



MEDICAL WOMEN ON TOP

Documentation of
the number of women
in leading positions
in 16 specialities
of German
university clinics

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Deutscher Ärztinnenbund e.V.



Medical Women on Top

Introduction

The percentage of women among medical students has risen more than 50% in the last 20 years (in 2014 it was 61%, German Federal Office of Statistics), yet few women have arrived in leadership positions (university chairs, clinic directors, independent department heads). This fact is known among the professional societies, but not known among the wider public. For this reason the present documentation was created by the German Society of Women Physicians, sponsored by the Ministry of Family Affairs, Senior Citizens, Women and Youth. It undertakes to provide a transparent basis for the

1 | 34 Medical university clinics

% Women in leadership positions

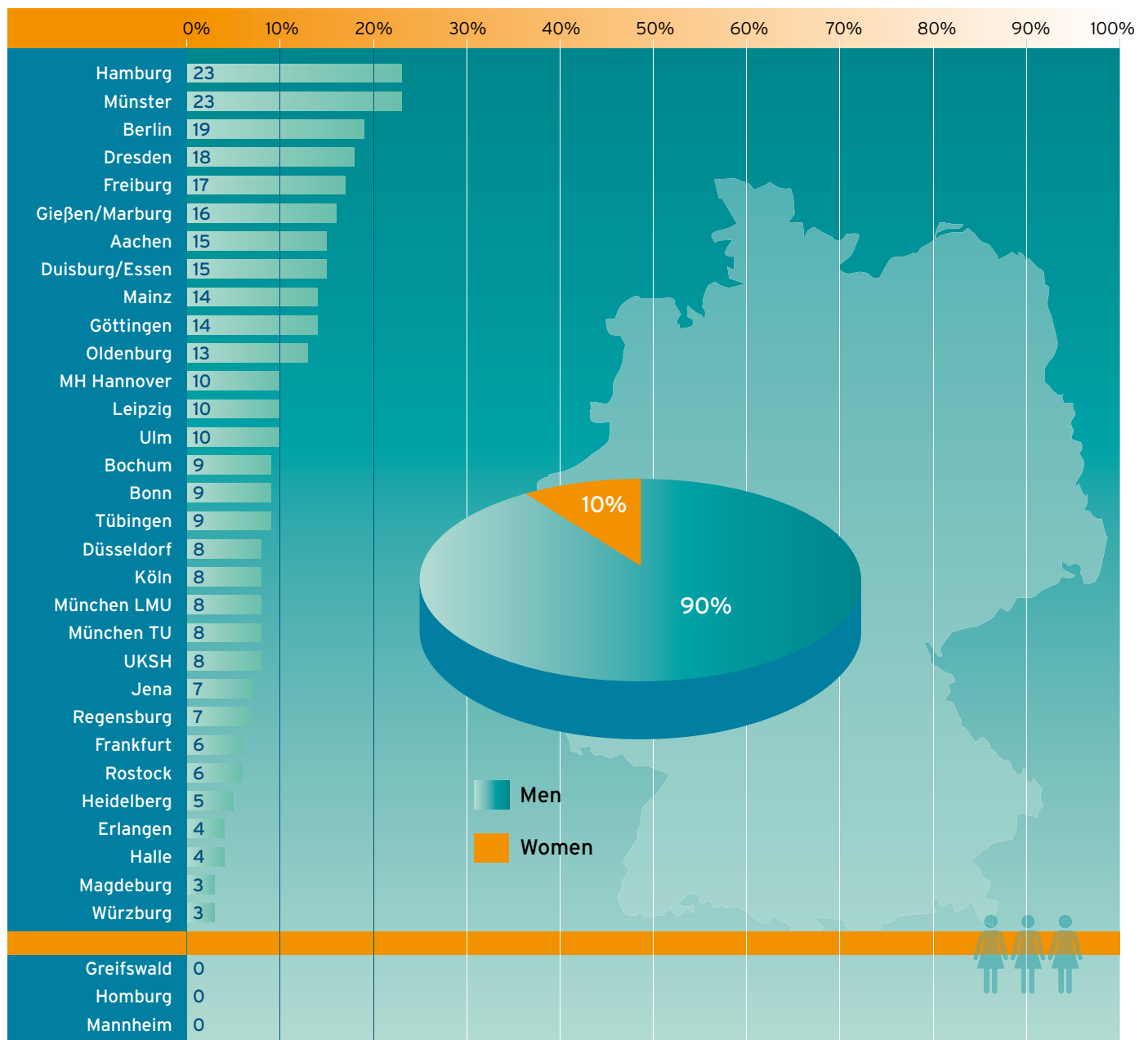


Fig. 1 shows the percentage of women in leadership positions in 16 areas of university medicine. The percentage of women lies between 23% (Hamburg and Münster) and 3% (Würzburg). In three university clinics (Mannheim, Greifswald and Homburg), no woman occupies an academic chair. The average throughout Germany is 10%.

discussion about the ways and means to sustainably increase the small percentage of women in the most important specialties of clinical medicine that has been documented here. It also seeks to encourage this increase through detailed investigations of the causes of this small percentage of women in leadership positions.

Methods

All 34 German city university hospitals were first evaluated using the Internet sites of their clinical specialties (14 specialties and their subspecialties) and 2 institutes (and their subspecialties). Altogether almost 1300 Internet sites were included. In order to establish a comparison between the university clinics, only specialties were considered that were represented in all 34 university hospitals and that were strongly involved in clinical diagnostics and patient care. This is why such fields as general practitioners (not represented overall), human genetics, public health, the history of medicine, and others were excluded. Preclinical institutes were not investigated.

The data was initially forwarded to the women- and equality commissioners of the university hospitals with a request to inspect and, when necessary, to correct the data. The university deans were then asked to confirm or correct the number of women in leadership positions in the 16 remaining specialties. Telephone inquiries followed in cases of uncertainty.

2 | Directors, chairs, independent department heads

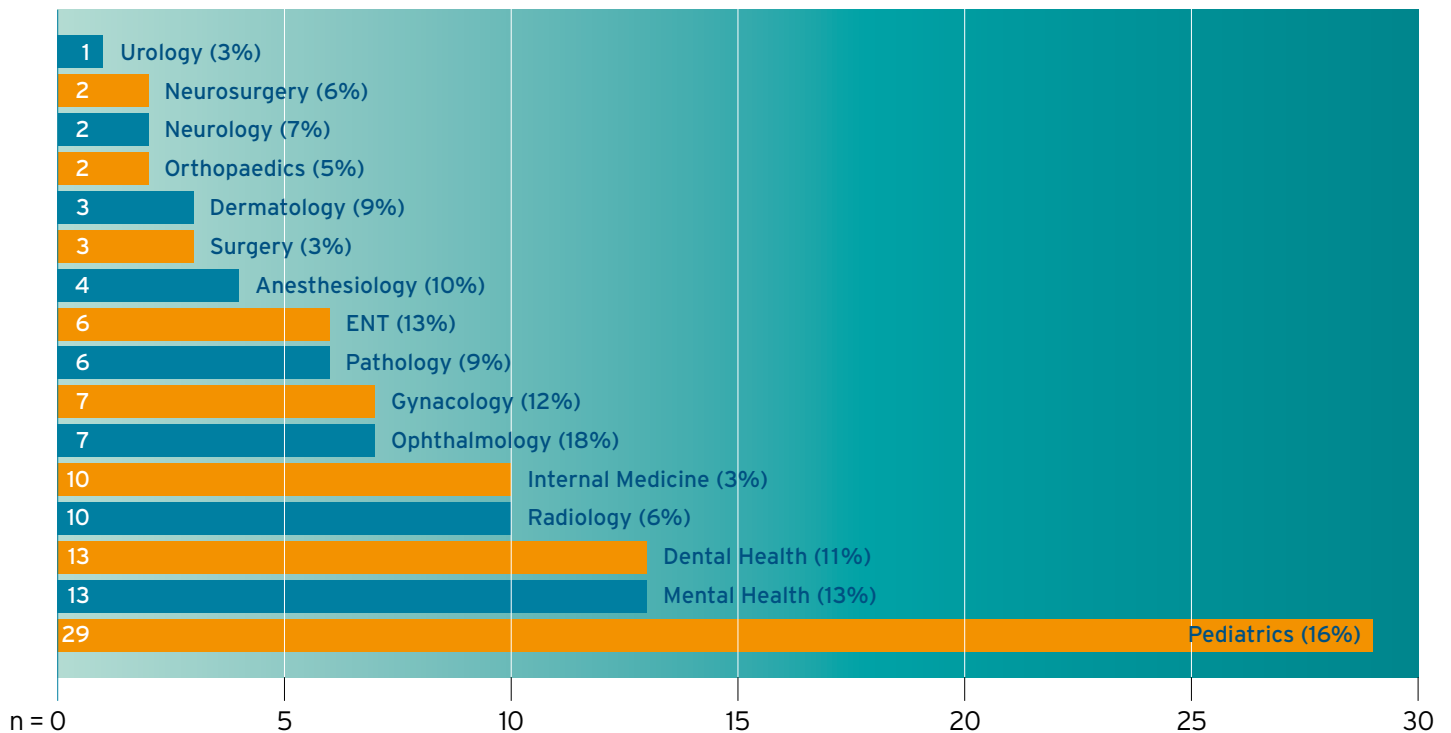
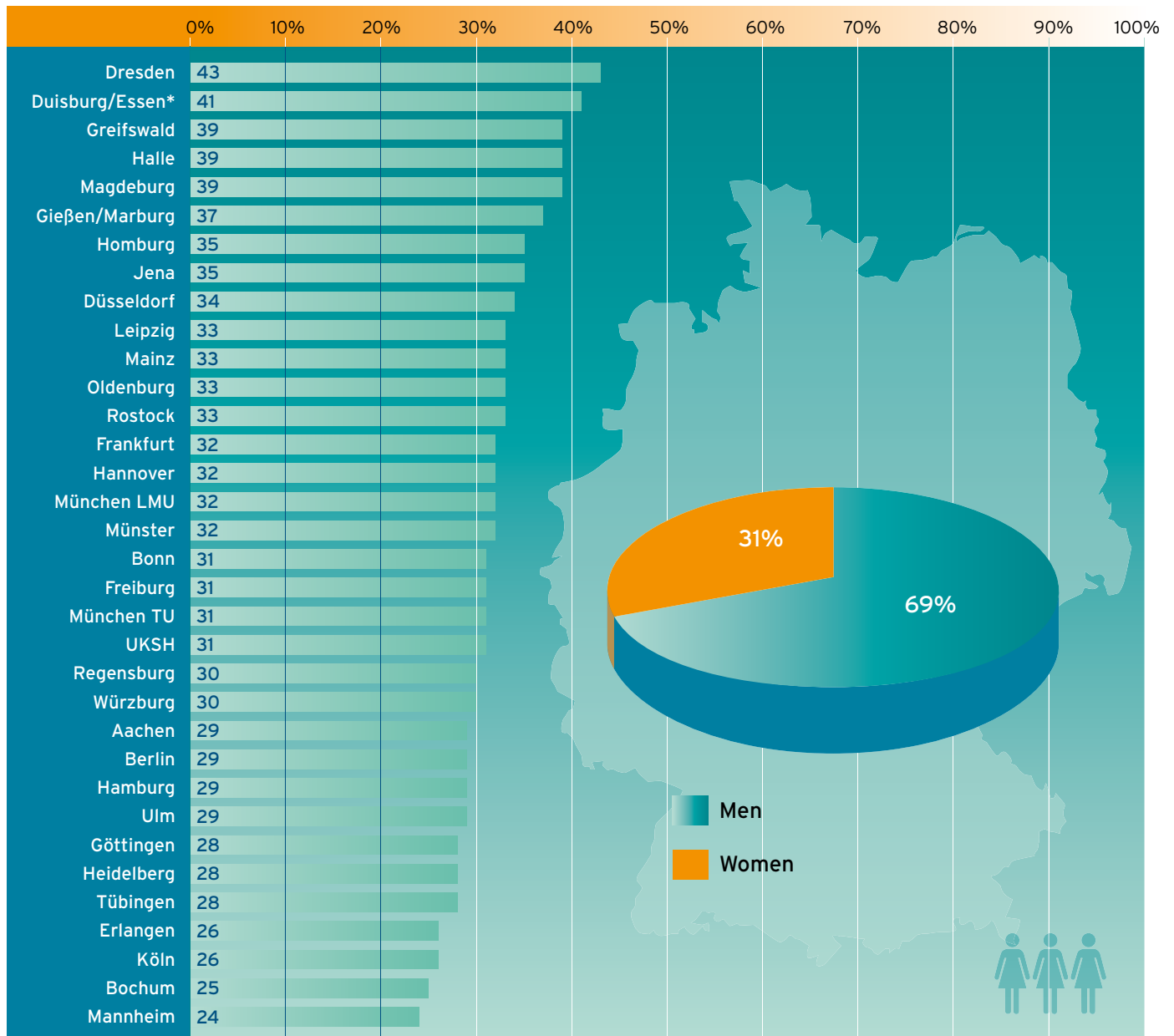


Fig. 2 shows the absolute number of women in leadership positions in 16 areas of university medicine, as well as their percentages (in parentheses). The smallest representation of women is in urology (one woman), the strongest representation in pediatrics (29 women).

3 | 34 Medical university clinics

% Female senior physicians



*except Essen Anesthesiology

Fig. 3 shows the percentage of female senior physicians in university medicine. The percentage lies between 43% (Dresden) and 24% (Mannheim). The average throughout Germany is 31%.

A „middle leadership“ level was defined as representatives of clinical directors, senior physician managers and section leaders. This method was chosen because it was not possible to reliably ascertain independent leadership responsibilities with these groups of people. A large number of professors, who work in clinical fields, belong to this „middle leadership“ level. Physicians with specific functions were not considered.

Number of budgeted and unbudgeted professorships

	Men	Women	% Women
Chairs, directors, independent department directors	1152	116	10%
Middle leadership level	901	127	14%
Senior Physicians	698	185	28%
Sum total	2751	428	16%

Table. Number of budgeted and unbudgeted professorships in the investigated status groups and the percentage of women in these groups.

4 | Specialities

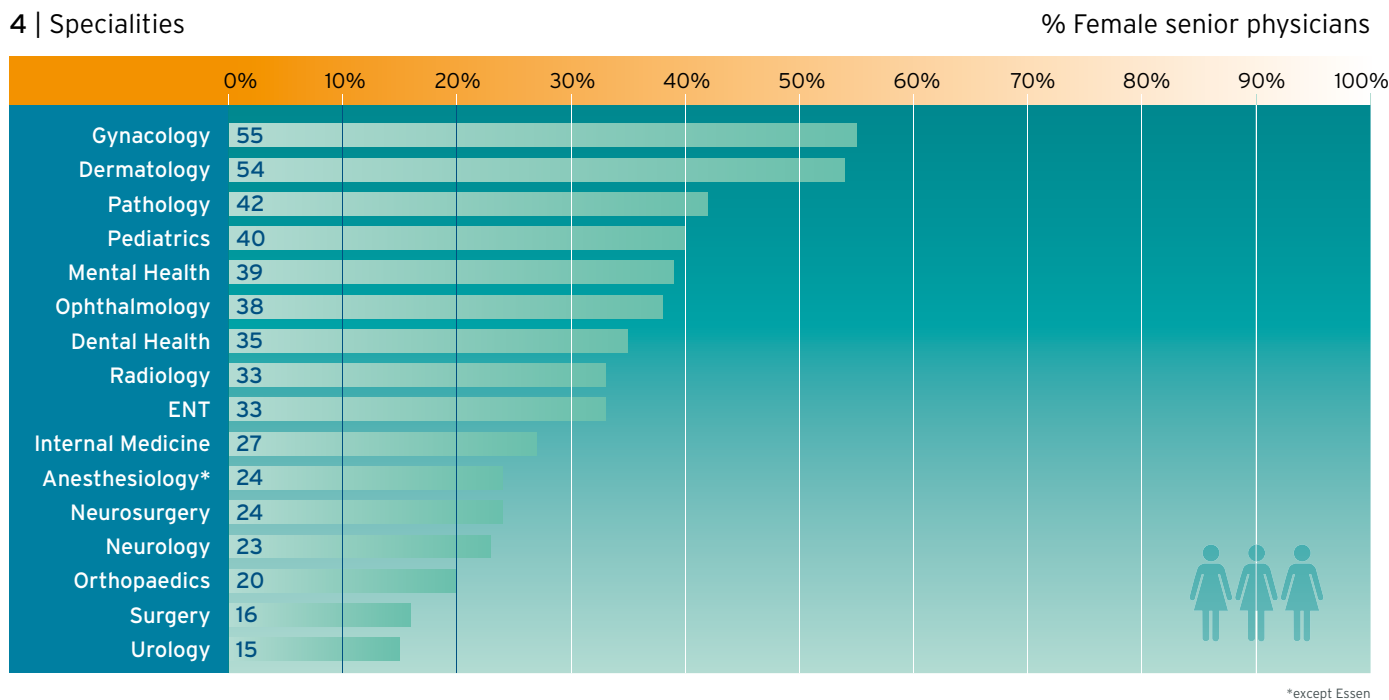


Fig. 4 shows the percentage of senior physicians in 16 areas of university medicine. The percentage lies between 55% (gynecology) and 15% (urology).

Summary of the Results

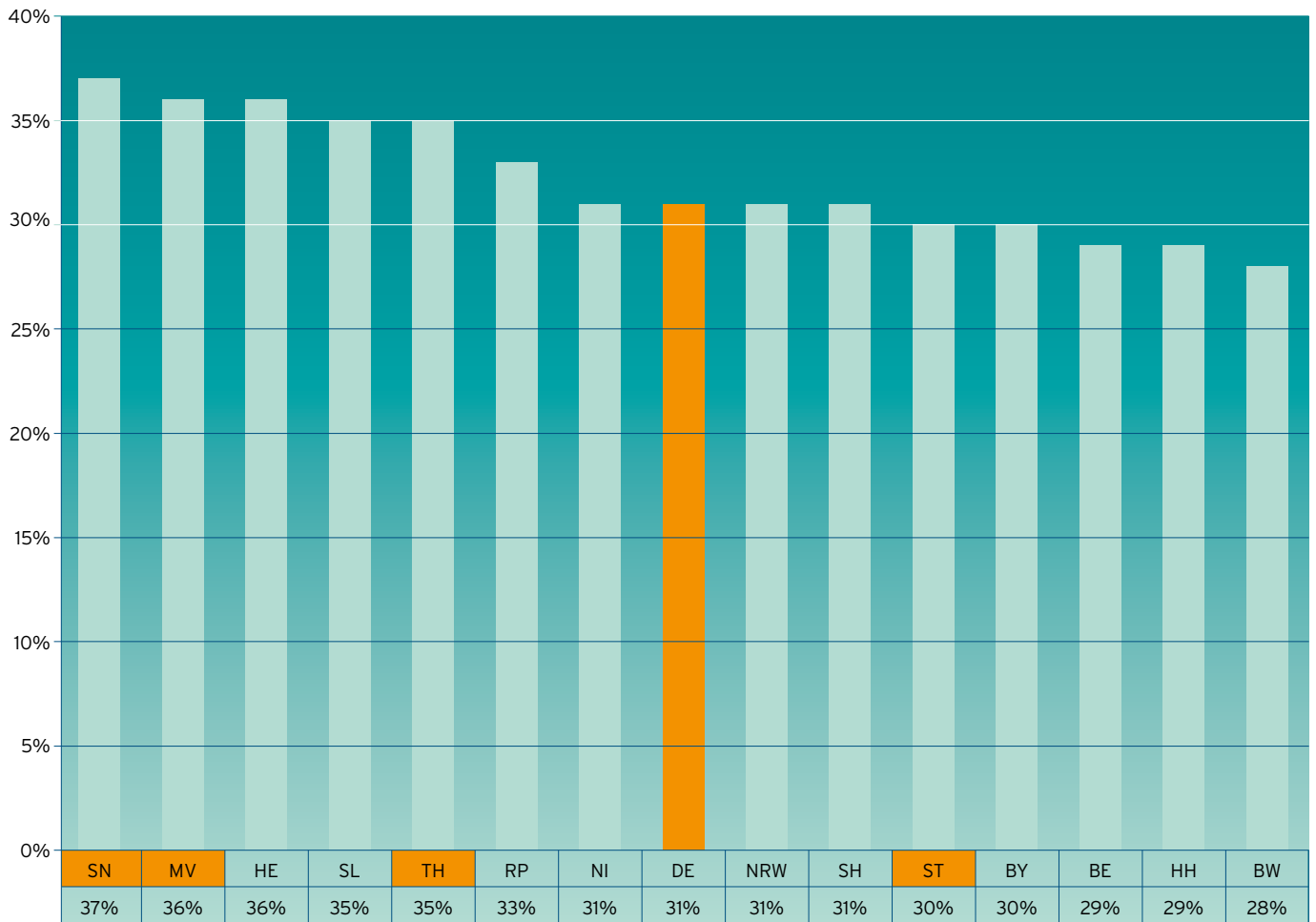
1. Women are represented in 10% of the leadership positions (Fig. 1). There is a clear difference between the individual specialties: one woman in urology (3%), 29 women in pediatrics (16%) (Fig. 2). In three university hospitals (Greifswald, Homburg and Mannheim) there are no women holding academic chairs. Differences between the new and old federal states do not exist.

2. On average, 31% of senior physicians are women (Fig. 3). “Strong specialties” are gynecology and dermatology, “weak specialties” are surgery and urology (Fig. 4).

3. There are on average more women working as senior physicians in the new federal states than in the old federal states (Fig. 5).

4. Among the total professorate included in the middle leadership level (see above, "Methods"), and among the women senior physicians, postdoctoral women are represented at 16% (Table).

5 | Percentage of female senior physicians in German counties



SN = Saxony	RP = Rhineland-Palatinate	BY = Bavaria
MV = Mecklenburg-Western Pomerania	NI = Lower Saxony	BE = Berlin
HE = Hesse	NRW = North Rhine-Westphalia	HH = Hamburg
SL = Saarland	SH = Schleswig-Holstein	BW = Baden-Wuerttemberg
TH = Thuringia	ST = Saxony-Anhalt	DE = Germany

Fig. 5 shows the 14 federal states in which there is one or more university clinic and the combined percentage of female senior physicians in these states. The new federal states are marked. The combined percentage is significantly higher there than in the old federal states. (Chi Quadrat Test, $p < 0.05$).

The documentation shows the low representation of women in the top leadership positions of the German medical universities. This number has remained nearly unchanged for years. They are represented at only 10% and thus still fewer than the most frequently mentioned number of "female professors of medicine", determined here to be 16%. A further slight increase in the leadership positions would lead to a balanced ratio of women and men only after decades.

This is about independent leadership positions in which therapeutic concepts, medical opinion formation, student teaching strategies, personnel policies, public image, etc. originate. The best opportunities exist here to shape, change and improve clinical medicine and, by role modeling, inspire future generations to pursue relevant clinical research. By currently filling 90% of the leadership positions with men, clinical universities are allowing men almost exclusively to shape and design medicine itself.

Outlook

The causes are unclear for the low percentage of women in leadership positions in spite of available emerging professionals.

Why are the women who are qualified specialists, often already postdoctoral chief physicians, not holding university chairs, not in the function of clinical directors? Are there structural, personal, private reasons? Does this have something to do with female self-efficacy expectations? Is the demanding and responsible success, though difficult to evaluate, in patient care (in which women are highly involved) of no value for a university leadership position? Is there discrimination? Are fewer women exempted for research tasks? Does the answer lie in the continuing lack of sufficient childcare in many places, does the burden of a family inhibit a woman's career advancement? Are there no initiatives like TOP-sharing for leadership positions? Are networks lacking, are directors inhibiting promotions attained through the postdoctoral degree still inevitable in Germany, have mentoring programs still achieved nothing? Is the top leadership level misogynistic? Have women been marginalized? Do the primarily male directors fail to support and further recommend women? Is a leadership position in the medical field unattractive for women, and if so, why? Or have equality policies and the work of women commissioners failed? Is there a need for action?

The present documentation simply depicts the status quo. The coming years will show if the many currently newly established programs (affirmative action, the "Women Professors Programme", excellence initiatives, junior professorships, the cascade model, the consideration of gender by research institutes, the law concerning temporary work contracts in the sciences, etc.) and infrastructural improvements (the establishment of better childcare, family friendly work hours in university medicine, opportunities for Top-Sharing) will be successful.

The total data in detail and further literature can be requested through the German Association of Women Physicians (www.aerztinnenbund.de). The German Association of Women Physicians sponsors the action "Pro Quota Medicine" (www.pro-quote.medizin.de).

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