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Breaking Barriers: Examining Career Advancement Challenges for Women in Pakistan's Healthcare Sector

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Abstract

The present paper focuses on methods in which gender biasness in performance appraisals, leadership barriers, inefficiency of mentorship, and the problem of work-life balance impact career growth and development of women. It was collected by a quantitative approach in which a sample size of 200 was chosen out of which 200 females in Karachi and Sindh healthcare facilities were sampled by a structured questionnaire. In order to define the existence of relationships between these variables and the career progression, multiple regression analysis was conducted. The results show that gender discrimination is a major limiting factor that lowers chances of promotion and barriers to leadership coupled with minimal mentorship decrease access to senior positions. On the other hand, the positivity of work-life balance support has an effect on career development as women can manage both career and life concerns. These findings are consistent with previous studies, which support the idea that institutionalized biases and restrictions in the system do not allow women to move up. Organizations can reduce these issues by having inclusive evaluation systems, proper mentorship schemes and flexible working policies in place. The future study must investigate intersectional issues, the long-lasting effects of policies, and differences in cross-cultural to establish better gender equity measures.

Keywords: Gender Bias, Career Advancement, Leadership Barriers, Mentorship, Work-Life Balance.

INTRODUCTION

The women working in the Pakistani health sector privately have been experiencing some challenges that are preventing their careers. Such problems are usually not helped by an unsupportive workplace, which constrains development and growth (Ahmed et al., 2022). Also, the effect of family obligations and professional life is particularly challenging, and women cannot easily take up the leadership positions (Schmidt, 1983; Habib et al., 2021). An example of this is that the demands of the society tend to force women to be in charge of the household chores thus limiting their access to opportunities that can help them advance their career (Mumtaz, Salway, Waseem, and Umer, 2003). It is necessary to tackle these concerns by establishing organizational policies that are gender-focused and create conducive workplace conditions to ensure that women become a part of the healthcare leadership (Shahbaz, Ashraf, Zakar, and Fischer, 2021).

Although there is a growing interest in gender equity in the global arena, the issue of career advancement among women working in the healthcare field in Pakistan is still under research. Although a number of studies have investigated gender-related issues in academia, healthcare leadership, pharmaceuticals, and corporate settings (Ali et al., 2024; Iftikhar, Yasmeen, Khan, and Arooj, 2023; Raza et al., 2023), existing literature addresses the general issue of workplace disparities instead of the industry peculiarities. Sex discrimination, the unavailability of mentorship, leadership obstacles, and work-life balance issues are the most prevalent barriers, which have received a considerable amount of attention (Ahmed et al., 2022; Shahbaz et al., 2021). Nevertheless, no detailed knowledge of which of these influences considerably the career promotion opportunities of women in the Pakistani healthcare field is available, which makes it challenging to develop specific interventions. The initiatives to ensure gender equity cannot be complete without the need to discuss the individual experiences of nurses, allied health professionals, and hospital administrators as a substantial segment of the workforce (Iftikhar et al., 2023; Raza et al., 2023).

Lastly, although there are both qualitative and quantitative researches, the gap in the creation of an empirical, context-specific model that should include the interaction of career barriers in the realm of healthcare in Pakistan is also present (Habib et al., 2021). Past quantitative studies tend to consider these obstacles separately, and the impact of a combination of these factors on career progression is not evaluated (Raza et al., 2023). This paper will fill that gap by merging an integrated conceptual framework of gender bias, leadership obstacles, the absence of mentorship and work-life balance, and empirically testing the influence on Career Advancement Prospects. Through such a quantitative approach, this study is intended to bring information-driven conclusions to the importance of determining which of these factors influences the process of career growth in women the most. This method is important since it goes beyond the mission of identifying single barriers to comprehension and determining a total effect, which is crucial to developing working interventions (Manzoor et al., 2022).

LITERATURE REVIEW

In Pakistan, the female population makes up a significant segment of the healthcare workforce, especially in the positions of a doctor, nurse, midwife, and other allied health workers (Shahbaz et al., 2021). Although they are very high in number, there are a lot of challenges that female healthcare professionals face thereby hindering their career development. Among the most evident are the unsupportive work environment, which may be in the form of insufficient security measures, particularly at night shifts, as an additional factor of safety concerns and stress, which may occur in female employees (Noor et al., 2023). Moreover, women are often expected to perform domestic tasks in the society and this hinders their career development as they also face a difficult work life balance (Noreen et al., 2024).

In addition, discrimination based on gender is a widespread issue, and healthcare workers are more often female healthcare workers who also experience bias and are denied the opportunity to gain leadership qualifications or advance in their careers (Khan et al., 2025). These issues are also complicated by cultural traditions that do not encourage women to follow long-term careers, and there is a large number of trained female doctors who do not engage in medicine (Ghaffar et al., 2024). The solutions to these problems include developing supportive working conditions, introducing work-life balance policies, and breaking society-imposed standards that obstruct the professional growth of women (Kim, 2025; Adamovic, 2023).

The inclusion of the Organizational Justice Theory into our research offers a useful tool that would help us to analyze the issues that women medical workers in Pakistan have to struggle with. The

theory examines the effects of equity in an organization on the attitudes and behavior of employees (Adamovic, 2023). In our case, it can be useful in explaining how gender bias, leadership barriers, absence of mentorship and work-life balance issues are some of the factors that limit career opportunities hence preventing women to advance their careers. With the use of the Organizational Justice Theory, our research paper is expected to give us information on how to make the working environment in an organization fairer (Kim, 2025).

Theoretical Development of Hypotheses

The problems of gender bias during performance reviews also affect the career advancement of women negatively. Research indicates that even in organizations that profess meritocratic model, there exist the existence of subtle forms of prejudices. As an example, the same assertive actions are usually applauded in men but condemned in women as the long-held stereotypes (Smith and Sinkford, 2022). This discrimination causes women to be given less effective feedback and scored lower on leadership potential, which eventually causes the decrease of promotion rate by 14 percent and contributes to the glass ceiling (Nuseir et al., 2021). Therefore, we propose:

Hypothesis 1: Gender bias in performance appraisals is negatively correlated to career development of women.

There are also major obstacles that hinder the road to leadership by women. The unciveness of women is often underestimated because of the unconscious prejudice, and they are less likely to be promoted (Chen et al., 2021). Moreover, women do not have many mentors and sponsors, who impart important advice and promotion, which are necessary to advance to high-level positions (Mayya et al., 2021). Consequently, we propose:

Hypothesis 2: The leadership barriers have an inverse correlation with the woman career development.

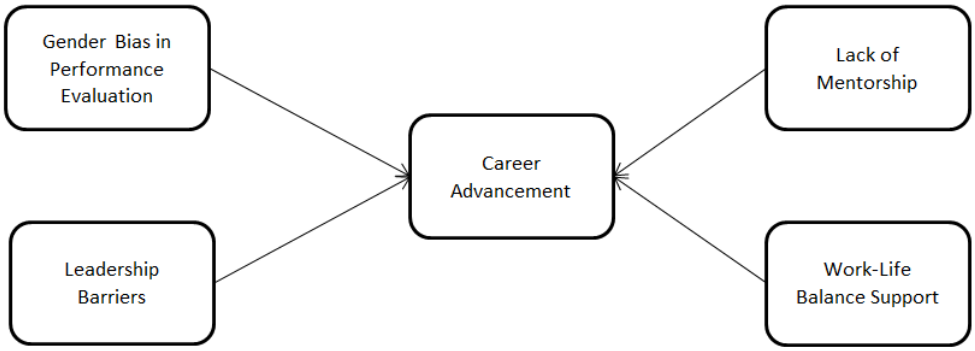
The lack of mentorship is an especially daunting threat. Mentorship has been known to be one of the best agents of career growth, providing both the skills and socioemotional support that may be vital. Employees who have mentors are also promoted five times more frequently, and mentorship programs have been found to dramatically boost the rate of female promotion (Guenaga et al., 2022). In the absence of such guidance, it is possible to become stagnant in terms of women and their leadership development (Harrison et al., 2022). Thus, we propose:

Hypothesis 3: Career advancement among women is negatively correlated with the lack of mentorship.

On the other hand, work-life balance is an effective positive influence of the organization. This kind of support is essential to women, who in many cases have to cope with a fair portion of household chores (Ahmed et al., 2022). Flexible work arrangements and policies that help manage caregiving responsibilities enable women to pursue leadership roles without sacrificing personal commitments. Evidence indicates that employees with a healthy work-life balance are more productive and engaged, which benefits both the individual and the organization (Adamovic, 2023). Accordingly, we propose:

Hypothesis 4: Work-life balance support has a direct and positive relationship with women's career advancement.

Figure 1 Conceptual Framework



METHODOLOGY

In this research, the research design used was quantitative and the deductive research method used was to study the factors affecting the career development of the female healthcare professionals in Pakistan. Empirical data was collected using a cross-sectional survey approach whereby it was possible to analyze the relationship between independent variables and the dependent variable. A positivist research paradigm was used because of the objective nature of the study as it ensured the investigational process was objective, reliable, and statistically rigorous in collecting and analyzing data.

The population of interest was a group of female healthcare practitioners or doctors, nurses, allied health professionals, and hospital administrators in the private healthcare facilities of Karachi and Sindh. Purposive sampling was used since it was necessary to represent various levels of hierarchy and institutional context. The statistical power of the sample size was adequate because it was established through Cochran formula, and there were 250 respondents, which was sufficient to make a generalization.

The structured questionnaire was created to gather primary data based on the validated scales presented in literature and was used to collect the data (Tabassum and Nayak, 2021; Smith and Sinkford, 2022). The data collected were analyzed using SPSS to undertake descriptive statistics, reliability analysis and multiple regression modelling.

DATA ANALYSIS

Table 1 presents the demographics of the respondents. The research population is fully composed of women (n = 250, 100%). Education wise, a good percentage of 36 is MBBS degree, then 24 is FRCPS, 28 is BSc and 12 is PhD in Health Sciences meaning that the sample is well-qualified. Job function distribution indicates that most of the job functions are represented by administrative staff (40%), doctors (36%), the rest or minority consists of Nurses (12%), technicians (8%), and support staff (4%). Most of the respondents are based in Karachi (70%), and 30 were based in Hyderabad. These demographics guarantee pertinent information on the views of the healthcare professionals.

Table 1 Participant Demographics

Category	Sub-category	Frequency (n)	Percentage (%)
Gender	Female	250	100%
Education	PhD (Health Sciences)	30	12%
	FCPS	60	24%
	MBBS	90	36%
	BSc	70	28%
Job Function	Nurses	30	12%
	Doctors	90	36%
	Administrative Staff	100	40%
	Technicians	20	8%
	Support Staff	10	4%
City	Karachi	175	70%
	Hyderabad	75	30%

The reliability statistics of the measurement scale used in the study are presented in Table 2 and indicate that the Cronbach alpha is 0.947. The value of 0.87 is high, which means that the internal consistency of the items in the survey is high, and thus the assessment of the gender bias, leadership barriers, mentorship, and work-life balance on the advancement of women in the career ladder in the Pakistani healthcare industry are reliable.

Table 2 Reliability Measure using Cronbach Alpha

Measure	Cronbach's Alpha	Cronbach's Alpha (Based on Standardized Items)	Number of Items
Value	.947	.947	21

Table 3 gives the summary of the model showing an R-value of 0.798 showing that there is a strong correlation between predictors and dependent variable. The value of 0.637 in R-square indicates that the perception of the work-life balance, gender bias, barriers to leadership, and absence of mentorship explain 63.7 percent of the variation in career advancement of women.

Table 3 Summary of the Model

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.798	.637	.630	.437

Note: Predictors: (Constant), WLBP, GBPE_Inverse, LB_Inverse, LM_Inverse

Table 4 shows the results of ANOVA that determine the overall significance of the model. Regression sum of squares (65.398) shows the amount of variance that the predictors explain, whereas the amount (37.202) that is not explained is the residual sum of squares. The model is statistically significant with F-statistic of 85.698 and a significant level of 0.000 meaning that the work-life balance perceptions (WLBP), gender bias (GBPE Inverse), leadership barriers (LB Inverse), and lack of mentorship (LM Inverse) have significant effects on career advancement (CA). The fact that the residual mean square (.191) is low implies that there is very little unexplained variance, which supports the model as reliable in its ability to predict the dependent variable using the provided predictors.

Table 4: Analysis of Variance (ANOVA)

Sum of Squares	df	Mean Square	F	Sig. (p-value)
65.398	4	16.349	85.698	**.000**
37.202	195	0.191		
102.600	199			

The regression coefficients are represented in Table 5 which measures the effect of the independent variables on career advancement (CA). The findings reveal that work-life balance perceptions (WLBP) has a positive implication on CA (B =.232, p =.000), which implies that the existence of a positive work-life balance increases career development. On the other hand, CA is negatively impacted by leadership barriers (LB_Inverse) (B = -.163, p =.027) and the lack of mentorship (LM_Inverse) (B = -.369, p =.000), which can be explained by the idea that structural barriers are an obstacle to professional development. Gender bias (GBPE_Inverse) is insignificant (p =.375) and, therefore, does not have a strong effect on CA in the given study.

Table 5: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	4.190	.364		11.513	.000		
	GBPE_Inverse	-.053	.059	-.056	-.889	.375	.469	2.131
	LB_Inverse	-.163	.073	-.187	-2.224	.027	.262	3.821
	LM_Inverse	-.369	.088	-.377	-4.216	.000	.233	4.297
	WLBP	.232	.062	.256	3.756	.000	.401	2.491

a. Dependent Variable: CA

Table 6 Summary of Hypotheses Testing

Hypothesis	Variable	p-value	Decision
H1: GBPE_Inverse → CA	Gender Bias Perception	0.375	**Rejected**
H2: LB_Inverse → CA	Leadership Barriers	0.027	**Accepted**
H3: LM_Inverse → CA	Lack of Mentorship	0.000	**Accepted**
H4: WLBP → CA	Work-Life Balance Perception	0.000	**Accepted**

The findings of this study are consistent with the existing literature on the gender bias and structural barriers that hinder women's career advancement (e.g., Tabassum & Nayak, 2021; Smith & Sinkford, 2022). Furthermore, the results of the study suggest that gender bias in performance ratings is a significant factor in impeding women's career progression. No lack of research proves this: women are rated as less good leaders than men even in cases of equal or better performance. That is a major factor contributing to the less frequent promotions of women (Nuseir et al., 2021). This is not a trifle fact but the type of prejudice that makes the glass ceiling well-established and impossible women to achieve senior positions.

This trend is in line with our findings. The obstacles to leadership are a drag on the careers of women, which confirms what Chen et al. (2021) discovered regarding unconscious bias that complicates women in their ascendancy. Another actual sticking point is Mentorship. Neither are we alone in saying so, as Wolf and Brenning (2023) argue mentorship is key to career development, and that people who have mentors are more likely to be promoted (Guenaga et al.

2022). In cases where they lack distinct mentorship programs, the confidence gap is further increased among women, and they will be less willing to self-nominate at work (Harrison et al., 2022).

Conversely, work-life balance encouragement is extremely significant. It is the most powerful aspect of woman progress, which follows the results of Bracken et al. (2023), Adamovic (2023), and Ali et al. (2024). Others fear that these policies are going to be detrimental in productivity yet it does not show that. In fact, work-life balance programs help to increase job satisfaction, retention, and organizational loyalty (Habib et al., 2021). According to Ali et al. (2024), a culture of work-life balance can be used to not only attract and retain young talented women but also in the workplace to establish a more equitable work environment.

All this makes us realize the real life application of the theories of gender and career development. The institutional discrimination is built in the manner in which individuals are evaluated at the workplace. If organizations want to break down these barriers, they need to act create bias-free evaluations, offer real mentorship, and give people more flexible work options. Without changes like these, the gender gap in career advancement isn't going anywhere.

CONCLUSION AND FUTURE DIRECTIONS

This paper throws a light on the actual obstacles that women experience on their way up the career ladder. The issue of gender bias continues to influence those who move up and down the ladder, despite the fact that there are so many companies who preach a lot about justice and merit by their mercies. The study helps to see clearly the women continue to take a back seat. To cure this, organizations must go beyond redoing their policies and redoing leader behavior. To begin with, the performance reviews should be taken seriously. The companies ought to ensure that the evaluations are not biased but are purely on what individuals bring with them, and not on archaic beliefs concerning gender.

This is a lot to learn by managers. They should become serious in detecting and confronting bias, which implies actual diversity and inclusion education, rather than box-ticking. Mentorship programs, at least formal mentorship programs, do count, particularly the programs that provide women with the necessary support, advice, and possibilities. Flexible work options should not be an added benefit. The inclusion of worklife balance in the daily operations of an organization is beneficial to all, particularly women who are required to balance a number of responsibilities.

In the future, the research ought to reach deeper into the interaction of gender with other variables such as race or line of industry individuals are employed in, and we will have a better survey. One can also keep an eye on how mentorship and flexible work policies actually work as time goes on are they effective, and to what extent? Experimental research can be used to test the effectiveness of the actual anti-bias efforts in the real world. And the comparison of how these barriers manifest in the context of various countries or cultures may give us an idea of what is universal and what is specific to some places.

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