

# Career goals and progressions of physicians during residency in Germany

## A multicentered longitudinal Study

Kathleen Pöge, Kathrin Kromark, Benjamin Gedrose,  
Dorothee Alfermann, Katharina Rothe, Hendrik van den Bussche

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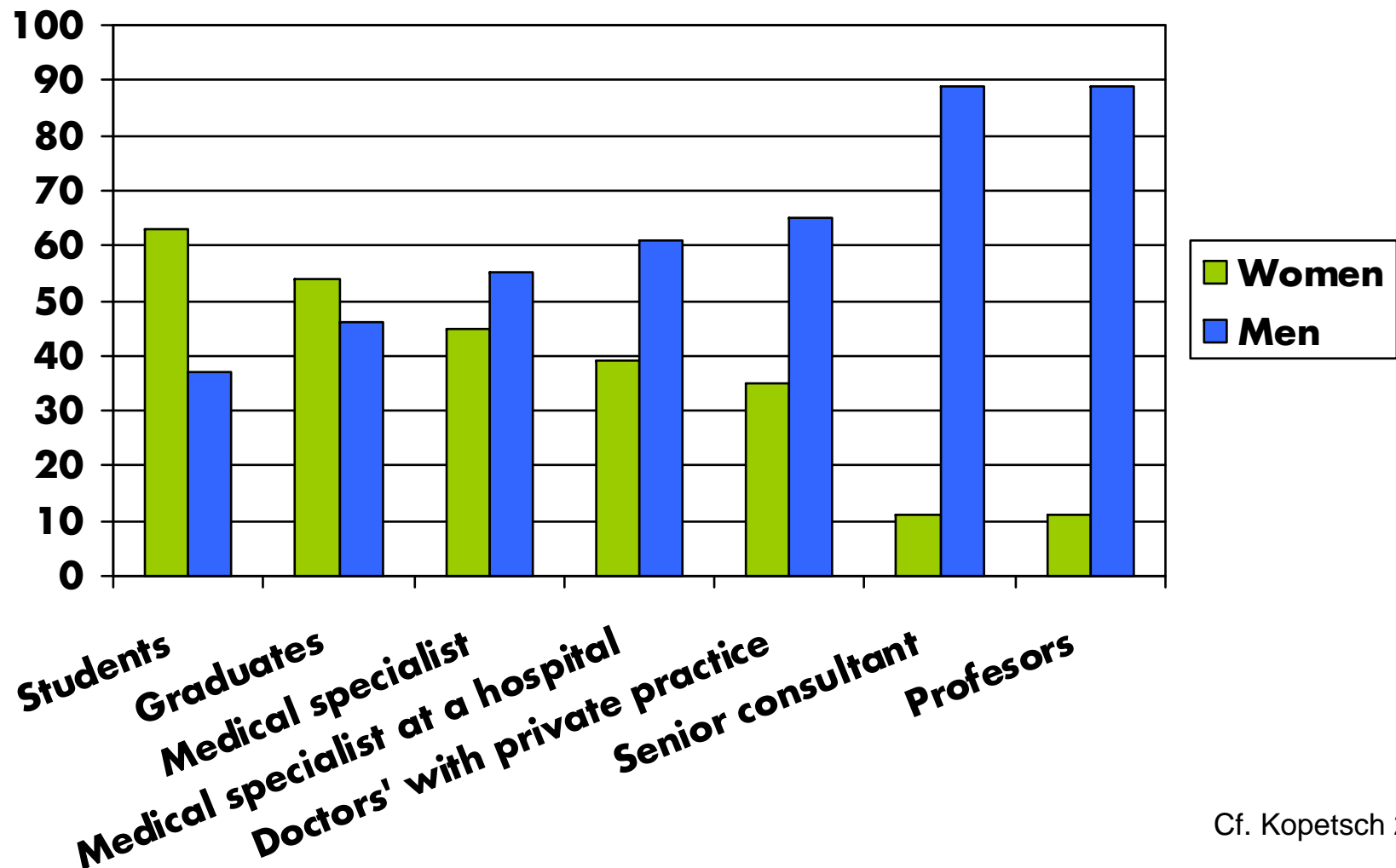


# Structure of the talk

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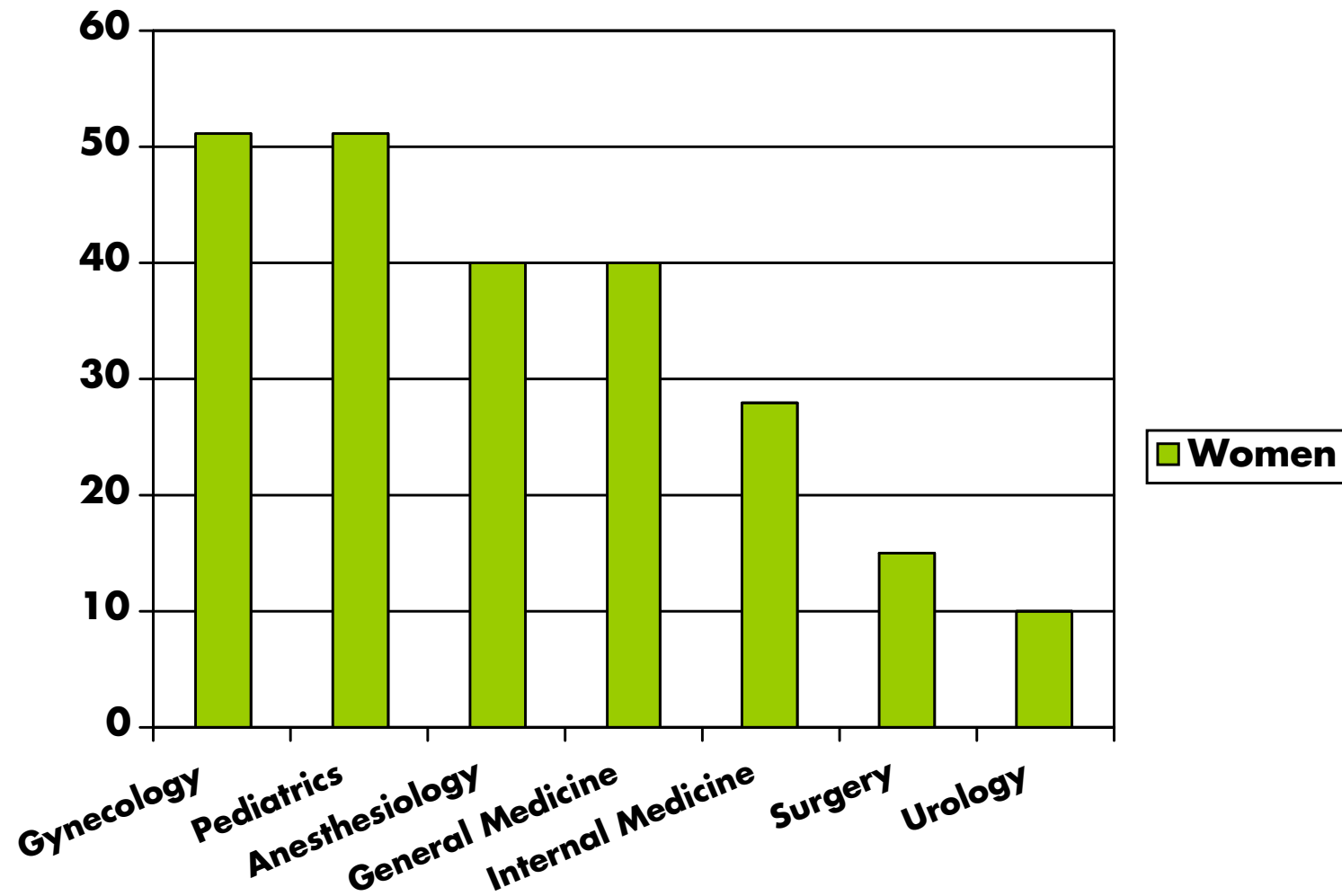
# 1. Gender gap in career paths of medical doctors

Percentage of women at different stages in the medical career



Cf. Kopetsch 2007

## Percentage of women in different specialties



Cf. BÄK 2006

## 2. KARMED: "Career paths of medical doctors during residency"

### Quantitative sub-study (Hamburg)

- Hendrik van den Bussche, Kathrin Kromark, Benjamin Gedrose
- Representative questionnaire
- Interval: every year
- To: N = 1012

### Qualitative sub-study (Leipzig)

- Dorothee Alfermann, Katharina Rothe, Kathleen Pöge
- Interviews at an interval of 1,5 years
- Focus groups (6 interviews)
- Dual Career Couples (50 Interviews)

### 3. Sample

- The first questionnaire was sent to graduates of seven German medical faculties
- n = 1012 (response rate: 48%)
- Age: M: 27; W: 26 (median)
- Sex: 66% women, 34% men
- Parents: 8,4%

## **4. Results:**

### **Career goals of medical school graduates**

Is the gender gap in the medical field merely the effect of women not wanting to pursue higher positions, preferring to concentrate on less prestigious specialties?

## 4.1. First priority of professional status after finishing residency

	Women	Men
Private practice as general practitioner	<b>9,5%</b>	<b>11,4%</b>
Private practice as medical specialist	<b>31,5%</b>	<b>24,3%</b>
<b>Fachärztin/Facharzt (Medical specialist) at a hospital*</b>	<b>23,2%</b>	<b>6,2%</b>
<b>Oberärztin/Oberarzt (Senior physician) at a hospital *</b>	<b>27,9%</b>	<b>40,3%</b>
<b>Chefärztin/Chefarzt (Senior consultant) at a hospital *</b>	<b>2,3%</b>	<b>12,3%</b>
Researcher at the university (without clinical work)	<b>1,1%</b>	<b>1,5%</b>
Working in an other medical sector (public health department, pharmaceutical industry)	<b>2,1%</b>	<b>1,8%</b>
Working in a non-medical sector (health insurance company, journalism)	<b>1,3%</b>	<b>1,2%</b>
Other priority	<b>1,1%</b>	<b>0,9%</b>
* The Difference between male and female Physicians is significant, $p \geq 0,05$ / N: 934 / 78 missing		



## 4.2. First priority of medical specialty training

	Women	Men
General Medicine	6,7%	7,8%
Anesthesiology	10,9%	10,1%
<b>Gynecology*</b>	<b>10,9%</b>	<b>2,1%</b>
<b>Pediatrics*</b>	<b>13,5%</b>	<b>5,7%</b>
Internal Medicine	20,5%	25,8%
<b>Surgery*</b>	<b>8,9%</b>	<b>16,7%</b>
<b>Orthopedics*</b>	<b>2,1%</b>	<b>6,9%</b>
Psychiatry / Psychotherapy	3,4%	4,2%
Dermatology	3,5%	0,6%
Neurology	5,0%	4,5%
ENT	3,2%	3,3%
Urology	1,6%	4,5%
No preference	3,1%	2,0%
other	6,7%	5,8%
* The Difference between male and female physicians is significant, $p \geq 0,05$ N = 959		

## 4.3. The influence of career goals on career paths

Some explanations why career goals as such cannot explain the gender gap:

- No gender differences in professional performance at the time of graduation but in self-esteem with regard to the possibility of reaching their career goals (Seemann 1997)
- Changing career goals during specialty training (Kilminster et al. 2007)

# Gender ideologies

## Persistence of the ideas of

- a) motherhood (emotional care and physical presence)
- b) fatherhood (financial care for the family) (Baur & Luedtke 2008)

> Gender differences in medicine are affected by gender aspects in the private sphere as well

One explanation of why men and women chose different medical specialty training might be that women choose these medical specialties for the opportunity to have a private practice, which provides more flexibility with regard to work and family life. This is likely to be true for gynecology and pediatrics, but not for surgery, for instance.

## Anticipation of the reconciliation of family and work life

Desired working hours by sex

	Female physicians	Male physicians
100%*	41,0%	79,4%
75%	12,7%	8,7%
50%	3,3%	1,6%
<50%	0%	0%
Part time, later fulltime*	33%	6,1%
Don't know yet	10%	4,2%
* The difference between male and female physicians is significant, $p \geq 0,05$		

## Interviews with Dual Career Couples: Gender-based discrimination

- During her time of residence at a university hospital, a young doctor told her senior physician that she was pregnant (PU DCCI - 144 -148):

*„It often happened that I came home at 8pm. But when I was pregnant, they told me that my career was over, that I could forget about my Habilitation (a postdoctoral lecture qualification), since then, one isn't that committed anymore.“*

- This young woman wanted to do a postdoctoral lecture qualification which is needed for the position as senior physician. Ultimately, she did not return to her employer after giving birth and taking one year of parental leave. She decided to work part-time at a private practice, while her husband is still working full-time at the university hospital.

## 5. Conclusion

1. There are gender differences in career goals: problem of self-fulfilling prophecy
2. Main factors contributing to gender differences in career paths of medical doctors
  - a) Gender roles: ideas of motherhood and fatherhood
  - b) Gender-based discrimination

**Thank you for your attention!**

## Reference list

- Bauer, N. & Luedtke, J. (Hg) (2008). Die soziale Konstruktion von Männlichkeit. Hegemoniale und marginalisierte Männlichkeiten in Deutschland: Opladen: Budrich.
- <http://www.bundesaerztekammer.de/page.asp?his=0.3>
- Kilminster, S.; Downes, J.; Gough, B.; Murdoch-Eaton, D.; Roberts, T. (2007): Women in Medicine - Is there a Problem? A Literature Review of the changing Gender Composition, Structures and occupational Cultures in Medicine. In: Medical Education, Jg. 41, H. 1, S. 39–49.
- Kopetsch, T. (2007). Dem deutschen Gesundheitswesen gehen die Ärzte aus! Studie zur Altersstruktur- und Arztlzahlentwicklung. Berlin: Bundesärztekammer und Kassenärztliche Vereinigung.
- Seemann, S. (1997). Die berufliche Situation von Medizinerinnen: Ausbildung, Weiterbildung, Arbeitsmarkt. Pfaffenweiler: Centaurus.