

Improving Work Environments for Female Primary Care Physicians in South Asian and African Regions

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The primary care system is globally recognized. Primary care systems continue to evolve according to patients' needs. The key players are primary care physicians who adapt to ever-expanding roles and commitments. Their workload varies with the population they serve and the healthcare systems within which they work. Strengthening of health systems is important. The pandemic has brought more challenges to the already fragile primary care systems in many regions such as South Asia and Africa for example: primary care workforce consumption and shortage and disorganized chronic disease management [1].

Primary care physicians (PCPs), also called family physicians (FPs) or general practitioners (GPs) are frontline doctors, dealing with a significant number of patients presenting with common illnesses or complaints on a day-to-day basis. Primary care practitioners form an integral part of a country's primary healthcare system.

To understand the changes that happened within primary care systems it may be prudent to look into some of the areas for example: Have the demands of primary care clinical practice altered? Are virtual platforms of consultation becoming more popular among female PCPs in this post-COVID era? Have the female primary care workforce become more active?

The clinical practice of primary care has undergone several changes over the past few years. From 'gatekeeper' to 'pay for performance models' to 'digitalized records and innovations' [2], primary care has certainly evolved in many ways. Patient awareness and use of primary care in certain regions of the world have increased over the years. Patients' preferences in choosing a certain option for managing their disease [3] particularly chronic non-communicable diseases (NCDs) such as diabetes and hypertension are becoming popular. Tele-consultations have transformed primary care consultations. A systematic review revealed that teleconsultations are as effective and cost-efficient as face-to-face consultations for several health conditions including mental health [4].

Like in any other specialty, women in family medicine are underrepresented globally. Regions such as South Asia and Africa are not different. Although female undergraduates outnumber males in medical schools in some South Asian and African countries, the number of clinically active female physicians including primary care physicians is still not sufficient. This shortage could be due to multiple issues such as lack of opportunities for women doctors or their unique circumstances making it difficult for them to perform clinical duties effectively. Conducive and flexible working environments and supportive home situations can help women achieve the desired and expected outcomes at work. Interventions like appropriate supervision and mentoring which include knowledge and experience sharing can help create leaders in this discipline. The female workforce is equally important in primary care settings.

Female patients prefer seeing female physicians for certain consultations which include for example: gynaecological or breast examinations or discussions around low-mood symptoms. Their workload can be significant in healthcare facilities where there is a higher maternal and pediatric population presenting. A retrospective study of 125 PCPs reported that female primary care workforce spend more time on patient's electronic records than their male counterparts. This study highlighted burnout among female PCPs using electronic health records because of the higher volume of patients and staff requests and patients spending more time in consultations with female FPs compared to the other gender [5]. A review of five databases and additional resources from Africa showed a better understanding of the role of primary care physicians by policymakers and stakeholders are crucial for the promotion of this discipline [6].

There is a need for changes in the working environment of female doctors to accommodate their family and work responsibilities, such as increased use of telemedicine and flexible working hours. Recommendations to improve the work environment of female physicians include:

1. Ensure female doctors have access to post-graduate training and create opportunities to be able to work in a flexible environment.

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2. Counseling and support for various medical or mental health conditions particularly in vulnerable groups (pregnant female, child care or domestic issues, *etc.*)
3. Redefine and review workplace policies, so women workforce to be given equal opportunities to progress and be promoted to higher positions.

ABBREVIATIONS

PCPs	Primary Care Physicians
FPs	Family Physicians
GPs	General Practitioners
NCDs	Non-Communicable Diseases

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