



UMEÅ UNIVERSITET

Umeå University Medical Dissertations, New Series No 1919

It's just a job

A new generation of physicians dealing with career and work ideals

Saima Diderichsen

Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för
avläggande av filosofie/medicine doktorsexamen framläggs till
offentligt försvar i Sal 135, byggnad 9A, fredagen den 20 oktober, kl.
09:00.

Avhandlingen kommer att försvaras på svenska.

Fakultetsopponent: Professor, Gunnel Hensing,
Göteborgs universitet, Göteborg, Sverige.

Family Medicine

Organization
Umeå University
Department of Public Health
and Clinical Medicine

Document type
Doctoral thesis

Date of publication
29 September 2017

Author
Saima Diderichsen

Title
It's just a job –A new generation of physicians dealing with career and work ideals

Abstract

Background: Today, women constitute about half of medical students. However, women are still underrepresented in prestigious specialties such as surgery. Some suggest that this could be explained by women being more oriented towards work-life balance.

Aim: The overall aim of this dissertation was to explore aspects of gender in work-life priorities, career plans, clinical experiences and negotiations of professional ideals among medical students and newly graduated doctors, all in a Swedish setting.

Method: We based the analysis on data from two different sources: an extensive questionnaire exploring gender and career plans among medical students (paper I-III) and interviews with newly graduated doctors (study IV).

In paper I, four classes of first- and final-year medical (N=507, response rate 85%) answered an open-ended question about their future life, 60% were women. We conducted a mixed methods design where we analyzed the answers qualitatively to create categories that could be analyzed quantitatively in the second stage.

In paper II, five classes of final-year medical students were included (N = 372, response rate 89%), and 58% were women. We studied their specialty preference and how they rated the impact that the motivational factors had for their choice. In order to evaluate the independent impact of each motivational factor for specialty preference, we used logistic regression.

In paper III, final-year medical students answered two open-ended questions: "Can you recall an event that made you *interested* of working with a certain specialty?" and "Can you recall an event that made you *uninterested* of working with a certain specialty?". The response rate was 62% (N = 250), and 58% were women. The analysis was similar to paper I, but here we focused on the qualitative results.

In paper IV, thematic interviews were conducted in 2014 and 2015. We made a purposeful sampling of 15 junior doctors, including nine women and six men from eight different hospitals. Data collection and analysis was inspired by constructivist grounded theory methodology.

Results: When looking at the work-life priorities of medical students and junior doctors it is clear that both men and women want more to life than work in their ideal future. The junior doctors renounced fully devoted and loyal ideal and presented a self-narrative where family and leisure was important to cope and stay empathic throughout their professional lives.

The specialty preferences and the highly rated motives for choosing them were relatively gender neutral. However, the gender neutrality came to an end when the final-year medical students described clinical experiences that affected their specialty preference. Women were more often deterred by workplace cultures, whereas men were more often deterred by knowledge area, suggesting that it is a male privilege to choose a specialty according to interest.

Among the newly graduated doctors, another male privilege seemed to be that men were able to pass more swiftly as real doctors, whereas the women experienced more dissonance between their self-understanding and being perceived as more junior and self-doubting.

Conclusions: The career plans and work-life priorities of doctors-to-be were relatively gender neutral. Both female and male doctors, intended to balance work not only with a family but also with leisure. This challenges the health care system to establish more adaptive and flexible work conditions.

Gender segregation in specialty choice is not the result of gender-dichotomized specialty preferences starting in medical school. This calls for a re-evaluation of the understanding where gender is seen as a mere background characteristic, priming women and men for different specialties.

Keywords

Medical students, junior doctors, gender perspective, medical education, graduate medical education, professional identity, career choice, gender discrimination, mixed methods.

Language
English

ISBN
978-91-7601-764-7

ISSN
0346-6612

Number of pages
65 + 4 papers