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SPECIAL ARTICLE:

Knock at Midnight: Fear, Resilience and the Female Medical Journey

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ABSTRACT

This essay explores the fear, vulnerability, and resilience shaping the experiences of women in medicine through the parallel stories of Dr. Hamna, a resident facing danger during night duty, and Aisha, a medical student struggling with anxiety and burnout. Set against the realities of workplace violence, harassment, and emotional strain, the essay argues that female medical professionals must navigate both personal and structural barriers. It concludes that resilience alone is insufficient without institutional reform, collective support, and stronger protections to ensure women in medicine can work and learn safely.

KEYWORDS

Working women, Gender, Women mental health.

Late at night the hospital corridors lay deserted under the hum of fluorescent lights. Dr. Hamna stood alone by the ICU entrance, heart pounding as she awaited the promised midnight knock. The moment stretched; even the air felt heavy. In the distance a lone footstep echoed, then soft rap-taps at the metal frame of her office door. A patient or visitor, she wondered? Suddenly a rasping whisper: a man's voice asks urgently for "just one minute" of a doctor's time. In that breath, memories flashed: news reports of doctors being attacked on shift, even murdered in supposedly secure hospitals [1]. She recalled a grim story from last year: a young resident on night duty who never came home, her life savagely stolen in a

locked seminar room[1]. Now her hands shook as she clenched the stethoscope in her pocket, ready to use the panic button on her wall at a moment's notice. This was her reality: nearly half of all doctors report being sexually harassed on the job, and among women the figure soars above fifty percent[2]. The knock at midnight is no longer just fiction; it might be another insistent plea for medicine, or something far more sinister.

Her mind raced. Was this another patient with unrealistic demands? A family member angry about a delay? Or the long-feared scenario - a threatened assault masquerading as a medical emergency? In her chest, fear warred with duty. She drew a breath and pushed the door open just enough to see an anxious young man, hands trembling, eyes darting too wildly. She remembered doctors in Pakistan work days on end with minimal rest, vulnerable in poorly secured facilities, even lacking a safe room or working panic alarm for women on night shift. Dr. Hamna kept calm smile to greet him, staving off panic. Inside, her throat tightened with the knowledge that healthcare staff in Pakistan face violence daily: up to 75% of doctors had been abused by patients or family members[3]. Nightly fear is part of the job, each creak of the ward, each unexpected footstep a hammer on the fragile door of her composure. Yet she knew she was not alone.

Meanwhile, many hours earlier in another part of the city, a young medical student named Aisha sat curled on her sofa under a lamp's warm glow. Around her, stacks of textbooks and ungraded assignments spilled onto the couch. Sleep evaded her; the weekend exam loomed like a specter. As midnight passed, her thoughts flitted between lecture slides and headlines on her phone. Her brows furrowed reading about the same crude panic button system she'd heard of for hospitals - an alarm meant to keep doctors safe on the ward[2]. The irony sat heavy: if her professor could be attacked in a shining hospital, what hope did a night-studying student have outside? Her mind churned over the

statistics she'd memorized for psychiatry: that nearly 28% of medical students experience burnout even before residency [4], and roughly one in four faces serious depression or anxiety during training [4]. Aisha felt all those numbers wrap around her like a blanket of dread. They reminded her that women here shoulder immense emotional burdens. Tonight, that burden pressed on her chest.

She glanced at the door. A soft knock startled her heart - just a neighbor at this hour? When she ignored it, the door stayed silent. But in her mind another knock echoed: the persistent "what if?" of her own fears. What if her dream career is derailed by doubts, or even danger? As a top student in her class, every success made her hopeful that maybe *she* could shatter glass ceilings someday. Yet each anxious whisper reminded her of friends who never finished - some quitting medicine under pressure, others tragically lost to suicide after relentless stress. In the darkness, she visualized her future; one moment imagining herself proudly wearing a white coat, the next frightened to answer a late-night pager. Outside, a stray cat pawed at a distant window. Inside, Aisha's inner dialogue raced: *I will be the doctor who saves lives…* then *What if I become just another victim of violence or burnout?* The dual hopes and fears were knotted together, just like the theme of her upcoming psychiatry conference: "Breaking Barriers, Building Resilience."

That phrase echoed in both their stories. Dr. Hamna and Aisha, though worlds apart in experience, were bound by a common fight. Both struggled against a society that often devalues female ambition. In the ward, Dr. Hamna fought to make her presence respected by irate relatives and doubting colleagues; at home, Aisha struggled to convince relatives that late-night studying wasn't "neglecting duties" to marry. Yet each in her own way was breaking barriers: Hamna by refusing to let fear silence her duty, Aisha by pursuing medicine despite hearing that quotas for women are "unnecessary." In moments of doubt, both women found strange comfort in solidarity. Though no one was physically there to witness Aisha's

late-night worry or Hamna's midnight vigil, their experiences were intertwined with the countless female peers who whispered the same nightly prayers for safety and sanity. Each statistic they knew the percentage facing violence, burnout, or anxiety served not only as a warning but as a signpost. For every number, there were real lives who had survived, adapted, and grown stronger.

Now morning light seeped through the hospital windows behind Dr. Hamna. The emergency had passed without incident; the disheveled patient had finally been tended and sent home. As she exhaled the tension of the night, she pressed her cheek to the cool glass of the nurses' station window. Across the city, Aisha shut her textbook and leaned back, exhausted but determined. Both women, bound by purpose, whispered thanks in their own quiet ways. They had weathered the hour. In their contemplations lay an unspoken oath: to transform fear into resilience, and pain into progress. Their stories underscored an urgent truth for "Breaking Barriers, Building Resilience": resolving these pressures requires change on every level.

Dr. Hamna and Aisha know that real change must come both from within and from above. Each morning, they choose resilience - speaking up about trauma, seeking solidarity among women colleagues, and caring for their own mental health. Yet they also know the system must adapt: more resources to lower workloads, counseling for burnout, legal protection from harassment. Only then can every knock at midnight truly be met with courage instead of dread.

As the conference theme urges, these two women's lives illustrate that the door to a better future opens only when barriers are smashed and resilience is nurtured. Their combined strength offers hope: a future where the midnight knock is not a signal of danger, but a summons to solidarity. Together,

women in medicine can answer that knock on their own terms - safe, supported, and unafraid, transforming institutions and inspiring the next generation.

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