

MESTRADO INTEGRADO EM MEDICINA

**Is gender discrimination in the  
workplace still a reality? – A case study  
in a Portuguese hospital.**

Mariana Macedo Vieira

**M**

2018



# Is gender discrimination in the workplace still a reality? – A case study in a Portuguese hospital.

Original Research



May 2018

Mestrado Integrado em Medicina  
Original Research  
Instituto de Ciências Biomédicas Abel Salazar  
Universidade do Porto

**Author:**

Mariana Macedo Vieira  
mim12088@icbas.up.pt  
6º Ano do Mestrado Integrado em Medicina do Instituto de Ciências Biomédicas Abel Salazar da Universidade do Porto

**Orientator:**

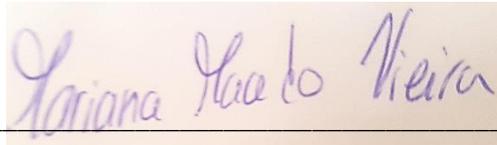
Avelino Manuel Fraga Ferreira, PhD  
Assistente Hospitalar Graduado Senior de Urologia no Centro Hospitalar do Porto:  
Professor Catedrático convidado da Unidade Curricular de Urologia do Mestrado Integrado em Medicina do Instituto de Ciências Biomédicas Salazar, Universidade do Porto

**Co-Orientator:**

Maria Isabel Correia Dias, PhD  
Professora Associada na Faculdade de Letras da Universidade do Porto - Departamento de Sociologia

28 de maio de 2018

Author:

A rectangular image showing a handwritten signature in purple ink on a light-colored background. The signature reads "Mariana Macedo Vieira".

(Mariana Macedo Vieira)



## ACKNOWLEDGMENTS

The author wishes to express her appreciation to Professor Avelino Fraga, Professor Isabel Dias, Dr. Ilda Magalhães, and Vedran Kalinić for their assistance in the preparation of this manuscript.

## ABSTRACT

Objective: This study was designed to assess whether gender discrimination is a reality amongst the professionals working in a Portuguese public hospital. The study is divided in two parts, the first concerning hard data and all workers, with the exception of those with service agreements, while the second part involving soft data collected from a smaller population: the workers assigned to the Hospital's Operating Rooms.

Methods: This is a cross-sectional study with two parts. In the first part of the study, secondary data analysis based on the 2017 Social Report of the institution. In the second part of this study, soft data gathered through an anonymous written questionnaire assessing self-perceived gender discrimination was analyzed. The questionnaire was composed of twelve closed questions, divided in two groups: the first group designed to characterize the population answering the survey; the second group aiming to evaluate gender-based discrimination self-perception.

Results: 74.55% of all employee are females. Women are the most prevalent group in almost every group of years of category of academic formation. A more balanced gender distribution is seen when looking into master's degrees and PhD. Only 63.63% of overtime hours were put in by females. Sickness leave days were the main reason for work leave in both genders, followed by parental leave. Women take up 91.77% of leave days concerning parental rights. Women are more prevalent in almost every monthly income group, and the gender gap tends to diminish as wages rise. Only men are represented in the over 6,000 Euros per month income group.

A total of 54 questionnaires were answered, 57.41% of which by females. Most surveys were answered by nurses, followed by medical doctors and medical/nursing assistants. Most people, 75.93%, answered that they did not believe there was gender discrimination in their workplace, against 24.07% who believed there was. Of these, 18.52% were women who believed there was gender discrimination, versus only 5.56% of men.

Conclusions: In a setting where around 75% of workers are female, gender inequalities affecting women persist. They still feel less recognized for their work and have more difficulties reaching the top of their careers. Vertical and horizontal segregation is still real, not only in this hospital, but in the national setting.

Keywords: Gender Discrimination; Workplace; Health Care Facilities; Manpower, and services; Sex Discrimination; Sex Bias; Gender Issues

## RESUMO

Objetivo: Este estudo foi desenhado para avaliar a existência ou não de discriminação de género entre os profissionais de um Hospital público português. O estudo está dividido em duas partes, a primeira dizendo respeito a *hard data* de todos os trabalhadores sem contratos de prestação de serviços do hospital, enquanto que a segunda parte se foca em *soft data* recolhida de um pequeno subgrupo da população, os profissionais afetos ao Bloco Operatório.

Métodos: Este é um estudo descritivo e transversal dividido em duas partes. Na primeira, foi realizado um tratamento secundário dos dados disponíveis no Balanço Social da instituição do ano de 2017. Na segunda parte do estudo, foi analisada a *soft data* recolhida através de questionários escritos. O questionário era composto por doze questões, divididas em dois grupos: o primeiro que caracteriza a população, e um segundo que avalia a auto-preceção de discriminação de género.

Resultados: 74.55% de todos os trabalhadores da instituição são mulheres. Estas são o grupo mais prevalente em quase todos os grupos de níveis de formação académica, sendo que a paridade aumenta à medida que se avança nos anos de formação, nomeadamente no caso dos mestrados e doutoramentos. Apenas 63.63% das horas de trabalho extraordinário foram desempenhadas por mulheres. Os dias de ausência por doença foram a principal razão de absentismo em ambos os géneros, seguida de licenças de proteção da parentalidade. Desta última, 91.77% dos dias foram gozados por mulheres. O género feminino está sobre representado em todos os grupos de vencimentos mensais, sendo que a paridade tende a aumentar com o aumento do vencimento. Apenas homens estão representados no grupo de vencimentos de acima de 6,000 Euros.

Foram respondidos um total de 54 questionários, 57.41% por mulheres. A maioria dos questionários foram respondidos por enfermeiros, seguidos de médicos e assistentes de enfermagem. 75.93% respondeu que não existe discriminação de género no seu local de trabalho, contra 24.07% que acredita existir. Destes, 18.52% são mulheres a afirmar a existência de discriminação de género, versus apenas 5.56% dos homens.

Conclusões: Num ambiente laboral em que 75% dos trabalhadores são do género feminino, desigualdades de género que prejudicam as mulheres mantêm-se. Estas ainda sentem o seu trabalho menos reconhecido que o dos seus pares e têm mais dificuldade em atingir o topo da carreira. A segregação vertical e horizontal ainda é real, não apenas neste hospital, mas também a nível nacional.

## ABREVIATIONS INDEX

CHP – Centro Hospitalar do Porto, EPE

HSA – Hospital Santo António

OP – Operational assistant

NHS – National Healthcare Service

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	i
ABSTRACT.....	ii
RESUMO .....	iii
ABBREVIATIONS INDEX .....	iv
METHODS.....	3
RESULTS .....	4
PART 1 – Social Report Analysis.....	4
PART 2 – Surveys Analysis .....	4
DISCUSSION .....	7
PART 1 – Social Report Analysis.....	7
PART 2 – Surveys Analysis .....	8
CONCLUSIONS .....	11
FUTURE RECOMMENDATIONS.....	11
REFERENCES .....	40

Table 1 - Questionnaire.....	5
Table 2 - Professional Position By Gender .....	12
Table 3 - Professional Position By Gender %.....	13
Table 4 - Workers By Number Of Weekly Work Hours And Gender .....	14
Table 5 -Workers By Number Of Weekly Work Hours And Gender % .....	16
Table 6 - Workers By Age And Gender .....	17
Table 7 - Workers By Years Of Academic Formation And Gender .....	18
Table 8 - Number Of Overwork Hours By Professional Position And Gender.....	18
Table 9 - Leave Days By Motive And Gender.....	20
Table 10 - Leave Days By Motive And Gender % .....	20
Table 11 - Monthly Income By Gender .....	21
Table 12 - Maximum And Minimum Monthly Income.....	22
Table 13 - Gender .....	22
Table 14 – Gender In Percentages.....	22
Table 15 - Age By Gender .....	22
Table 16 - Professional Group .....	23
Table 17 - Professional Group By Gender.....	23
Table 18 - Average Of Age By Professional Group And Gender.....	24
Table 19 - Years Of Professional Activity By Professional Group .....	24
Table 20 - Years Of Work In Chp.....	25
Table 21 - Answers To Question 1 By Gender .....	25
Table 22 - Answers To Question 1 By Professional Group .....	26
Table 23 -Answers To Question 1 By Gender And Professional Group.....	26
Table 24 -Answers To Question 2 .....	28
Table 25 - Answers To Question 2 By Gender .....	28
Table 26 – Answers To Question 2 By Professional Group .....	28
Table 27 - Answers To Question 2 By Gender And Professional Group.....	29
Table 28 - Answers To Question 3 By Gender .....	30
Table 29 - Answers To Question 3 By Gender And Professional Group.....	31
Table 30 - Answers To Question 4 .....	32
Table 31 - Answers To Question 4 By Gender .....	32
Table 32 - Answers To Question 4 By Gender And By Professional Group .....	33
Table 33 - Answers To Question 5 .....	34
Table 34 - Answers To Question 5 By Gender .....	34
Table 35 - Answers To Question 5 By Gender And Professional Group.....	34
Table 36 - Answers To Question 6 .....	36
Table 37 - Answers To Question 6 By Gender .....	36

Table 38 - Answers To Question 6 By Gender And Professional Group .....	36
Table 39 - Answers To Question 7 .....	38
Table 40 - Answers To Question 7 By Gender.....	38
Table 41 - Answers To Question 7 By Gender And Professional Group .....	38



## INTRODUCTION

In the second half of the twentieth century profound changes in economic and social trends arose, compelling women to join the workforce in vast numbers and ever since the female proportion of the workforce has kept increasing. Women now have access to positions and professions formerly barred to them and in the latest decades women achieved corporate and professional levels formerly unheard of. [1] Gender equality is included in the Universal Declaration of Human Rights of 1948 and in the latter of the United Nations of 1945. Further international and national laws were approved ensuring protection against gender and sex discrimination, having had a critical role expanding professional opportunities for women. Later, guidelines to improve the real situation of gender discrimination were produced, as the European Employment Strategy, the Lisbon Strategy and the Roadmap for equality between women and men 2006-2010 [2]. However, it is still hardly arguable that gender equality in the workplace is a guaranteed right all women have access to, even in the most developed countries. [1] Global dialogue on the post-2015 agenda currently focuses on gender equality as a development goal in its own right [3], reflecting the current dimension and importance of the subject.

In Portugal, as in most contemporary societies, women situation in the work market is still marked by a series of significant asymmetries, even if with its particular aspects. Women are an important part of the workforce, constituting almost half of the Portuguese working force, but such does not translate into equal treatment, as we can see not only by the pay gap but also by the vertical and horizontal segregation between genders [2]. It is still claimed that equally qualified and motivated women lack equal opportunities and chances for promotion to higher lever management positions. More often than not, it is not a result of purposeful discrimination but instead it appears to be an inner bias happening without the perception of the perpetrator. This inner bias may be responsible for hiring supervisors and managers to higher more men than women, or vice versa. [4] It is proposed such phenomena happens because we attribute certain characteristics to men and others to women in a generic way, regardless of the particular aspects of the individual itself: women are often perceived as more caring and weaker while men as stronger and more aggressive. [5] Sometimes the least technically prepared candidate will be preferred and hired, answering the inner bias of the hiring manager and hence avoiding the uncomfortable cognitive dissonance. Some, if not most, are unaware of this bias regardless of how evident it can become through employee hiring, firing, evaluations, interactions, and promotion decisions. [4]

It is therefore crucial for the development and growth of an institution, in agreement with its social values and role, to address such issues, and to do so it is fundamental that a proper diagnosis of the situation is established. [2]

Companies, regardless of their size and stature, are now starting to actively advocate social values and gender equality is a key aspect of corporate social responsibility. Not only have managing

teams realized that a broad, diverse workforce is an advantage, but outside factors play their own roles as well. Buyers are paying more attention to companies' social responsibility policies, often avoiding less socially responsible companies; shareholders and investors are unwilling to invest in companies where gender equality is a problem in fear of economic loss; and syndicates are actively advocating for workers' rights [6]. While a public hospital might not depend on their costumers' choices to buy a product, all other aspects remain applicable. Therefore, assessing and intervening in this realm is also fundamental for this type of corporations.

Several studies on the gender pay gap have been developed over the past decades, and many publications were printed discussing gender inequalities in many fields, including the work sphere. However, the research developed regarding gender inequalities in the hospital setting overall is scarce and tends to focus on either patient care or gender pay gap [7] [8], failing to provide a more comprehensive portrait of workers' reality. Therefore, this study was designed to assess whether gender discrimination is a reality amongst the professionals working in *Centro Hospitalar do Porto*.

## Centro Hospitalar do Porto

*Centro hospitalar do Porto* (CHP) is part of the Portuguese National Health Service (NHS), which integrates all public services and entities providing healthcare, employing over 4000 people. It is a highly differentiated unit operating in Porto's metropolitan area, serving not only the population of the city but also as a tertiary healthcare center for several medical conditions in the north region of the country, and its Medical Genetics Center is a reference unit for the entire country. CHP is formed by a number of healthcare facilities, namely Hospital Santo António (HSA), *Centro de Genética Médica Dr. Jacinto Magalhães*, *Hospital Pediátrico Maria Pia*, and *Centro Materno Infantil do Norte Dr. Albino Aroso*. Recently the Pneumology and Infectiology departments existing in the former *Hospital Joaquim Urbano*, also integrated in CHP, were relocated and integrated in HSA. [9]

## METHODS

This is a cross sectional study aiming to assess gender discrimination amongst workers in a single hospital center. The study is divided in two parts, the first concerning hard data and all workers of CHP, with the exception of those with service agreements, while the second part involving soft data collected from a smaller population: the workers assigned to the Hospital's Operating Rooms.

In the first part of the study, secondary data analysis based on the 2017 Social Report of the institution, *Centro Hospitalar do Porto, EPE* [10], was performed using *Microsoft Excel 2016*. The data available consisted of unpaired variables, therefore correlations were impossible to assess.

In the second part of this study, soft data gathered through an anonymous written questionnaire assessing self-perceived gender discrimination was analyzed. The questionnaire was composed of twelve closed questions, divided in two groups: the first group was composed of five questions designed to characterize the population answering the survey; the second group included seven questions on gender-based discrimination self-perception: six questions addressed the perception of being the object of gender discrimination, while one question assessed perception of active participation in gender-based discrimination (Table 1). All questions included in this group were to be answered in an agreement scale with the options: yes, always/almost always; yes, sometimes; yes, once; no, never, and included a designated box allowing participants to further clarify their answers whenever intended. The questionnaires were made available in physical format, having been placed at disposal for workers to collect and deposit in a well identified box, after a brief explanation of the study by the director of the Operating Room. The questionnaires were available from 15/05/2018 to 30/05/2018. This data was analyzed recurring to *Microsoft Excel 2016*.

## RESULTS

### PART 1 – Social Report Analysis

CHP has a total of 4,170 employees, of which only 25 had a services agreement with the hospital. Therefore, we analyzed the data corresponding to 4,145 employees. Of these, 3,090 were females, corresponding to 74.55% of all CHP's employees. In all fields, a higher percentage of women were present, with three exceptions: Operational assistants (operational), IT personal and senior managers. (Tables 2 and 3).

Most workers had a 40 hour long work week, regardless of their gender. There was no particular distribution by gender or work group, with exception to the 42 hours work weeks, a special contract made only with medical doctors. (Tables 4 and 5).

In all age groups, females are the predominant gender, with exception to the over 70 years old category. The most equal gender distribution is seen in the age groups between 60 to 69 years of age. (Table 6).

Women are, again, the most prevalent group in almost every group of years of category of academic formation, more evidently so in the groups with fewer years of academic formation. A more balanced gender distribution is seen when looking into master's degrees and PhD. Overall, with the increase in years of academic formation, a more equal gender distribution is found. (Table 7).

63.63% of overtime hours were put in by females, while males contributed with 36.37% of these. Medical doctors were the professional group putting in more extra hours, followed by nurses and diagnostic and therapeutic technicians. (Table 8).

86.64% of leave days were used by women, to a total of 84,359 leave days. Sickness leave days were the main reason for work leave in both genders. It is closely followed by parental rights leave days in women, and, to a smaller degree, in men. Women take up 91.77% of leave days concerning parental rights. (Tables 9 and 10).

Monthly income in CHP varies between 557 Euros and 6,328 Euros. Most employees earn a monthly wage of 500 to 2000 Euros. Women are more prevalent in almost every monthly income group, and the gender gap tends to diminish as wages rise. Only men are represented in the over 6,000 Euros per month income group.

### PART 2 – Surveys Analysis

A total of 54 questionnaires were answered, 57.41% of which by females (Tables 13 and 14). The population has an average age of 41.43 years, with no significant difference between both genders. (Table 15).

Most surveys were answered by nurses, followed by medical doctors and medical/nursing assistants (Table 16). The distribution by gender in each category was similar, with exception of nurses, where the female to male ratio was the least balanced one (Table 17). The average age was higher in the nurse and medical/nursing assistant groups, and lower amongst medical doctors and higher-level health technicians (Table 18). On average, workers have been developing their current professional activity for 17.89 years, with medical doctors having the least number of years of experience and nurses the most (Table 19). The average number of years working in CHP is 17.13, with medical doctors having the least number of years working in CHP and nurses the most (Table 20).

**TABLE 1 - QUESTIONNAIRE**

1	Do you believe there is gender discrimination in your workplace?
2	Have you ever felt that your gender was a disadvantage in your professional performance?
3	Have you ever felt your gender was an obstacle to your career progression?
4	Have you ever felt that patients or their families perceived you as less competent because of your gender?
5	Have you ever felt that your peers perceived you as less competent because of your gender?
6	Have you ever felt that the work done by your peers from the opposite gender is more valued than yours?
7	Have you ever assumed a colleague was more or less competent based on their gender?

Most people, 75.93%, answered that they did not believe there was gender discrimination in their workplace, against 24.07% who believed there was. Of these, 18.52% were women who believed there was gender discrimination, versus only 5.56% of men (Table 21).

Amongst the working groups, medical/nursing assistants were the professional group who most believed gender discrimination to be a reality in their workplace both in men and women, while medical doctors were to group who least believed so, in both genders (Tables 22 and 23). Technical assistants were not considered given there was only one answer by a member of this professional group.

When asked if they have ever felt that their gender was a disadvantage to their professional performance, 75.93% answered *no, never* while only 3.70% answered *yes, often*. (Table 24). A higher percentage of men answered *no, never*, versus their female counter partners. 19.35% of females said that sometimes their gender was a disadvantage in their professional performance, versus only 4.35% of men. (Table 25)

Medical/nursing assistants were the group in which a higher percentage of people claiming that their gender was, even if only on occasions, a disadvantage in their professional performance. About 80% of medical doctors and nurses did not consider their gender was a disadvantage in this aspect (table 26).

Amongst men, medical/nursing assistants and nurses were the two groups where a percentage of men felt that their gender was a disadvantage in their performance. Amongst females, nurses and medical/nursing assistants were the two groups where a higher percentage of women felt their gender was never a disadvantage to their performance (Table 27).

When asked if they had ever felt their gender to be an obstacle to their career progression, only one male answered yes. 95.65% of males claimed their gender was not an obstacle to their career progression, while only 83.87% of women claimed the same (Table 28). The only male who perceived his gender as an obstacle to career progression was a medical/nursing assistant (Table 29).

When asked if patients or their families perceived them as less competent because of their gender, 88.89% said *no, never*. (Table 30). Of these, 95.96% of males answered *no, never*, against only 83.87% of females. (Table 31). The one male individual answering yes to this question was a medical/nursing assistant. Amongst females, medical doctors were the group with more women claiming that their patients (or their families) perceive them as less competent due to their gender. (Table 32).

When asked if their peers perceived them as less competent because of their gender, 87.04% said *no, never*. (Table 33). Of these, 95.96% of males answered *no, never*, against only 80.65% of females. (Table 34). Again, the one male individual answering yes to this question was a medical/nursing assistant. Amongst females, medical doctors and medical/nursing assistants were the group with more women claiming that their peers perceive them as less competent due to their gender. (Table 35).

Only 74.07% said *no, never* when asked if they ever felt that their opposite gender peers' work was more valued than theirs, and 18.52% believed it has. (Table 36). Of these, 86.96% of males answered *no, never*, against only 64.52% of females. 29.03% of females answered *yes, sometimes* to this question. (Table 37). Amongst men, only medical/nursing assistants believed their work to be, at times, less valued than their female colleagues work. Amongst females, medical doctors and nurses were the two groups with more women claiming that their work was perceived as less valued. (Table 38).

When asked whether they ever assumed a colleague's competence based on their gender, 88.89% said *no, never*. (Table 39). A higher percentage of women claimed to do so, than men (12.90% versus 8.70%). (Table 40). No trend of answer was present in any professional group (Table 41).

No notes were added in any of the answers to the questionnaire.

## DISCUSSION

### PART 1 – Social Report Analysis

Throughout the years, the percentage of women in the Portuguese NHS has increased, and in 2016 there were 76,2% of workers were female, far above the 59,6% of women working in public administration globally. Nurses are the main contributor to this difference, where the predomination of women is greater than the remaining professional groups. [11] In CHP, women corresponded to 74.55% of all employees. In all fields, a higher percentage of women were present, with three exceptions: Operational assistants (operational), IT personal and senior managers. This goes in consonance to what is happening in the national scenario. Surprisingly, females are the predominant gender in all age groups, with exception to the over 70 years old category, who only had two representants. This apparent gender parity must be looked at carefully, more females does not necessarily translate to less gender segregation.

Women are, again, the most prevalent group in almost every group of years of category of academic formation, more evidently so in the groups with fewer years of academic formation. A more balanced gender distribution is seen when looking into master's degrees and PhD. Overall, with the increase in years of academic formation, a more equal gender distribution is found. In the NHS, 62,7% of male workers have a bachelor or higher, whereas 56,1% of female workers possess one. [11] The same tendency is observed in CHP.

Medical doctors were the professional group putting in the most extra hours, followed by nurses and diagnostic and therapeutic technicians. This comes as no surprise, given the well-known difficulty for public hospitals in Portugal in hiring doctors, nurses and other personal. Strangely, only 63.63% of all overwork hours are put in by women, who make up almost 75% of staff, and are even more prevalent in the three groups previously mentioned.

When it comes to leave days, 86.64% were used by women in CHP. Sickness leave days were the main reason for work leave in both genders. It is closely followed by parental rights leave days in women, and, to a smaller degree, in men. Women take up 91.77% of leave days concerning parental rights. Concerning the Portuguese NHS, in absolute terms, nurses were the professional group with most absence days, followed by operational assistants (OP) and medical professionals. The three most frequent motives for absence were sickness, parental leave and work accidents. OP registered the highest number of absence days due to sickness and work accidents, followed by the nurses. More than 50% of parental leaves concerned nurses, consequence of high percentage of female nurses and their young average age. [11]

The still marked gap in parental leaves by gender somewhat reflect Portuguese legislation concerning this matter. The possibility to better divide leave days between both parents is conceded in the law, although it seems to be in underuse given these results.

Monthly income in CHP varies between 557 euros and 6,328 euros, being the Portuguese public hospital that better pays, on average, it's employees [11]. Women are more prevalent in almost every monthly income group, and the gender gap tends to diminish as wages rise. Only men are represented in the over 6,000 euros per month income group, alike their more substantial representation in high management positions. This comes to support the generalized idea that vertical segregation is still a reality.

## PART 2 – Surveys Analysis

In the second part of this study self-perceived gender discrimination was accessed through a questionnaire. The group answering the survey fairly reflected the bigger group of all OR personal, being similar in age, and professional groups. This group had yet a significant difference in gender percentages, with women being underrepresented in this second group.

Over three fourths of the population answered that they did not believe gender discrimination to be a reality in their workplace, leaving almost 25% claiming that it exists. Concerning as it may be, it accesses only the overall perception of gender discrimination and not reality as it is. Most answers claiming that gender discrimination was a reality came from females, although that was not exclusive. Considering that historically this is the most harmed group by gender discrimination, such comes as no surprise. [4]

When analyzing answers by work group, medical/nursing assistants were the professional group who most believed gender discrimination to be a reality while doctors were on the other end, suggesting that the perception of gender discrimination diminishes with the increase in years of formal education. This may be either because the discrimination itself is lessened by education, or because highly educated individuals will, subconsciously, disregard data that would lead them to conclude gender discrimination to be real. This phenomenon is the result of an unconscious bias where people believing that there is no gender discrimination *a priori* will find evidence to support that, while individuals believing the opposite will seek and find contrary evidence. [5]

Gender was only perceived as a disadvantage to professional performance that was often present by 3.70% of the population. Again, men answered no to this question more frequently than women. Even though it was expected for the workers with the heaviest physical labor, medical/nursing assistants, to be the ones where females would feel the most disadvantages, that did not prove to be true. In fact, we see that the groups where men are a minority, nurses and medical/nursing assistants,

had the highest number of men claiming that their gender was a disadvantage to their professional performance. This appears to go against the popular idea that heavily physical professions are more suited for men because they will perform better at it. Instead, it seems that when an individual is surrounded by others alike, it will thrive.

When discussing career progression, the answers are quite concordant with the previous ones, although in smaller amounts. Apparently, only a short number of people believe that their gender will impact directly their career progression. This may be explained by the fact that people accept as true the common explanations for vertical segregation, as the years of experience. [12]

When asked if patients or their families perceived them as less competent because of their gender, most answered *no, never*. Again, more females than males answered yes to this question. Female medical doctors were the group most often claiming that patients or their families saw them as less competent due to their gender. This may be explained by the fact that becoming a medical doctor was only accessible to men until recent years, and it is still a field where most seniors are males. To this day, horizontal segregation within the profession still happens. For example, most orthopedic surgeons and urologist are still men. When the orthopedic surgeon is a female, the public will be somewhat surprised and doubt her capabilities because she does not seem to belong to the original group she claims to be a part of. [12] [5]

When the same question is applied to the way peers perceive each other, a higher percentage answered that they did not see them as less competent due to their gender. The tendency of more men answering no than women is still present. Amongst females, medical doctors and medical/nursing assistants were the two groups who most felt peers assumed they were less competent due to their gender, even though these are two groups where women are hardly a minority. Amongst medical doctors, the long tradition of a male dominant profession, particularly in surgeons, might lead to the same unconscious bias process described before. Strangely, female medical/nursing assistants, who were a group who seemed fairly unaffected by gender discrimination, now express their concern about their peers' perception. This might be due to a strong division by gender in the work environment, forming two clans who protect its members but looks down on the rest of the community. [1]

Question 6 had the lower *no* answers percentage, meaning that the most significant way the population perceives gender discrimination is through valuing and devaluing one's work based on gender. Only 64.52% of females answered no to this question. In the subconscious mind of most individuals, the idea that women are to be more organized and have less sense of leadership than men exist, generating dissonant and unrealistic expectations both for men and women. [4] There is an idea that women are expected to always perform reasonably and consistently. This may originate a phenomenon well known to most working females: a mediocre male professional will be excused; an above average male worker will be highly valued. This will eventually lead to the feeling that the female's work is in fact less valuable.

When asked directly about being the subject of gender discrimination, less than 12% answered yes. More women than men admitted to this practice, even though no explanation for this has been suggested.

## CONCLUSIONS

More than half a century after gender equality being included in the Universal Declaration of Human Rights, gender equality in the workplace is still far from being the norm. In a setting where around 75% of workers are females, gender inequalities affecting women still persist. They still feel less recognized by their work and have more difficulties reaching the top of their careers.

Vertical segregation is still very much evident, not only in CHP, but in the national setting. Families still rely heavily on female's informal work, being reflected in the higher number of leave days taken by women, the high percentage of parental leave days, and the fewer number of overtime work.

Horizontal segregation is not to be disregarded: nursing is still a mostly female occupation. Interestingly enough, medical doctors saw the reverse phenomenon happen: now most medical doctors are female, unlike in the past. This reflects the national wide tendency where young females outdo their male peers, accessing more competitive careers, such as medicine. [13]

## FUTURE RECOMMENDATIONS

In the future this study should be extended, at least at national level, with attention to the subjective evaluation of gender discrimination amongst workers on the Portuguese National Health Service (NHS). In doing so, the questionnaire used on this study should be revised, in order to obtain more data, allowing for a more extensive study.

Several studies on the impact of gender equality policies in the corporative setting have shown the most efficient ones to be structured on measurable objectives. Those should be based on a chain of responsibility with accountability being held at every level, from the top to the bottom of the organization. [2] Therefore, higher instances should be involved in setting the parameters to be accessed, in order to later custom make more effective policies.

**TABLE 2 - PROFESSIONAL POSITION BY GENDER**

	<u>M</u>	<u>F</u>	<u>Total</u>
<b>Higher representatives</b>	0	0	0
<b>Senior manager</b>	4	1	5
<b>Intermediate manager</b>	8	11	19
<b>Higher level technician</b>	14	69	83
<b>Technical assistant</b>	90	315	405
<b>Operational assistant (Medical/Nursing)</b>	78	548	626
<b>Operational assistant (operational)</b>	34	0	34
<b>Operational assistant (other)</b>	117	88	205
<b>IT</b>	13	4	17
<b>Scientific research staff</b>	0	0	0
<b>University professor</b>	0	0	0
<b>Polytechnic Institute Professor</b>	0	0	0
<b>Teachers</b>	0	3	3
<b>Inspector</b>	0	0	0
<b>Medical doctor</b>	391	672	1063
<b>Nurse</b>	232	1101	1333

<b>Higher level health technician</b>	9	55	64
<b>Diagnostic and therapeutic technician</b>	64	223	287
<b>Other staff</b>	1	0	1

**TABLE 3 - PROFESSIONAL POSITION BY GENDER %**

	<b><u>M</u></b>	<b><u>F</u></b>	<b><u>Total</u></b>
<b>Higher representatives</b>	0	0	0
<b>Senior manager</b>	80%	20%	100%
<b>Intermediate manager</b>	42%	58%	100%
<b>Higher level technician</b>	17%	83%	100%
<b>Technical assistant</b>	22%	78%	100%
<b>Operational assistant (Medical/Nursing)</b>	12%	88%	100%
<b>Operational assistant (operational)</b>	100%	0%	100%
<b>Operational assistant (other)</b>	57%	43%	100%
<b>IT</b>	77%	23%	100%
<b>Scientific research staff</b>	0%	0%	0%
<b>University professor</b>	0%	0%	0%

<b>Polytechnic Institute Professor</b>	0%	0%	0%
<b>Teachers</b>	0%	100%	100%
<b>Inspector</b>	0%	0%	0%
<b>Medical doctor</b>	37%	63%	100%
<b>Nurse</b>	17%	83%	100%
<b>Higher level health technician</b>	14%	86%	100%
<b>Diagnostic and therapeutic technician</b>	22%	78%	100%
<b>Other staff</b>	100%	0%	100%

**TABLE 4 - WORKERS BY NUMBER OF WEEKLY WORK HOURS AND GENDER**

	35h		42h		40h	
	M	F	M	F	M	F
Higher representatives	0					
Senior manager	3	1			1	
Intermediate manager	5	9			3	2
Higher level technician	2	21			12	48
Technical assistant	30	171			60	144
Operational assistant (Medical/Nursing)	36	309			42	239

Operational assistant (operational)	21				13	
Operational assistant (other)	60	46			57	42
IT	3	4			10	
Scientific research staff	0					
University professor	0					
Polytechnic institute professor	0					
Teacher	0	3				
Inspector	0					
Medical doctor	63	40	33	123	269	493
Nurse	91	525			140	570
Higher level health technician	6	38			3	17
Diagnostic and therapeutic technician	36	131			28	91
Other staff	0				1	
TOTAL	356	1 298	33	123	639	1 646

**TABLE 5 -WORKERS BY NUMBER OF WEEKLY WORK HOURS AND GENDER %**

	35h		42h		40h	
	M	F	M	F	M	F
Higher representatives	0%	0%	0%	0%	0%	0%
Senior manager	60%	20%	0%	0%	20%	0%
Intermediate manager	26%	47%	0%	0%	16%	11%
Higher level technician	2%	25%	0%	0%	14%	58%
Technical assistant	7%	42%	0%	0%	15%	36%
Operational assistant (Medical/Nursing)	6%	49%	0%	0%	7%	38%
Operational assistant (operational)	62%	0%	0%	0%	38%	0%
Operational assistant (other)	29%	22%	0%	0%	28%	20%
IT	18%	24%	0%	0%	59%	0%
Scientific research staff	0%	0%	0%	0%	0%	0%
University professor	0%	0%	0%	0%	0%	0%
Polytechnic institute professor	0%	0%	0%	0%	0%	0%
Teacher	0%	100%	0%	0%	0%	0%

Inspector	0%	0%	0%	0%	0%	0%
Medical doctor	7%	5%	4%	14%	31%	57%
Nurse	7%	40%	0%	0%	11%	43%
Higher level health technician	9%	59%	0%	0%	5%	27%
Diagnostic and therapeutic technician	13%	46%	0%	0%	10%	32%
Other staff	0%	0%	0%	0%	100%	0%
TOTAL	9%	33%	1%	3%	16%	42%

**TABLE 6 - WORKERS BY AGE AND GENDER**

		TOTAL	TOTAL %
<20	M	0	0
	F	0	0
20-24	M	8	15,69
	F	43	84,31
25-29	M	120	28,71
	F	298	71,29
30-34	M	176	27,63
	F	461	72,37
35-39	M	180	27,69
	F	470	72,31
40-44	M	132	22,41
	F	457	77,59
45-49	M	105	19,06
	F	446	80,94

50-54	M	104	22,27
	F	363	77,73
55-59	M	108	25,17
	F	321	74,83
60-64	M	97	32,23
	F	204	67,77
65-69	M	23	46
	F	27	64
70+	M	2	100
	F	0	0

**TABLE 7 - WORKERS BY YEARS OF ACADEMIC FORMATION AND GENDER**

	<4 years		4 years		6 years		9 years		11 years		12 years or equivalent		bachelor's degree		licentiate		master's degree		PhD	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
N	0	0	38	103	49	148	78	247	27	81	14	396	50	229	51	156	14	303	8	11
%	0	0	26,95	73,05	24,87	75,13	24,00	76,00	25,00	75,00	27,46	72,54	17,92	82,08	24,71	75,29	31,64	68,36	42,11	57,89

**TABLE 8 - NUMBER OF OVERWORK HOURS BY PROFESSIONAL POSITION AND GENDER**

	M	F	TOTAL
Higher representatives	0	0	0
Senior manager	0	0	0
Intermediate manager	0	0	0

Higher level technician	42	670	712
Technical assistant	1489	3103	4592
Operational assistant (Medical/Nursing)	3766	7312	11078
Operational assistant (operational)	3024	193	3217
Operational assistant (other)	4922	1970	6892
IT	76	36	112
Scientific research staff	0	0	0
University professor	0	0	0
Polytechnic institute professor	0	0	0
Teacher	0	0	0
Inspector	0	0	0
Medical doctor	57081	84969	142050
Nurse	8918	38258	47176
Higher level health technician	492	1850	2342
Diagnostic and therapeutic technician	3601	7581	11182
Other staff	0	0	0
TOTAL	83411	145942	229353

TOTAL %	36,37%	63,63%
---------	--------	--------

**TABLE 9 - LEAVE DAYS BY MOTIVE AND GENDER**

	M	F	TOTAL
Marriage	180	650	830
Parental rights	2769	30887	33656
Deceased family	212	708	920
Sickness	6189	36288	42477
Professional disease/accident	1122	2870	3992
Assistance to family	97	781	878
Student worker	197	804	1001
Holidays	66	175	241
With loss of income	0	0	0
With disciplinary penalty	0	0	0
Strike	1224	3362	4586
Without justification	358	1159	1517
Others	4081	6675	10756
TOTAL	16495	84359	100854

**TABLE 10 - LEAVE DAYS BY MOTIVE AND GENDER %**

	M	F
Marriage	21,69	78,31
Parental rights	8,23	91,77
Deceased family	23,04	76,96
Sickness	14,57	85,43
Professional disease/accident	28,11	71,89
Assistance to family	11,05	88,95

Student worker	19,68	80,32
Holidays	27,39	72,61
With loss of income	0,00	0,00
With disciplinary penalty	0,00	0,00
Strike	26,69	73,31
Without justification	23,60	76,40
Others	37,94	62,06

**TABLE 11 - MONTHLY INCOME BY GENDER**

	M	F	M (%)	F (%)
< 500 €	24	125	16,11	83,89
501 - 1000 €	335	986	25,36	74,64
1001 - 1250 €	198	820	19,45	80,55
1251 - 1500 €	65	253	20,44	79,56
1501 - 1750 €	49	133	26,92	73,08
1751 - 2000 €	109	262	29,38	70,62
2001 - 2250 €	27	71	27,55	72,45
2251 - 2500 €	31	34	47,69	52,31
2501 - 2750 €	68	103	39,77	60,23
2751 - 3000 €	19	47	28,79	71,21
3001 - 3250 €	33	68	32,67	67,33
3251 - 3500 €	26	42	38,24	61,76
3501 - 3750 €	5	3	62,50	37,50
3751 - 4000 €	7	18	28,00	72,00
4001 - 4250 €	15	56	21,13	78,87
4251 - 4500 €	9	8	52,94	47,06
4501 - 4750 €	4	13	23,53	76,47
4751 - 5000 €	6	23	20,69	79,31

5001 - 5250 €	14	11	56,00	44,00
5251 - 5500 €	1	8	11,11	88,89
5501 - 5750 €	4	4	50,00	50,00
5751 - 6000 €	1	2	33,33	66,67
6000+ €	5	0	100,00	0,00

**TABLE 12 - MAXIMUM AND MINIMUM MONTHLY INCOME**

	M	F
Min	557	557
Max	6 328	5 982

**TABLE 13 - GENDER**

	Count of Gender
Female	31
Male	23
Grand Total	54

**TABLE 14 – GENDER IN PERCENTAGES**

	Percentage of Gender
Female	57.41%
Male	42.59%
Grand Total	100.00%

**TABLE 15 - AGE BY GENDER**

	Average of Age
Female	41.35
Male	41.52
Grand Total	41.43

**TABLE 16 - PROFESSIONAL GROUP**

Row Labels	Count of Professional Class
Higher level health technician	8
Medical doctor	15
Medical/Nursing assistant	9
Nurse	21
Technical assistant	1
Grand Total	54

**TABLE 17 - PROFESSIONAL GROUP BY GENDER**

	Count
Higher level health technician	8
Female	4
Male	4
Medical doctor	15
Female	6
Male	9
Medical/Nursing assistant	9
Female	5
Male	4
Nurse	21
Female	16
Male	5
Technical assistant	1
Male	1

Grand Total	54
-------------	----

**TABLE 18 - AVERAGE OF AGE BY PROFESSIONAL GROUP AND GENDER**

	Average of Age
Higher level health technician	36.88
Female	30.25
Male	43.50
Medical doctor	35.80
Female	34.33
Male	36.78
Medical/Nursing assistant	47.00
Female	46.00
Male	48.25
Nurse	44.90
Female	45.31
Male	43.60
Technical assistant	39.00
Male	39.00
Grand Total	41.43

**TABLE 19 - YEARS OF PROFESSIONAL ACTIVITY BY PROFESSIONAL GROUP**

	Average
Higher level health technician	14.25
Medical doctor	11.40
Medical/Nursing assistant	21.89

Nurse	22.05
Technical assistant	21.00
Grand Total	17.89

**TABLE 20 - YEARS OF WORK IN CHP**

	Average
Higher level health technician	13.63
Medical doctor	10.73
Medical/Nursing assistant	19.56
Nurse	21.95
Technical assistant	18.00
Grand Total	17.13

**TABLE 21 - ANSWERS TO QUESTION 1 BY GENDER**

	Count	Percentage
No		
Female	21	38.89%
Male	20	37.04%
Yes		
Female	10	18.52%
Male	3	5.56%
Grand Total	54	100.00%

**TABLE 22 - ANSWERS TO QUESTION 1 BY PROFESSIONAL GROUP**

	Percentage
Higher level health technician	
No	75.00%
Yes	25.00%
Medical doctor	
No	86.67%
Yes	13.33%
Medical/Nursing assistant	
No	33.33%
Yes	66.67%
Nurse	
No	85.71%
Yes	14.29%
Technical assistant	
No	100.00%
Grand Total	100.00%

**TABLE 23 - ANSWERS TO QUESTION 1 BY GENDER AND PROFESSIONAL GROUP**

	Percentage
Higher level health technician	
No	
Female	33.33%
Male	66.67%
Yes	
Female	100.00%
Medical doctor	

No	
Female	30.77%
Male	69.23%
Yes	
Female	100.00%
Medical/Nursing assistant	
No	
Female	33.33%
Male	66.67%
Yes	
Female	66.67%
Male	33.33%
Nurse	
No	
Female	77.78%
Male	22.22%
Yes	
Female	66.67%
Male	33.33%
Technical assistant	
No	
Male	100.00%
Grand Total	100.00%

**TABLE 24 - ANSWERS TO QUESTION 2**

	Count	Percentage
No, never	41	75.93%
Yes, often	2	3.70%
Yes, once	4	7.41%
Yes, sometimes	7	12.96%
Grand Total	54	100.00%

**TABLE 25 - ANSWERS TO QUESTION 2 BY GENDER**

	Count	Percentage
Female		100.00%
No, never	22	70.97%
Yes, often	1	3.23%
Yes, once	2	6.45%
Yes, sometimes	6	19.35%
Male		100.00%
No, never	19	82.61%
Yes, often	1	4.35%
Yes, once	2	8.70%
Yes, sometimes	1	4.35%
Grand Total	54	

**TABLE 26 – ANSWERS TO QUESTION 2 BY PROFESSIONAL GROUP**

	Count	Percentage
Higher level health technician		
No, never	5	62.50%
Yes, sometimes	3	37.50%

Medical doctor		100.00%
No, never	12	80.00%
Yes, once	1	6.67%
Yes, sometimes	2	13.33%
Medical/Nursing assistant		100.00%
No, never	6	66.67%
Yes, often	2	22.22%
Yes, once	1	11.11%
Nurse		100.00%
No, never	17	80.95%
Yes, once	2	9.52%
Yes, sometimes	2	9.52%
Technical assistant		100.00%
No, never	1	100.00%
Grand Total	54	

**TABLE 27 - ANSWERS TO QUESTION 2 BY GENDER AND PROFESSIONAL GROUP**

	Percentage
Female	
Higher level health technician	
No, never	25.00%
Yes, sometimes	75.00%
Medical doctor	
No, never	50.00%
Yes, once	16.67%
Yes, sometimes	33.33%
Medical/Nursing assistant	
No, never	80.00%

Yes, often	20.00%
Nurse	
No, never	87.50%
Yes, once	6.25%
Yes, sometimes	6.25%
Male	
Higher level health technician	
No, never	100.00%
Medical doctor	
No, never	100.00%
Medical/Nursing assistant	
No, never	50.00%
Yes, often	25.00%
Yes, once	25.00%
Nurse	
No, never	60.00%
Yes, once	20.00%
Yes, sometimes	20.00%
Technical assistant	
No, never	100.00%
Grand Total	100.00%

**TABLE 28 - ANSWERS TO QUESTION 3 BY GENDER**

	Count	Percentage
Female		100.00%
No, never	26	83.87%
Yes, often	1	3.23%

Yes, once	1	3.23%
Yes, sometimes	3	9.68%
Male		100.00%
No, never	22	95.65%
Yes, often	1	4.35%
Grand Total	54	100.00%

**TABLE 29 - ANSWERS TO QUESTION 3 BY GENDER AND PROFESSIONAL GROUP**

	Count
No, never	
Female	
Higher level health technician	3
Medical doctor	4
Medical/Nursing assistant	3
Nurse	16
Male	
Higher level health technician	4
Medical doctor	9
Medical/Nursing assistant	3
Nurse	5
Technical assistant	1
Yes, often	
Female	
Medical doctor	1
Male	
Medical/Nursing assistant	1
Yes, once	
Female	

Higher level health technician	1
Yes, sometimes	
Female	
Medical doctor	1
Medical/Nursing assistant	2
Grand Total	54

**TABLE 30 - ANSWERS TO QUESTION 4**

	Count	Percentage
No, never	48	88.89%
Yes, once	1	1.85%
Yes, sometimes	5	9.26%
Grand Total	54	100.00%

**TABLE 31 - ANSWERS TO QUESTION 4 BY GENDER**

	Count	Percentage
Female		100%
No, never	26	83.87%
Yes, once	1	3.23%
Yes, sometimes	4	21.30%
Male		100%
No, never	22	95.65%
Yes, sometimes	1	4.35%
Grand Total	54	

**TABLE 32 - ANSWERS TO QUESTION 4 BY GENDER AND BY PROFESSIONAL GROUP**

	Count	Percentage
No, never		
Female		100.00%
Higher level health technician	3	11.54%
Medical doctor	3	11.54%
Medical/Nursing assistant	5	19.23%
Nurse	15	57.69%
Male		100.00%
Higher level health technician	4	18.18%
Medical doctor	9	40.91%
Medical/Nursing assistant	3	13.64%
Nurse	5	22.73%
Technical assistant	1	4.55%
Yes, once		
Female		100.00%
Medical doctor	1	100.00%
Yes, sometimes		
Female		100.00%
Higher level health technician	1	25.00%
Medical doctor	2	50.00%
Nurse	1	25.00%
Male		100.00%
Medical/Nursing assistant	1	100.00%
Grand Total	54	

**TABLE 33 - ANSWERS TO QUESTION 5**

	Count	Percentage
No, never	47	87.04%
Yes, often	1	1.85%
Yes, once	1	1.85%
Yes, sometimes	5	9.26%
Grand Total	54	100.00%

**TABLE 34 - ANSWERS TO QUESTION 5 BY GENDER**

	Count	Percentage
Female		
No, never	25	80.65%
Yes, often	1	3.23%
Yes, once	1	3.23%
Yes, sometimes	4	12.90%
Male		
No, never	22	95.65%
Yes, sometimes	1	4.35%
Grand Total	54	100.00%

**TABLE 35 - ANSWERS TO QUESTION 5 BY GENDER AND PROFESSIONAL GROUP**

	Count	Percentage
No, never		
Female		
Higher level health technician	3	12.00%
Medical doctor	4	16.00%
Medical/Nursing assistant	3	12.00%

Nurse	15	60.00%
Male		100.00%
Higher level health technician	4	18.18%
Medical doctor	9	40.91%
Medical/Nursing assistant	3	13.64%
Nurse	5	22.73%
Technical assistant	1	4.55%
Yes, often		
Female		100.00%
Medical doctor	1	100.00%
Yes, once		
Female		100.00%
Higher level health technician	1	100.00%
Yes, sometimes		
Female		100.00%
Medical doctor	1	25.00%
Medical/Nursing assistant	2	50.00%
Nurse	1	25.00%
Male		100.00%
Medical/Nursing assistant	1	100.00%
Grand Total	54	100.00%

**TABLE 36 - ANSWERS TO QUESTION 6**

	Count	Percentage
No, never	40	74.07%
Yes, often	1	1.85%
Yes, once	3	5.56%
Yes, sometimes	10	18.52%
Grand Total	54	100.00%

**TABLE 37 - ANSWERS TO QUESTION 6 BY GENDER**

	Count	Percentage
Female		100.00%
No, never	20	64.52%
Yes, once	2	6.45%
Yes, sometimes	9	29.03%
Male		100.00%
No, never	20	86.96%
Yes, often	1	4.35%
Yes, once	1	4.35%
Yes, sometimes	1	4.35%
Grand Total	54	

**TABLE 38 - ANSWERS TO QUESTION 6 BY GENDER AND PROFESSIONAL GROUP**

	Count	Percentage
No, never		
Female		100.00%
Higher level health technician	2	10.00%
Medical doctor	2	10.00%
Medical/Nursing assistant	4	20.00%

Nurse	12	60.00%
Male		100.00%
Higher level health technician	4	20.00%
Medical doctor	9	45.00%
Medical/Nursing assistant	1	5.00%
Nurse	5	25.00%
Technical assistant	1	5.00%
Yes, often		
Male		100.00%
Medical/Nursing assistant	1	100.00%
Yes, once		
Female		100.00%
Medical doctor	1	50.00%
Nurse	1	50.00%
Male		100.00%
Medical/Nursing assistant	1	100.00%
Yes, sometimes		
Female		100.00%
Higher level health technician	2	22.22%
Medical doctor	3	33.33%
Medical/Nursing assistant	1	11.11%
Nurse	3	33.33%
Male		100.00%
Medical/Nursing assistant	1	100.00%
Grand Total	54	100.00%

**TABLE 39 - ANSWERS TO QUESTION 7**

	Count	Percentage
No, never	48	88.89%
Yes, often	1	1.85%
Yes, once	2	3.70%
Yes, sometimes	3	5.56%
Grand Total	54	100.00%

**TABLE 40 - ANSWERS TO QUESTION 7 BY GENDER**

	Count	Percentage
Female		100.00%
No, never	27	87.10%
Yes, once	2	6.45%
Yes, sometimes	2	6.45%
Male		100.00%
No, never	21	91.30%
Yes, often	1	4.35%
Yes, sometimes	1	4.35%
Grand Total	54	

**TABLE 41 - ANSWERS TO QUESTION 7 BY GENDER AND PROFESSIONAL GROUP**

	Count	Percentage
No, never		
Female		100.00%
Higher level health technician	3	11.11%
Medical doctor	4	14.81%
Medical/Nursing assistant	4	14.81%
Nurse	16	59.26%

Male		100.00%
Higher level health technician	4	19.05%
Medical doctor	9	42.86%
Medical/Nursing assistant	3	14.29%
Nurse	4	19.05%
Technical assistant	1	4.76%
Yes, often		
Male		100.00%
Medical/Nursing assistant	1	100.00%
Yes, once		
Female		100.00%
Medical doctor	2	100.00%
Yes, sometimes		
Female		100.00%
Higher level health technician	1	50.00%
Medical/Nursing assistant	1	50.00%
Male		100.00%
Nurse	1	100.00%
Grand Total	54	

## REFERENCES

- [1] R. F. Gregory, *Women and Workplace Discrimination*, New Brunswick, New Jersey, and London: Rutgers University Press, 2003.
- [2] I. Gonçalo Pernas, I. Manuel Viriato Fernandes and I. Maria das Dores Guerreiro, "Guião para a Implementação de Planos de Igualdade nas Empresas," 2008.
- [3] UN Women, "UN Women Policy Division: A Transformative Stand-alone Goal on Achieving Gender Equality, Women's Rights and Women's Empowerment: Imperatives and Key Components," 2013. [Online]. Available: <http://www.unwomen.org/en/what-we-do/~media/AC04A69BF6AE48C1A23DECAEED24A452.ashx>. [Accessed novembro 2017].
- [4] S. S. U. o. N. Y. E. S. C. Childs, "Gender discrimination in the workplace," *ProQuest Dissertations Publishing*, 2012.
- [5] T. Eckes and H. M. Trautner, *Social Role Theory of Sex Differences and Similarities : A Current Appraisal*, New York: Psychology Press, 2000.
- [6] M. THÈVENET, *Cultura de Empresa, Auditoria e Mudança*, MonitorProjectos de edições, 1990.
- [7] C. Magnusson, "The gender wage gap in highly prestigious occupations: a case study of Swedish medical doctors," *SAGE*, 2015.
- [8] V. G. & L. PENN-KEKANA, "Gender biases and discrimination: a review of health care interpersonal interactions," *Routledge*, 2008.
- [9] Centro Hospitala do Porto, EPE, "Plano de Actividades e Orçamento," 2016.
- [10] Centro Hospitalar do Porto, EPE, "Balanço Social," 2017.
- [11] Administração Central do Sistema de Saúde, IP, "Relatório do Ministério da Saúde e do Serviço Nacional de Saúde," 2016.
- [12] G. Carapinheiro, *Saberes e poderes no hospital: uma sociologia dos serviços hospitalares*, Edições Afrontamento, 1993.
- [13] Fundação Francisco Manuel dos Santos, "Pordata Base de Dados Portugal Contemporâneo," [Online]. Available: <https://www.pordata.pt/Portugal/Alunos+matriculados+no+ensino+superior+total+e+por+sexo-1048>. [Accessed May 2018].

