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ANALYZING GENDER ISSUES AND LEADERSHIP EFFECTIVENESS IN MEDICAL EDUCATION

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ABSTRACT

Medical education is an important aspect in developing a country's health system. However, there are still issues that need to be addressed, especially those related to gender and leadership within medical education. The aim of this research is to analyze gender issues and leadership effectiveness in medical education. This study used qualitative research methods. The data collection technique in this research is literature study. The data that has been collected is then analyzed in three stages, namely data reduction, data presentation and drawing conclusions. The research results show that gender issues in medical education reflect the imbalance that occurred when women first entered the medical field at the end of the 19th century. At that time, women focused more on the field of pediatrics because it was more accepted by societal norms at that time. As a result, history records that many early female physicians in the United States preferred to practice pediatric care and women's health. Meanwhile, in the context of leadership in medical education, the various leadership styles that are generally known are democratic, pacesetting, authoritative, affiliate, training and command styles.

KEYWORDS *Gender Issues, Leadership Effectiveness, Medical Education*

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INTRODUCTION

Medical education is a program of study that includes learning about the diagnosis, treatment, and prevention of human diseases. Students who take this study program are required to complete their studies for several years at university, then continue with practical training in a hospital or health clinic before they obtain a doctor's degree (Putu Ika, 2023).

Medical education has a very important role in the development of a country's health system. Through this education, aspiring doctors and other medical

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personnel are provided with in-depth knowledge, skills and understanding of medical science and effective health practices. They are trained to diagnose diseases, provide appropriate treatment, and promote public health (Mustain et al., 2024).

Although medical education plays an important role in the development of health systems, there are still a number of issues that require attention, especially related to gender and leadership within the medical education environment. Gender issues include unequal access, opportunities, and recognition between men and women in medical education, as well as in medical careers after graduation. Women often face unique barriers in accessing educational and career-building opportunities, which can affect diversity and representation in the medical profession (Musa et al., 2023).

Historically, medical research has often ignored the role of women. For example, in 1977, the US Food and Drug Administration (FDA) recommended that women in their childbearing years be excluded from clinical research studies. The reason was to protect the most "vulnerable" group, the unborn fetus, in response to the Thalidomide Scandal that occurred in the 1950s and 1960s. Another reason for excluding women from clinical studies is because of their menstrual cycle. The hormonal variations that occur are often regarded as a factor that "skews" the results of research. The presence of these variations means that more subjects are needed in clinical trials, which in turn can increase the cost of the study (Prakasa, 2022).

Leadership issues in medical education are also a concern, with challenges related to developing inclusive, equitable, and effective leadership among medical students and faculty. Therefore, addressing these issues is important to ensure an inclusive, equitable, and effective medical education environment in producing a generation of qualified and potential medical personnel.

The novelty of this research is from the object of research, namely gender issues and leadership effectiveness in medical education which have never been studied simultaneously before. This research can be the basis for further research in this field, as well as for the development of new theories that can explain and predict phenomena related to gender and leadership issues in medical education. The purpose of this study is to analyze gender issues and leadership effectiveness in medical education.

RESEARCH METHOD

This research uses qualitative research methods. Qualitative method is an approach that focuses on in-depth observation of a phenomenon. The application of qualitative methods in research can result in a more thorough understanding of the phenomenon. Qualitative research, which emphasizes humanism or the role of individual humans and their behavior, is a response to the recognition that all human actions are influenced by factors internal to the individual. These internal factors include the beliefs, political views, and social background of the individuals concerned (Roosinda et al., 2021). The data collection technique in this research is a literature study. Literature study is a research method used to collect data through analysis and synthesis of previously published written sources. The purpose of the literature study is to find a theoretical basis, framework, and find a research

hypothesis. The data that has been collected is then analyzed in three stages, namely data reduction, data presentation and conclusion drawing.

RESULT AND DISCUSSION

Gender issues are indeed an interesting topic to study because they relate to how gender roles and identities are understood, shaped, and explained in society (Kågesten et al., 2016). The beginning of the discussion of gender issues often involves key differences between men and women, both biologically and in social and cultural contexts (Sari & Ismail, 2021). Gender differences and gender inequality between women and men are often understood as the result of social construction, culture, and religious traditions. That is, not all differences between men and women are natural or biological, but most of them are the result of social and cultural processes that have occurred over the years.

The term “gender” is often understood as a social and cultural construction attached to men and women in society (Rokhimah, 2014). For example, women are identified with traits such as gentleness, compassion, patience, and diligence, while men are identified with traits such as assertiveness, authority, not whiny, and so on. These gender distinctions are then reinforced by myths and the sexual division of labor that applies to each sex (Gultom, 2021). Gender issues then become relevant in all aspects of human life, including in the world of medical education. In medical education, an understanding of gender plays an important role in shaping the way doctors and prospective doctors perceive and treat their patients, which can affect various aspects, such as communication patterns, diagnosis, and treatment recommendations.

Medical education is recognized as a process by which medical students learn technical medical skills as well as internalize the principles of professionalism that are the foundation of ethical and responsible medical practice (Cruess et al., 2014). The aim is to ensure that students have a good understanding of what it takes to be a good medical professional and adopt the value system required in the profession. Medical education is a dynamic and highly charged environment, where different teaching methods, educational philosophies, and pedagogical concepts often collide (Swanwick, 2018). Here, academics and medical students compete to gain the necessary medical knowledge and skills to graduate and become competent medical practitioners. The primary focus of medical education is to prepare students with the foundation of knowledge, clinical skills, and professional attitudes needed to thrive in the healthcare profession.

Meanwhile, getting an education is a right for every individual, both men and women (Sumar, 2015). Through education, people can develop an understanding of themselves, recognize their potential, and become more aware of their surroundings. Education also plays a crucial role in creating the prosperity and welfare of society and advancing the civilization of a nation. However, the reality on the ground shows an imbalance in education, where men and women often experience different treatment in the learning process. The right to education is often determined by gender, which results in inequity in access to education. In medical education, women still face challenges in achieving equality, with men still

dominating the profession, often influenced by lingering patriarchal structures (Sharma, 2019).

Gender issues in medical education reflect an imbalance, dating back to when women first entered the field of medicine in the late 19th century (Jefferson et al., 2015). At that time, women tended to specialize in pediatrics as this field was more accepted by social norms at the time. The assumption that women were better suited to caring for children influenced their career choices. As a result, history records that many early female doctors in the United States preferred to practice in pediatrics and women's health. They were often limited in their choice of specialties and directed to work in fields deemed “appropriate” to their gender. This phenomenon is reflected in data showing that the majority of pediatricians in the United States are women, suggesting that this specialty became a more prominent choice for women (Spector et al., 2019).

Research (Pickel & Sivachandran, 2024), shows that female doctors perform exceptionally well in medical practice. This was measured through a number of factors, including mortality rates, postoperative complication rates, as well as effectiveness in patient management in various health conditions such as cancer screening, diabetes, and hospitalization prevention. Female doctors were shown to be able to provide quality healthcare and satisfactory outcomes, in line with the same standards as their male counterparts. However, despite this excellent performance, the female gender faces complex challenges in academic medicine. These challenges are rooted in ongoing structural and systemic inequalities (Chesak et al., 2022). Female physicians often face barriers to career advancement, mainly related to gender inequity, unequal household and parental responsibilities, difficulties in integrating work and personal life, and career risks caused by pregnancy, childbirth and raising children.

Gender inequality in medical education arises because women often experience various forms of discrimination, such as unfairness in promotion and pay, professional isolation, bullying, sexual harassment, and lack of recognition of their contributions. The result is high rates of attrition and burnout among female physicians (Joseph et al., 2021). These challenges are even more difficult for women from historically marginalized groups, as they face extra difficulties in all stages of their careers, especially reaching leadership positions. This reflects the structural and systemic inequities that women in medicine continue to face.

Women often have limitations in participating in the recruitment process, and they are often considered less competent or less qualified for opportunities to hold leadership positions. Leadership is the ability to influence others with a strong vision and mission to achieve certain goals. The leader himself is someone who has the ability to influence those around him, especially when they show intellectual, moral, trustworthy, and professional traits (Nuryati, 2015). Women's opportunities to achieve leadership positions are often hindered by underlying stereotypes and prejudices, even though their abilities are the same as men.

Leadership in medical education, meanwhile, contains several commonly recognized leadership styles. Goleman (2000) in (Tobing, 2021), presents six leadership styles that can be considered and applied. These styles include:

1. Democratic

Leaders with a democratic style encourage the active participation of group members in the decision-making process. They open space for group members to express their ideas related to decisions to be made and steps to be taken. When facing complex situations or difficult problems, democratic leaders will seek input from group members, listen carefully, and try to reach a mutual agreement. However, the downside of this approach is that the decision-making process can be complicated due to the number of ideas submitted, and it takes longer to consider each idea.

2. Pacesetting
   Leaders with a pacesetting style set high standards and set an example for their group members. They focus on achieving superior results and expect group members to be highly competent in carrying out their tasks. If any member is unable to meet the expected standards, this leader will transfer the task to another member who is more competent. However, some group members may feel that pacesetting leaders need to be more sensitive and tolerant of views and working methods that differ from other members.
3. Authoritative
   Leaders with an authoritative style set a clear direction and guide the group towards a common goal. They are particularly effective when the group faces problems, as they are able to motivate members by providing clear explanations on how to achieve the larger goal. Authoritative leaders show a high commitment to the task and encourage group members to freely innovate and experiment in their work.
4. Affiliative
   Leaders with an affiliative style create good communication and build positive relationships within the group. They are very concerned about the well-being of individual group members and try to build strong bonds between them. These leaders have a high level of trust in their group members, give them freedom in carrying out tasks, and often provide positive feedback. However, some group members may feel that the affiliative leader needs to be more assertive and set a clearer direction within the group.
5. Training
   Leaders with this style focus on supporting group members' efforts and developing their abilities. They are skilled at distributing tasks and helping group members understand each other's strengths, weaknesses and potential. Coaching leaders are good listeners and often use open-ended questions to help group members overcome work challenges. They provide continuous feedback and see mistakes as opportunities for improvement and learning.
6. Command
   Leaders with a command style set clear directions and expect group members to follow them without much input from others. They are very effective in handling crises and making decisions quickly. These leaders do not hesitate to reprimand underperforming members and also reward those who perform well. However, they tend to be less open to ideas from others,

which can make some group members feel unmotivated and lose enthusiasm.

Each leadership style has different characteristics and approaches to managing and leading a team or organization. In medical education, understanding these different leadership styles is critical to creating an effective and supportive learning environment for medical students.

In addition, an understanding of leadership helps in the proper management of medical education institutions. Understanding the differences in leadership styles allows leaders to customize their approach according to the situation and the needs of the group. In a medical education environment, this may mean providing appropriate guidance, encouraging innovation, building strong relationships, or providing the support needed by students. Thus, effective leaders can improve the performance and well-being of all members of the organization, as well as ensure that educational goals are well achieved.

CONCLUSION

Gender issues in medical education reflect the imbalance that occurred when women first entered the field of medicine in the late 19th century. At that time, women tended to focus more on pediatrics as this field was more accepted by societal norms at the time. This was partly due to the assumption that women were better suited to caring for children. As a result, history records that many early female doctors in the United States preferred to practice in pediatrics and women's health. They were often limited in their choice of specialties and directed to work in fields deemed “appropriate” to their gender. Meanwhile, in the context of leadership in medical education, there are various leadership styles that are commonly recognized. These include democratic, pacesetting, authoritative, affiliative, coaching and command styles. Each leadership style has different traits and approaches in managing and leading a team or organization. In a medical education setting, an understanding of these different leadership styles is important to create an effective and supportive learning environment for medical students and to properly manage a medical education institution.

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