting: The research has been carried out at different departments in Zagazig University hospitals from July to December 2024.

2.3 Study population: The study was carried out among resident physicians at Zagazig university hospitals during the first 5 years of work.

2.4 Sample size and sampling technique: Assuming that the mean satisfaction score of males versus that of females were 36.55 ± 7.13 Vs 40.49 ± 9.26 **[3]**, sample was calculated to be 142 participants (71 in each group) using Open Epi program with test power 80% and CI 95 %. We used proportional stratified sampling based on the number of male and female resident doctors in each department (the departments were stratified to high stress & work load departments and departments with lower stress & work load. Department with exclusive male staff (urology and orthopedic surgery) were excluded. The overall sample was stratified by department and gender, and the number of participants selected from each stratum was proportional to their actual representation in the resident doctor list. The involved departments were Surgery, Internal medicine, Nephrology, Chest, Ophthalmology, Dermatology, Radiology, Tropical **&**Psychiatry.

Tools of data collection:

A semi-structed questionnaire gathered demographic information from study sample of physicians, such as gender, age, marital status, number of kids, educational level, department (specialty), professional title, average monthly income, average working hours per week. Job satisfaction was assessed using the abbreviated Minnesota Satisfaction Questionnaire, which is extensively utilized and has shown strong reliability and validity **[9, 10].** Evaluates job satisfaction using 20 five-item scales: Ability Utilization, Achievement, Activity, Advancement, Authority, Company Policies, Compensation, Co-workers, Creativity, Independence, Moral Values, Recognition, Responsibility, Security, Social Status, Social Service, Supervision—Human Relations, Supervision—Technical, Variety, and Working Conditions. The MSQ items utilized a 5-point Likert scale: extremely dissatisfied-1, dissatisfied-2, neither-3, satisfied-4, and very satisfied-5. Items of intrinsic satisfaction: 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, 20. Items pertaining to extrinsic satisfaction: 5, 6, 12, 13, 14, 19. General satisfaction metrics: all metrics. The total score goes from 20 to 100, with classifications as follows: High (≥ 75), Average (26 – 74), and Low (≤ 25). **Score and Scale of Perception of Gender Discrimination:** Items were adopted from **Ali et al.,[11].** Items have been scored from 1-5 against each statement that strongly disagrees as 1 to strongly agree as 5. The scores for this factor will vary from 9 to 45. In this way, the greater scores reflected a greater level of discrimination. The scores were later transformed into the following scale categories; (Low-Level Discrimination: 9-20**,** Mid-Level Discrimination: 21-32**,** High-Level Discrimination: 33-45). Item number 1, 2, 3, 4, 7and 8 have been utilized for the factor of **Gender stereotypes & prejudices**, item number 5 and 6 have been applied for **Workload & participation**, and item number 9 has been applied from the factor **gender orientation**.

2.6 Pilot test

Pilot research was carried out one month prior to the beginning of this study in order to assess any potential issues with data collecting and to estimate the amount of time required. It was conducted on (14 resident physicians from Zagazig University) 10% of the sample size. The findings demonstrated the reliability and internal consistency of every item. It was 0.74 for Cronbach's alpha. The questionnaire had a 100% response rate and took around 20 minutes to complete. No modifications were performed on the questionnaire and their results were included in the main study.

2.7 Statistical analysis:

All statistical analysis of the data was carried out using SPSS 26.0 **[12]** for Windows (SPSS Inc., Chicago, IL, USA). The qualitative data was expressed using absolute frequencies (number) and relative frequencies (percentage). The percentage of categorical variables was compared using the Chi square test. T-test & Mann Whitney tests (MWU) have been utilized to detect association between two regarding quantitative variables (parametric or non-parametric resp.). Every test had two sides. P values less than or equal 0.05 have been considered as statistically significant, whereas those greater than 0.05 have been considered as statistically insignificant.

3.RESULTS

The study included 142 resident doctors, 71 males and 71 females. Nearly half of them 52.1 % were single, 46.5 % of them worked 81 – 120 hours per week while 33.8% worked 20 – 50 hours per week (**Table 1**).

Regarding degree of job satisfaction, it was found that 64.8% of the participants showed average degree of satisfaction while only 15.5 % showed high satisfaction **(Figure 1).**

The study results have shown significant difference between male and female participants in job satisfaction, females have

significant high job satisfaction compared to their male colleagues (**22.5% versus 8.5%**), p value **0.03**, (**Table 2**).

Not married participants (single and divorced residents) had higher job satisfaction than participants (77.3% versus 22.7%), p value **0.02**. there is significant relation between job satisfaction and average working hours per week, it was found that 54.5% of residents working 81-120 hours per week had low job satisfaction while no one of them (0.0%) had high job satisfaction, p value 0.000.

Residents working in departments with 24 hours emergency shifts had significant low job satisfaction compared to their colleagues in other departments (85.7 % versus 14.3%), p value 0.0002 (**Table 3).**

Regarding discrimination level, it was found that 66.2% of the participant perceive low level of gender discrimination while only 14.1% of them perceive high level of discrimination **(figure 2**).

The gender discrimination score was significantly higher in females than males (24.8 ± 8.5 versus 17.3 ± 3.3), it was also found that to 22.5% of female participants perceive high discrimination compared 5.6% of males, p value **0.000 (Table 4).**

Finally, it was found that perception of gender discrimination was significantly related to job satisfaction. The results showed that 77.3% of participants with high job satisfaction perceive low gender discrimination while 4.5% perceive high gender discrimination**,** p value 0.005 **(Table 5).**

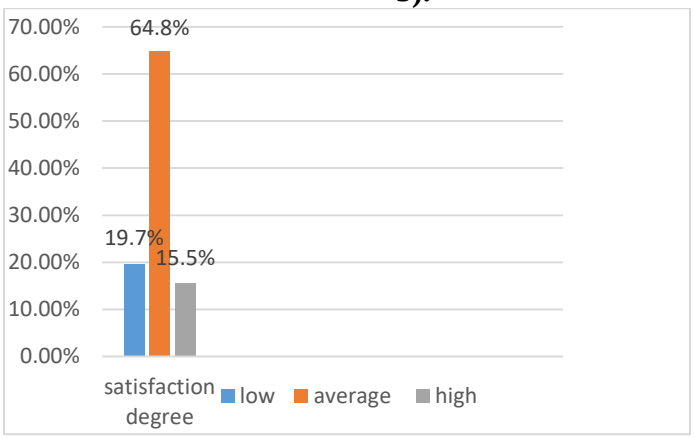

Figure (1): Degree of satisfaction among studied group.

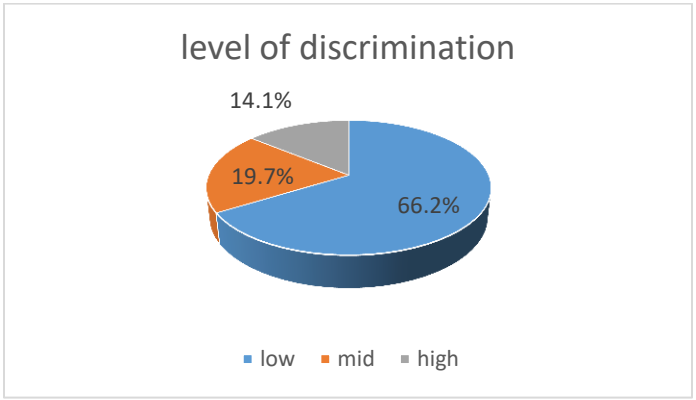

Figure (2): Discrimination level among studied sample

Table (1): Basic characters of studied group.

	No (142)	%
Age		
• **x± sd**	**28.8 ± 1.4**	
• **Range**	**26 – 32**	
Gender		
• **Male**	71	50.0
• **Female**	71	50.0
Marital status		
• **Single**	74	52.1
• **Married**	64	45.1
• **Divorced**	4	2.8
Department		
• Surgery	28	19.7
• Internal medicine	48	33.8
• Nephrology	4	2.8
• Chest	10	7.1
• Ophthalmology	29	20.5
• Dermatology	4	2.8
• Radiology	8	5.6
• Tropical	6	4.2
• Psychiatry	5	3.5
Average working hours per week		
• **Median (Range)**	70 (20 – 120)	
• **20 h- 50 h**	48	33.8
• **51h – 80 h**	28	19.7
• **81h – 120 h**	66	46.5

*Range: (maximum value – minimum value

Table (2): comparison of Job satisfaction among male and female participants.

	Male	Female	MWU	P
Intrinsic satisfaction • **Median (Range)**	37 (24 - 39)	33 (14 – 43)	0.7	0.5
Extrinsic satisfaction • **Median (Range)**	14 (7 – 19)	19 (7 – 19)	2.1	**0.03***
General satisfaction • **Median (Range)**	60 (25 – 63)	66 (49 – 67)	2.6	**0.008***
Satisfaction degree	No (%) 71	No (%) 71	X^2	P
✓ **Low**	18 (25.4)	10 (14.1)		
✓ **Average**	47 (66.2)	45 (63.4)	6.9	**0.03***
✓ **High**	6 (8.5)	16 (22.5)		

Table (3): Relation between job satisfaction, marital status and average working hours.

	Total	Job satisfaction			X^2	P
		Low No (%) 28	Average No (%) 92	High No (%) 22		
Age • **≥ 29** • **< 29**	109 33	19 (67.9) 9 (32.1)	72(78.3) 20(21.7)	18 (81.8) 4 (18.2)	1.7	0.4
Marital status • **Not married** • **Married**	78 64	11(39.3) 17 (60.7)	50(54.3) 42(45.7)	17 (77.3) 5 (22.7)	7.2	**0.02***
Average working hours per week • **20 h- 50 h** • **51h – 80 h** • **81h – 120 h**	48 28 66	18 (64.3) 4 (14.3) 6 (21.4)	18(19.6) 14(15.2) 60(65.2)	12 (54.5) 10 (45.5) 0 (0.0)	45.7	**0.000***
Department • **Without 24h emergency** • **With 24h emergency**	52 90	4 (14.3) 24 (85.7)	31(33.7) 61(66.3)	17 (77.3) 5 (22.7)	22	**0.0002***

**Not married (single and divorced)*

**Department with emergency (surgery, internal medicine, tropical and radiology)*

**Department without emergency (chest, ophthalmology, dermatology, psychiatry and nephrology)*

Table (4): Perception of gender discrimination among studied group.

Discrimination	Male 71	Female 71	T test	P
Gender stereotypes & prejudices • **X ± sd**	11.2 ± **3.1**	17.3 ± **6.4**	7.3	**0.000***
Workload & participation • **X ± sd**	4.1 ± **0.5**	4.8 ± **1.6**	3.3	**0.001***
gender orientation • **X ± sd**	2.01± 1.1	3 ± 1.3	3.4	**0.001***
Total discrimination • **X ± sd**	17.3 ± 3.3	24.8 ± 8.5	7	**0.000***
Discrimination level	**No (%)** **71**	**No (%)** **71**	X^2	**P**
✓ **Low** ✓ **Mid** ✓ **High**	66 (93.0) 1 (1.4) 4 (5.6)	28 (39.4) 27 (38.0) 16 (22.5)	46.7	**0.000***

Table (5): Relation between job satisfaction and gender discrimination.

	Total	Job satisfaction			X^2	P
Gender discrimination		**Low No (%) 28**	**Average No (%) 92**	**High No (%) 22**		
✓ **Low**	**94**	**15 (53.6)**	**62 (67.4)**	**17(77.3)**		
✓ **Mid**	**28**	**3 (10.7)**	**21 (22.8)**	**4 (18.2)**	**14.7**	**0.005***
✓ **High**	**20**	**10(35.7)**	**9 (9.8)**	**1 (4.5)**		

DISCUSSION

A thorough legal definition of gender discrimination in the workplace is lacking. It describes how one group is treated differently than another, which might have benefits or drawbacks. Employee satisfaction, motivation, and loyalty to the company are all quickly impacted by this phenomenon, which also raises stress levels. As a result, it affects each employee's total capacity to function inside the company. Both governmental and private institutions exhibit gender prejudice [**13**]. Gender discrimination persists in the workplace despite the impressive examples of successful women and legislative protections. It was shown that the gender gap between men and women lowers job happiness and causes workers to continue doing subpar work, which could be detrimental to the company.

From a social perspective, Egyptian women are generally restricted to the roles of mothers and housewives due to the lingering influence of Arab and Islamic values as well as other social conventions. However, little research has been done on how they encounter gender discrimination at work and the possible consequences for their careers [**14],** particularly in Egypt. The present research tried to add to our understanding of the associations between workplace gender discrimination and job satisfaction.

Regarding the degree of job satisfaction, only 15.5% of participants reported great job satisfaction, compared to 64.8% who reported moderate job satisfaction. This result aligns with a Saudi Arabian study that indicated a modest level of job satisfaction with an overall mean score of 49.9±10.3 **[30].** This is in contrast to a study by Abdel-Salam et al. **[29],** which discovered that 62.7% of the resident physicians at Assiut University Hospitals were highly satisfied with their jobs. This may be due to differences in local healthcare settings, workload, or cultural expectations.

In our study, we found that women were more satisfied than men showing statistically significant higher overall satisfaction levels as woman might be expected to remain satisfied even when things were not ideal. This may be due to lower baseline expectations, greater emotional resilience, or different motivational factors such as the value placed on interpersonal relationships or job stability. Another explanation that given that they could always quit if things went wrong, especially if they are not the primary breadwinner for a family, women may not be as concerned about whether their jobs offered stability, growth prospects, or even stress. According to reports from other authors, women tend to show greater job satisfaction than men [**15, 16].** Nevertheless, some authors [**17,29**] have demonstrated that men are more satisfied with their employment than women are, most likely due to the challenges women face in balancing their lives. Another study held by **Erro-Garcés & Urien, [18]**, showed that there were no differences in job satisfaction by gender.

The results of the present study identify that there is statistical significance between marital status and job satisfaction as unmarried physicians are more satisfied than married physicians. implying relatively low job satisfaction among this group of married physicians as married physicians often feel mental pressure, experience negative emotions, and find it hard to maintain a balance between family and work because of work-related stress. This finding is in line with previous studies **[19,20].** But this study is inconsistent with the study by **Azim et al. [21]**. who observed that job satisfaction and marital status do not statistically significantly correlate.

The outcomes illustrate that working hours per week have a statistically significant association with job satisfaction, it was found that 54.5% of residents working 81-120 hours per week had low job satisfaction while no one of them (0.0%) had high job satisfaction. Our analysis illustrates that long working hours negatively influence job satisfaction as most of physicians show average jog satisfaction especially working in departments with 24h emergency showing low job satisfaction compared to their colleagues in other departments (85.7 % versus 14.3%) as emergency physicians were more likely to experience burnout and low career satisfaction if they cited issues with autonomy and control in their working environment.

Our study discovered that female showed significantly higher perception of gender discrimination than male in all surveyed areas of gender stereotypes & prejudices, workload & participation and gender orientation. The gender discrimination score was significantly higher in females than males (24.8 ± 8.5 versus 17.3 ± 3.3), it was also found that to 22.5% of female participants perceive high discrimination compared 5.6% of males. Gender inequality and disparities in perceptions of gender continue to be major issues, maybe as a result of traditional cultural domains and socioeconomic reasons. The impact of these perceptual variations can be observed in the realm of health, as in all facets of life. This is in line with earlier research [**22, 12, 23, 24, 25]** that has observed that women physicians experience gender discrimination in the workplace. This is particularly concerning because burnout among female doctors is predicted by gender discrimination, and burnout can result in female doctors quitting their jobs. If women are employed in an environment where they would face prejudice, efforts to diversify the workforce and put more females in leadership roles will fail.

The current research indicates that there is a statistical significance correlation among job satisfaction and gender discrimination. The results showed that 77.3% of participants with high job satisfaction perceive low gender discrimination while 4.5% perceive high gender discrimination. This result is aligned with previous findings [**26, 27**]. As pointed out by **Frone and Parks, [28]**, discrimination based on gender may directly lead to higher stress levels among workers, which in turn can impact their morale and physical and emotional well-being. These repercussions could be the cause of decreased job satisfaction. Employee value and productivity inside the company have an impact on their performance and level of happiness, both of which are directly impacted by discrimination. Therefore, it is important to reduce the harmful effects that discrimination in whatever form may have on one's career. In addition to ensuring improved performance, a fair workplace environment draws and keeps bright employees. The results provide insightful information and inspiration for researches and organizational projects meant to understand and address workplace discrimination.

Conclusion: findings of the study indicate that there is substantial evidence that job satisfaction is impacted by gender discrimination. According to the statistical research, women were more likely to experience gender discrimination in the workplace. Reducing gender discrimination through interventions could increase job satisfaction.

Recommendation: Collegial support groups and enlisting the help of male colleagues are two ways to create a supportive community for women in medicine, among other solutions to the problems. Other possible remedies included system-wide policy reforms that support fairness and enable women to take on leadership roles, as well as promoting professional and personal growth (such as mentorship opportunities, negotiation skills, and self-advocacy).

Limitations: The opinions of the respondents are dynamic and subject to frequent change. It's possible that some respondents withheld information out of concern that it would be revealed. Also, individuals may have varying degrees of satisfaction with different factors. The current analysis excluded physicians employed by private organizations.

Declarations

Ethics approval and Consent to participate: The research was authorized by the head of the medical faculty at Zagazig University. The study procedure was approved by Zagazig University's Faculty of Medicine's Institutional Review Board (IRB). (ZU-IRB # 536) . Every resident physician who volunteered to take part in the sector study gave the researchers their verbal and written informed consent. Additionally, they received assurances that the information they provided would be kept private and used exclusively for the study.

Consent for publication: Not applicable.

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

Competing interest: The authors declare that they have no conflict of interest.

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Authors' Contributions MZ, ME and DA were responsible for the study and contributed to the study's conception and design. Data collection was performed ME. Data management was performed by DA. The first draft of the manuscript was written by MZ. All authors read and approved the final manuscript.

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Conflict of interest: Conflict of interest and declaration and copyright forms have been submitted separately. If requested by the editors, we will provide the data on which the manuscript was based.

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