

Exploring the Gynecologist-Patient Relationship in Hospitals of Islamabad and Rawalpindi, Pakistan

Asim Zubair¹, Sonia Fatima^{2*}, Haihua Ying³, Faizan Ahmad⁴

^{1,2}Department of Sociology, School of Public Administration, Hohai University, Nanjing, China

³Students' Service Center, International School, Hohai University, Nanjing, China

⁴School of Health Sciences, Qiqihar Medical University Heilongjiang, China

*Correspondence author: soniafatime135@gmail.com

ARTICLE INFO

Keywords:

Gynecologists; Hospitals;
Patients; Pregnancy; Twin-Cities

Article history:

Received 19 February 2025

Revised 19 May 2025

Accepted 24 June 2025

Available online

30 June 2025



licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)

DOI: <https://doi.org/10.32734/9fg3xk38>

ABSTRACT

The research was conducted on "Gynecologist-patient relationship: A case study of hospitals in twin cities." Pakistan. This study examined the relationship between doctors and patients. Specifically, a Gynecologist's attitude towards their respective patients. The primary objective of this study was to investigate the relationship between gynecologists and hospital patients. The researcher employed a qualitative study to investigate the attitudes of gynecologists. For data collection, a sample of 15 respondents was selected, and one in-depth interview was conducted with pregnant patients (female). The researcher used a snowball and purposive sampling techniques to collect data. According to the results, patients mostly prefer female gynecologists over male gynecologists because they feel shy and hesitate to talk and discuss issues with male gynecologists. They share their health-related problems and discuss them freely and frankly with female gynecologists. Most respondents also prefer being treated in private hospitals compared to public hospitals, despite the higher fees charged by private hospitals. However, they do not want to take risks, as this can create complications during the delivery phase. The current research also shows that professional gynecologists prefer not to treat their family members because they are emotionally attached to them.

How to cite:

Zubair, A., Fatima, S., Ying, H., & Ahmd, F. (2025). Exploring the gynecologist-patient relationship in hospitals of Islamabad and Rawalpindi, Pakistan. *Humanities & Language: International Journal of Linguistics, Humanities, and Education*, 2(2), 086-097.

1. Introduction

The relationship between a patient and a doctor is based on two fundamental elements (Calman & McLean 1984): the first is the doctor's care, expertise, and knowledge; the second is the sharing of information to assist the patient in making decisions; therefore, communication and trust are crucial in this relationship (Stewart & Roter, 1989). The issue arises when doctors view their patients as sick individuals from whom they should extract information or to whom they should give advice, and they fail to see the important goal of communication, which is to establish and strengthen a relationship with their patients (Temkina, 2015; Yamin, 2017).

The relationship between a doctor and patient is fundamental to medical practice and essential for providing high-quality medical care, accurate disease diagnosis, and effective treatment. One of the pillars of contemporary medical ethics is the doctor-patient interaction (Oh Nelson, 2021). Before entering hospitals, medical students are

taught by most medical schools and colleges to establish professional relationships with patients, respect their privacy, and treat them with dignity (Kurtz, 2002). In social science, health is a human condition measured by four components: physical, mental, social, and spiritual. Health is defined in the WHO constitution of 1948 as "a state of complete physical, social, and mental wellbeing, and not merely the absence of disease or infirmity".

Every Gynecologist impedes effective communication about care and contributes to an uneven relationship. Emotions, status, culture, and values impact communication. Viewing the process and comprehending the nature of the relationship with the gynecologists are crucial. Feeling confident to assist the Gynecologist in the care can have far-reaching benefits (Finkbeiner et al., 2021). In the interaction between a Gynecologist and a patient, communication and the Gynecologist's attitude towards the patient are key elements. The Gynecologist's behaviour includes things like maintaining eye contact with the patient and using language that is easy to understand in the doctor-patient connection. The researcher is interested in behaviourism and the communication between gynecologists and their patients (Jakicic et al., 2003).

It is professional practice in Western nations for Gynecologists to avoid treating family members unless they have a mild medical condition. He or she has an innate emotional bond with family members, which explains why (Jones, 1996). Therefore, gynecologists may find it challenging to make unbiased medical decisions on their own family members' health. For example, if a gynecologist performs surgery on his daughter, it may be hard for him to keep his feelings apart from his work. Gynecologists might not be able to maintain their "functional specificity" or universalistic attitudes in such a circumstance (Jacob, 2018).

Since Pakistan is still a developing nation, its hospitals have fewer medical facilities. A significant divide is emerging between gynecologists and patients as a result of inadequate medical facilities and a high percentage of illiteracy. Patients' relationships with doctors are often affected, leaving them angry, dissatisfied, or disappointed. These emotions are frequently brought on by patients and Gynecologists having different expectations about the visit's goal, the Gynecologist's communication style, or the Gynecologist's recognition of the patient's pain. Gynecologists frequently communicate in highly unethical ways, which immediately negatively impacts patients' health (Rehman, 2017).

Since the commercial sector pays more than the government sector, most Gynecologists have opened their private clinics and hospitals (Chaaaya et al., 2003). However, both of these behaviours are often mixed together in Pakistan. In the morning, Gynecologists work for the government; in the evening, they work privately. Values are linked to money in this day and age. Money is power, as the saying goes (Khan & Ferdoos, 2024). Money has also demonstrated its impact in the medical profession. Gynecologists' attitudes towards their patients vary. Gynecologists treat their high-status and powerful patients like friends and bosses.

Men dominate the society of Pakistan. In Pakistan, gender discrimination is pervasive. In the connection between a patient and a gynecologist, gender prejudice also occurs. A significant communication gap exists between the Gynecologist and the patient (Younas et al., 2023). There will be a gap between a female patient and a male gynecologist. Women are never able to communicate their emotions to male Gynecologists. A female gynecologist is required for female patients in such situations (Konno et al., 2010).

The methods of female gynecologists' relationships with their patients are the subject of much research. As a result of his influence, more women are choosing to pursue careers in medicine, where they are currently performing admirably. According to Walsh (1977), a considerable amount of research has been conducted on the history of women's exclusion from medicine and the impact of the increasing number of female Gynecologists on the relationship between Gynecologists and their patients.

1.1. Significance of the study

Pakistan is a developing country, and in this country, there are fewer medical facilities in hospitals. Due to poverty and a high illiteracy rate, a wide gap is being created between Gynecologists and Patients. Like all other areas of social life, the health sector lacks research, especially from a sociological perspective. The study aims to explore the behaviours of Gynecologists with their patients and the effect on their health, and consequently, patients may not receive the required attention they need.

The importance of this study lies in building a strong relationship between Patients and Gynecologists. The Gynecologist's primary goal is to help patients and work in cooperation. The interplay of thought, feelings, and actions shapes the relationship between Gynecologists and patients. If Gynecologists' behaviour is positive with patients, then patients will experience better health, and the relationship between the Gynecologist and patients can yield effective results in terms of the psychological and social aspects of the patients. The relationship based on ethical values between Gynecologists and patients can be beneficial in the medical treatment of patients. The attitude of Gynecologists during medical check-ups with patients is at the centre of numerous social issues in the healthcare sector. Previous researchers have not discussed the relationship between the Gynecologist and the patient. This study will examine the relationship between Gynecologists and their patients, as well as the behaviour and attitudes of Gynecologists towards their patients.

1.2 Objective of the Study

In this research, the study's overall objective was to examine the state of mind of gynecologists and the problems faced by patients during their medical check-ups in Twin Cities, Pakistan.

2. Literature Review

Gynecologists in the medical system are expected to clearly distinguish between their personal and professional relationships with patients (Cetera et al., 2024). He or she is expected to maintain objectivity when making decisions about science. His or her professional ethics should always take precedence, with patients' requests and desires coming in second (Parsons, 1951).

Gynecologists are responsible for addressing a range of sensitive and personal issues as part of their professional duties. Gynecologists should strictly limit their professional activities in such circumstances and refrain from exceeding these limits. Gynecologists need to maintain a clear distinction between their professional practice and other contexts (Bouchez et al., 2021). This implies that they should not mix their personal and work lives. To perform a physical examination, a male Gynecologist may ask a female patient to remove her clothing. Gynecologists' orders are generally followed without question or justification (Tuckett, 2013).

In somewhat less critical situations, the guiding collaboration model often emphasises the interaction between the Gynecologist and the patient. According to

Tuckett (2013), this kind of relationship typically develops in acute relationships, particularly those involving infections. The strategy applies to underdeveloped nations, where food-related illnesses, inadequate hygiene, and infectious diseases are commonly treated. In these situations, the patient's cooperation is required. According to Misler (1981), the patient is required to obey, follow instructions, and adhere to the medical treatment recommended by the gynecologists.

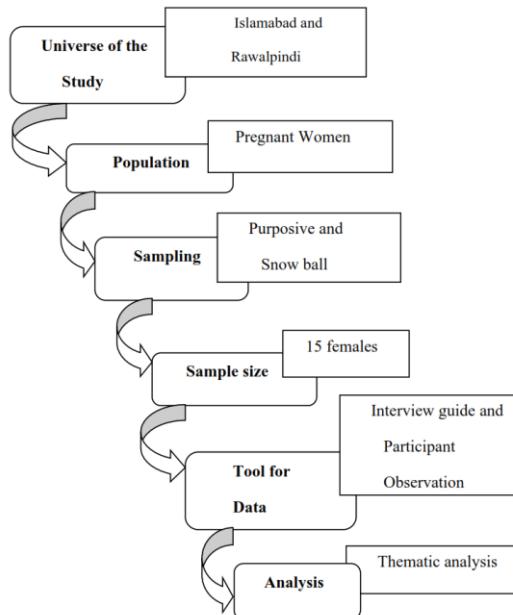
Since both Gynecologists and patients must comprehend one another's needs, mutual participation is the most challenging type of connection (Mishler, 1981). This method is considered crucial for managing chronic illnesses if the patient follows the treatment plan independently, with only sporadic guidance from Gynecologists (Tuckett, 2013). Communication is the only effective way to comprehend the interaction between Gynecologists and their patients. Patients may only receive greater care and satisfaction in this manner (Daley, 1993). The majority of Gynecologists lack the special skills needed to interact effectively with young female patients and their parents. Years of clinical practice are necessary to build communication skills that will boost the young patient's confidence from the first appointment. A female gynecologist is preferred by 77% of women.

Gynecologists now function similarly to service providers for their paying patients. They have no regard for human beings. The language of money is the only one they can understand. It has an impact on the relationship between the Gynecologist and the patient, altering the Gynecologist's behaviour (Hohlen et al., 1990).

3. Materials and Methods

The entire research process, which is founded on the research topic, research question, and previous literature review, is referred to as research methodology. According to Denzin and Lincoln (2011), qualitative research is an interpretive, naturalistic approach to the world, in which researchers examine objects in their natural environments to understand or interpret events in terms of the meanings that individuals assign to them. "Any set of individuals or objectives having common observable characteristics" is what Rees (1969) defines as the universe. A population, often referred to as the universe, encompasses all potential observations relevant to specific features of interest.

3.1. Stream Chart of Research Methodology



3.2. In-depth interviews & Thematic Analysis

As a researcher, uncovering societal concerns through in-depth interviews requires using broad topics rather than pre-formulated questions. Exploring life histories, viewpoints, and experiences is one of the most effective ways to gather data, particularly when studying sensitive subjects. It is a qualitative research tool used to gather in-depth opinions from a small group of people, examining their perspectives on various phenomena and contemporary issues (Boyce & Neale, 2006). A method of qualitative analysis, thematic analysis first identifies themes from the literature study before providing a synopsis and interpretation of the themes found in the field data.

4. Results and Discussions

This section provides an overview of the entire information and background situation regarding the Gynecologist-patient relationship in Twin Cities, Pakistan.

Case Study 1: Safia (Source: field survey, 2025)

Safia had M.A. in English literature and was well-educated. Her occupation was teaching. She makes money with her hubby. The income exceeded sixty thousand per month. She lived in a nuclear family and was married. Five people were living in her house.

Sofia's doctor cooperated with her; gynecologists should also cooperate with their patients to ensure they are satisfied with the treatment method. She interacted freely and candidly with her Gynecologist; she feels comfortable with female Gynecologists because she can ask questions of the lady doctor, but feels shy when speaking to male Gynecologists. Less interaction results in unhappiness with the treatment because patients do not disclose their problems to Gynecologists, which can lead to a communication gap.

When Gynecologists treat their patients with kindness, they help them resolve their problems and make them feel satisfied with their doctor. It is a reciprocal relationship; if a patient cooperates with their Gynecologist, the Gynecologist will also cooperate with their patient. Miscarriages occur when gynecologists fail to provide appropriate guidance to their clients (Grimm et al, 2021). She had two deliveries in government hospitals and one in a private hospital, so she concluded that gynecologists in private hospitals offer better care than those in public hospitals. In public hospitals, gynecologists treat their patients like a burden because they are overburdened, tired,

and influence the way that treatment is administered. Additionally, patients are not properly checked.

Case Study 2: Saima (Source: field survey, 2025)

Saima recently completed her M.Phil. She stayed at home. The family's primary breadwinners were her brother-in-law and her husband. The salary was roughly 75,000 each month. She lived in a shared family and was married. Her family consisted of eight people.

Gynecologists occasionally provide excellent care, listening attentively, comprehending the issue, and offering sound advice. They are helpful in some way, and she once had an incident where she was constantly using her cell phone while seeing a gynecologist, which annoyed Saima. Because interaction fosters communication, which aids in understanding, patients need to engage more with their Gynecologist about their health concerns. Saima felt more at ease with female Gynecologists because she was hesitant to approach male Gynecologists and could not freely discuss issues with them. Personally, she believes that the tendency to see male Gynecologists is unique to Western culture. She is embarrassed about seeing a male Gynecologist. Because they don't give enough time, miscarriages result from less interaction.

Additionally, a Gynecologist's attitude sometimes has a negative impact, but in other cases, it can have a positive effect, as it enables them to provide excellent care to their patients (Akinlusi et al., 2022). Patients want to discuss their issues but are unable to do so effectively due to Gynecologists' careless and obstructive behavior, which creates a communication gap and makes them unhappy.

Case Study 3: Uroosa (Source: field survey, 2025)

Uroosa was a college professor who completed her master's degree in anthropology. She makes money, and she and her spouse make about \$120,000 a year. She was married and part of a four-person nuclear household.

Uroosa went for treatment in a private hospital. Gynecologists in public hospitals often fail to provide proper care, but in private hospitals, they offer excellent care and guidance. Stress can occasionally affect how gynecologists treat patients. Additionally, they begin acting impolitely and speaking harshly to patients. Because, in Uroosa's opinion, men are more specialized, experienced, and emotionally resilient than women, she felt at ease with male gynecologists. Reduced patient interaction can lead to dissatisfaction with treatment. The doctor and patient should have a cordial relationship. Patients can freely discuss any issues if they are amicable with one another.

4.1. Thematic Analysis

The researcher explored the participants' full backgrounds and described their life experiences in their own words, using narration and themes to convey their stories. This study will explore the existing and emerging issues to support the phenomenon of the Gynecologist-patient relationship.

4.1.1. Attitude of Patient's Family and gynecologists towards pregnancy

Just because women are incomplete on their own and require encouragement and inspiration from their husbands, Gynecologists, and families, the attitudes of these individuals are crucial.

4.1.2. Attitude of Patient's Family towards pregnancy

According to one respondent, 75% of women have husbands who are cooperative and genuinely concerned about their wives. Some husbands have strict attitudes

towards their wives because they are perceived as being lazy and hesitant to attend their gynecologist appointments on time. There is a quote from a respondent to illustrate how cooperative her husband and her family were:

"Jab ma athara saal kit hi tou phala miscarriage hoa tha tou ma bohat disheart aor disappoint hoi thi aor mere mery shohar mujhy dekh k preshan rehty thy phir jb hum gynecologist ky pas gye aor usny bohat encourage aor motivate kia mujhy aour mere shohar kot tou mery shohar ny har mumkin kosish ki keh ma normal ho sakon aor pehly se ziada mere kiyal kia" (Sadia, January 28, 2025).

English translation of the Verbatim of the Participant;

"When I was at the age of 18, I had my first miscarriage, and I was very much disappointed and disheartened that when my husband used to see me, he also got very worried. Then we went to a Gynecologist; she motivated and encouraged both my husband and me. He was much more concerned about me than before, and he tried his level best to normalise me and cooperate with me.

The medical term for miscarriage is "spontaneous," which refers to the loss of the fetus by natural methods before the 25th week of pregnancy (Cohen et al, 1982). Due to the stark contrast of events—one day the couple is living out a dream and expectation, and the next day the child is gone—there may be intense feelings of loss and grief following a miscarriage (Pizer et al.). For people who are losing their first child, this might be especially true (Leon, 1986). In addition, the couple may experience irritation, rage, and fear as they consider the potential for future children. According to Layne (1990), a woman's physical weakness may intensify her emotions. Isolation from friends and family may be one long-term effect because miscarriages are mysterious, and most friends and family are unsure of how to respond or what to say.

4.1.3. Attitude of Gynecologist towards pregnancy

Some of the gynecologists' attitudes are rude, and some are polite, responsible, and cooperative towards their patients during pregnancy. A gynecologist's behavior has a lot to do with patients' health and feelings.

Hina's words are quoted here to explain that her Gynecologist was rude, and she was not cooperating with her:

"Ap pehli aurat ni hein jis ka yah bacha ho raha hai; ap jaisi aour auraton ka bhi yahi haal hota hai." (Hina, 11 Jan, 2025).

English translation of the Verbatim of the Respondent;

"You are not the only one who is bearing a child; this situation is faced by many women."

It seems that 25% of the women of childbearing age must deal with depressive episodes (Noorlander et al, 2008). This suggests that fertile women who suffer from depression are likely to use antidepressants while getting pregnant. Unsupervised reduction or rapid stopping the use of antidepressants can increase the risk of maternal depression. However, continuing the use may negatively influence the baby's development (Breckler & Wiggins, 2014). Since 2012, the policy of the Dutch Association for Obstetrics and Gynecology (NVOG) has been, in general, to continue using

antidepressants, depending on the severity of the depression. However, nearly 50% of pregnant women stop using pharmacotherapy to prevent decline. The choice between antidepressants is influenced by the preferences and attitudes of pregnant women and their health professionals, such as midwives and gynecologists. Attitudes are mental representations that are shaped by experience and influence behavior (Kwan et al., 2010). Health professionals will better understand the preferences of pregnant women and take them more seriously, which may lead to an increase in engagement of pregnant women in the chosen treatment.

4.1.4. Patient's Preference for the gender of doctors regarding check-up

Some patients claim that they do not care if a doctor is male or female; all they ask is that the doctor ease their pain and provide them with satisfaction from the therapy. Because they can discuss everything in depth with female Gynecologists, most patients feel more at ease with them than with male doctors. Due in large part to cultural and religious restrictions, 95% of patients prefer female Gynecologists over male ones. They believe that this is a Western culture and that patients do not care if a female or male gynecologist treats them. Finally, patients prefer female Gynecologists because they feel uncomfortable and hesitant about seeing male Gynecologists.

Females cannot share their condition and cannot tell their problems frankly to the male gynecologists. In delivery circumstances, when they undergo a check-up, there are so many intimate things like displaying the body parts that feel embarrassing, that one is showing it to the guys. Patients prefer female Gynecologists, but 5% prefer male Gynecologists over female Gynecologists because, in their opinion, males are more emotionally resilient than females and are more professional, specialised, and experienced, as they pursue their careers. In contrast, females are often dependent on their husbands and families to determine whether they can continue their careers. In the majority of ultrasound professions, males predominate and females are extremely uncommon, so patients have no options for diverting their attention.

Sadia shared her experience on why she prefers female gynecologists:

"We can share everything with a female Gynecologist without any shyness and hesitation, and can openly discuss our problems regarding health issues. When a male Gynecologist touches our body and sees any body part it does not seem nice and one more thing that's why I prefer female Gynecologist, is that because of religious and cultural barriers." (Sadia, 2 Jan, 2025).

Uroosa told about why she prefers male Gynecologist rather than female

Gynecologist:

"I was comfortable with male gynecologist because males are more experienced and are more specialized and male are more emotionally strong." (Uroosa, 5 Jan, 2025).

4.1.5 Effects of gynecologists' attitude towards pregnant women

A person's attitude influences their choice of behaviour and how they respond to challenges, rewards, and incentives. Attitude is a predisposition or tendency to react favorably or unfavorably to a particular idea, object, person, or circumstance.

4.1.6 Effect of a negative attitude towards pregnant females

When a patient is delivered, a gynecologist is crucial. Pregnant women may suffer as a result of some Gynecologists' rudeness and aggression. Gynecologists' uncooperative and careless approach towards their patients has an impact on both the patient's and the unborn child's health, which can result in miscarriages and patient dissatisfaction. To increase their revenue, some Gynecologists treat their patients like a burden and check them frequently. Because they don't give them enough time and are dissatisfied with the treatment, some patients make difficult decisions, such as switching to a Different Gynecologist.

4.1.7 Positive effect on pregnancy

According to the patients, certain Gynecologists treat them calmly and are very cooperative, friendly, and responsible towards their patients. Any doctor's support can stimulate their customers who have gone through a mishap and encountered challenges regarding miscarriages. Whether they enter the comfort zone as a result of a cooperative or satisfactory check-up, but with less involvement with Gynecologists. Patients feel at ease and believe they are in good hands when Gynecologists are cooperative.

4.1.8 Patients' satisfaction with gynecologists

Patients become dissatisfied with their treatment and are forced to switch Gynecologists because they are uncomfortable with their current one if the Gynecologist is uncooperative and has an irresponsible attitude that bothers them. Additionally, if a gynecologist handles a delivery case poorly, patients get anxious and would rather see another physician. Gynecologists typically spend 10 to 20 minutes treating each patient.

According to Saima;

“Jab mein gynecologist ky pass gai apny check-up krwany tou wo musalsal apny mobile pa lagi hoi thi aor wo games khail rhi thi. Mujhy bohat bura feel hoa aor wo harkat mujhy preshan kr rhi thi asy lag rha tha keh doctor mere baat nai sun rahi aour mujhy for granted ly rahi hai. Agar aesa koi doctor kry ga apny marezzon k saath tou patient zaihri si baat hai unsatisfy ho ga.” (Saima, 23 Jan, 2025).

English translation of this conversation!

“When I went to the Gynecologist for my check-up, she continuously used her cellphone and played games. I was feeling very bad, and she was bothering me as well. It seems like she is not interested in me, is not listening to me, and is taking me for granted. If any gynecologist does this to any patient, then the patient will be unsatisfied with her Gynecologist's treatment.”

5. Conclusion

Gynecologist-patient relationships are important (Jakicic et al., 2004). The current study employed a qualitative research technique to investigate the relationship between Gynecologists and patients in a case study of hospitals in the Twin Cities. All data analysis and conclusions are based on the facts and findings. The relationship between the Gynecologist and the patient is fundamental to medicine and necessary for delivering high-quality medical care. Information concerning the patient's case will be more abundant and of higher quality if the connection is characterized by mutual respect, knowledge, trust, shared values and viewpoints about life and illness, and time

availability. It is determined that patients have to wait for their turn to see the doctor for many hours because there are fewer Gynecologists. There are fewer Gynecologists in these areas, and some do not visit hospitals regularly (Layne, 1990). Some Gynecologists maintain their own private hospitals or clinics and also work in public hospitals. Due to overcrowding, public hospitals often fail to thoroughly check patients, leaving them with no choice but to seek better care at private clinics or hospitals. Patients in public hospitals receive varied treatment, which influences their decision to visit a private clinic or hospital. Gynecologists in private hospitals charge more, but they offer better care and allocate more time for examinations. Patients prefer to visit private hospitals for these reasons. According to the researcher's findings, 75% of women have husbands who are understanding and helpful when they are dealing with difficulties and health concerns. Certain Gynecologists act and think rudely.

6. Acknowledgement

Gynecologists should have sufficient experience to manage birth circumstances with care. Installing a camera is necessary to continuously monitor Gynecologists' attitudes and behaviors towards patients. The government should create a comprehensive plan of action for Gynecologists who choose to work in private practice, ensuring that consultations are affordable in terms of lower costs and additional medication. For the better care and treatment of the underprivileged patients, public hospitals should employ more Gynecologists.

References

- Akinlusi, F. M., Olayiwola, A. A., Adeniran, A., Rabiu, K. A., Oshodi, Y. A., & Ottun, T. A. (2022). Patients' perception of the quality of gynecological services in a tertiary public health facility in Lagos, Nigeria. *Journal of Patient Experience*, 9, 23743735221077550.
- Bouchez, M., Ward, J. K., Bocquier, A., Benamouzig, D., Peretti-Watel, P., Seror, V., & Verger, P. (2021). Physicians' decision processes about the HPV vaccine: A qualitative study. *Vaccine*, 39(3), 521-528.
- Boyce, C., & Neale, P. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input.
- Breckler, S. J., & Wiggins, E. C. (2014). On defining attitude and attitude theory: Once more with feeling. In *Attitude structure and function* (pp. 407-427). Psychology Press.
- Calman, K. C., & McLean, S. A. (1984). Consent, dissent, cement. *Scottish Medical Journal*, 29(4), 209-211.
- Cetera, G. E., Facchin, F., Viganò, P., Merli, C. E. M., Frassineti, A., Fiorini, J., ... & Vercellini, P. (2024). "SO FAR AWAY" How Doctors Can Contribute to Making Endometriosis Hell on Earth. A Call for Humanistic Medicine and Empathetic Practice for Genuine Person-Centered Care. A Narrative Review. *International Journal of Women's Health*, 273-287.
- Chaaya, M. M., Bogner, H. R., Gallo, J. J., & Leaf, P. J. (2003). The association of gynecological symptoms with psychological distress in women of reproductive age: a survey from gynecology clinics in Beirut, Lebanon. *Journal of Psychosomatic Obstetrics & Gynecology*, 24(3), 175-184.
- Cohen, D. I., Littenberg, B., Wetzel, C., & Duncan vB. Neuhauser. (1982). Improving physician compliance with preventive medicine guidelines. *Medical care*, 1040-1045.

- Daley, R. (1993). *Atmospheric data analysis* (No. 2). Cambridge university press.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. sage.
- Finkbeiner, C., Doria, C., Ellis-Kahana, J., & Loder, C. M. (2021). Changing obstetrics and gynecology residency education to combat reproductive injustice: a call to action. *Obstetrics & Gynecology*, 137(4), 717-722.
- Grimm, D., Voiss, P., Paepke, D., Dietmaier, J., Cramer, H., Kümmel, S., ... & Hack, C. C. (2021). Gynecologists' attitudes toward and use of complementary and integrative medicine approaches: results of a national survey in Germany. *Archives of gynecology and obstetrics*, 303, 967-980.
- Hohlen, M. M., Manheim, L. M., Fleming, G. V., Davidson, S. M., Yudkowsky, B. K., Werner, S. M., & Wheatley, G. M. (1990). Access to office-based physicians under capitation reimbursement and Medicaid case management: findings from the Children's Medicaid Program. *Medical care*, 59-68.
- Jacob, A. (2018). *A comprehensive textbook of midwifery & gynecological nursing*. Jaypee Brothers Medical Publishers.
- Jakicic, J. M., Marcus, B. H., Gallagher, K. I., Napolitano, M., & Lang, W. (2003). Effect of exercise duration and intensity on weight loss in overweight, sedentary women: a randomized trial. *Jama*, 290(10), 1323-1330.
- Jakicic, J. M., Marcus, B. H., Gallagher, K. I., Napolitano, M., & Lang, W. (2004). Effect of exercise duration and intensity on weight loss in overweight, sedentary women: A randomized trial. *Obstetrical & gynecological survey*, 59(3), 204-206.
- Jones, M. J. (1996). In their own words: women's subjective experience of medical/health care injuries: the case of obstetrics and gynaecology.
- Khan, J., & Ferdoos, A. (2024). Barriers and Privileges to Career Advancement for Women in the Pharmaceutical Industry of Pakistan. *Shnakhat*, 3(2), 83-98.
- Konno, T., Graham, A. R., Rempel, L. A., Ho-Chen, J. K., Alam, S. K., Bu, P., ... & Soares, M. J. (2010). Subfertility linked to combined luteal insufficiency and uterine progesterone resistance. *Endocrinology*, 151(9), 4537-4550.
- Kurtz, S. M. (2002). Doctor-patient communication: principles and practices. *Canadian Journal of Neurological Sciences*, 29(S2), S23-S29.
- Kwan, B. M., Dimidjian, S., & Rizvi, S. L. (2010). Treatment preference, engagement, and clinical improvement in pharmacotherapy versus psychotherapy for depression. *Behaviour research and therapy*, 48(8), 799-804.
- Layne, L. L. (1990). Motherhood lost: Cultural dimensions of miscarriage. *Women & health*, 16(3-4), 69-98.
- Leon, I. G. (1986). Psychodynamics of perinatal loss. *Psychiatry*, 49(4), 312-324.
- Mishler, E. G. (1981). Viewpoint: Critical perspectives on the biomedical model. *Social contexts of health, illness, and patient care*, 1-23.
- Noorlander, Y., Bergink, V., & Van den Berg, M. P. (2008). Perceived and observed mother-child interaction at time of hospitalization and release in postpartum depression and psychosis. *Archives of Women's Mental Health*, 11(1), 49-56.
- Oh Nelson, H. (2021). Doctor-patient relationship. *The Wiley Blackwell Companion to Medical Sociology*, 495-515.
- Parsons, T. (1951). Illness and the role of the physician: a sociological perspective. *American Journal of orthopsychiatry*, 21(3), 452.
- Pizer, H. F., Palinski, C. O. B., & Rothchild, A. Coping with a miscarriage: why it happens and how to deal with its impact. (*No Title*).

- Rees, M. J. (1969). The collapse of the universe: an eschatological study. *The Observatory*, 89, 193-198.
- Rehman, A. (2017). DEPLOYMENT OF MATERNAL HEALTHCAR.
- Stewart, M. E., & Roter, D. E. (1989). *Communicating with medical patients*. Sage Publications, Inc.
- Temkina, A. (2015). The Gynecologist's gaze: the inconsistent medicalisation of contraception in contemporary Russia. *Europe-Asia Studies*, 67(10), 1527-1546
- Tuckett, D. (2013). *An introduction to medical sociology*. Routledge.
- Walsh, M. R. (1977). Doctors wanted: No women need apply: Sexual barriers in the medical profession, 1835-1975.
- Yamin, E. L. (2017). *Caring for the Whole Woman: A Program for Practitioners of Obstetrics and Gynecology* (Doctoral dissertation, The Chicago School of Professional Psychology).
- Younas, S., Khanum, S., & Qamar, A. H. (2023). Decision making among residents in training of obstetrics and gynecology: A qualitative exploration in Pakistani context. *Plos one*, 18(11), e0287592.