Author's response to reviews

Title: Few Gender Differences in Swedish Medical Students' Specialty Preferences A Study of Motivational Factors and Their Impact on Last-Year Students' Specialty Preferences

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Cover Letter

Reviewer 1

2a. Does the specialty “psychiatry” also include child-psychiatry?

Yes.

2b. The second concerns the group named “uncertain” which also included those who opted for two or more specialties. Was there any pattern in their choice of specialties, and were there more women than men who opted for more than one specialty?

There was no distinct pattern in the group that opted for two or more specialties. The combinations ranged from two to six different specialties and there was no combination that occurred more than twice. Family medicine was the most common alternative in the combinations. Yes, there were more women than men who opted for more than one specialty (23 compared with 15). However this difference was not significant. The following two sentences were added (in bold) in the method section, page 4:

*There was no distinct pattern in the group that opted for two or more specialties. The combinations ranged from two to six different specialties and there was no combination that occurred more than twice.*

3. In the section “Gender and career preferences” (page 5), the authors write: “Gynecology and pediatrics were also rather common, especially among women. This could in part be explained by the students being on gynecological and pediatric training at the time of the questionnaire.”

Another possible explanation could be that over the past decades there have been more women doctors in these specialties, thus there are more female physicians
as role models for the female students. These comments could as well be moved to the Discussion part of the paper.

Very useful comment. This has now been revised and moved to discussion. The following sentences have been added to the discussion:

*That more women than men opted for gynecology and pediatrics could be explained by female physicians being numerous in these specialties over the past decades and hence there are more same sex role models.*

5a. The Discussion is balanced and mainly supported by the data, however I have some comments: on page 8, in the second paragraph, the authors write: “.... whereas among those who preferred family medicine it was only women – not men – who considered time for family to be important”. I want the authors to expand on this a bit.

We added the following sentence (bolded), page 8-9:

*Those who opted for family medicine also chose part-time to a higher degree. It seems that women consider family medicine a family friendly specialty. This was consistent with women’s part-time preference being linked to having time for family. Thus, for women family medicine and part-time practice seem to be a strategy to combine work with family duties. For men, the choice of part-time and family medicine is about something else, which remains unmeasured.*

5b. In the subsequent section I will ask the authors also to expand a bit more on the possibilities to organize part-time employment within the different parts of the Swedish health care system or specialties.

There is to date, no Swedish data to be found on men and women’s part-time work in the different specialties, nor in the different parts of the Swedish health care system (public versus private). However, we added a paragraph on the gap between medical students expectations of part-time work and the empirical reality on page 10, see also
5c. The reference to the work of Album and Westin is relevant to questions on the prestige of different specialties, but maybe other references are more relevant to the questions on opportunity structures in different specialties? Moreover, I find the link, or association, to the status of specialties a bit “thin” or theoretical, as it is not based in the available data.

Very good comment. I deleted the section about specialty prestige. Opportunity structure is discussed in the last paragraph on page 7 and in the first paragraph on page 11.

5d. Page 9-10 Part-time ideal. The data show that almost half of the medical students prefer a part-time practice. This proportion seems surprisingly high, and I wonder if these numbers give reasons for concern? I also wonder if there are comparable data from the other Nordic countries. Is the proportion of female physicians in Sweden working part-time higher than in the other Nordic countries? For example, the number of working hours has increased for women GPs (family practice) in Norway. We know that part-time work is generally considered as one way of dealing with the competing demands of job and family obligations. It is also known that women doctors in hospital based specialties more often postpone having children, on average have fewer children and more seldom work part-time than other women doctors, (see for ex. Gjerberg 2003). This raises the question of whether they are doing this by choice or as a result of structural conditions. If the proportion of doctors working part-time will increase in the future, it may affect both the composition of the workforce and the availability of doctors, which should be discussed.

You are absolutely right, the high proportion of students opting for part-time gives reason for concern. Please see my comment on reviewer 2.
6. Some limitations of the study are clearly stated. However, I suggest that it should also be mentioned that the fact that students’ preferences during medical school can, at its best, be used as an indication of what they will finally choose when they finish medical school. Other studies demonstrate that there are substantial differences between preferences during medical school and the specialty finally decided on.

Good comment. I added the following sentence (bolded) about this under strengths and limitations.

_This means that students’ preferences during medical school can, at its best, be used as an indication of what specialty they finally end up in._

**Reviewer 2**

One finding is interesting: a much higher proportion of female students (54%) than male students (36%) planned to work part-time (p. 5). This is also a finding shown by Boulis & Jacobs (2008, eg. p.58, 156, 163-172) who noted that opportunities for part-time work had declined during 1980-2000 in American medicine and they expected that many female medical students will be surprised by the lack of opportunities to work part-time. It would be interesting if the authors of the Swedish study could elaborate further on the fact that currently 29% of female physicians work part-time (p. 10): will there be part-time jobs for physicians in Sweden in the future?

Thank you for a very good comment. We added the following section on page 10:

_In Sweden, parents with small children and a full-time job have a legal right to work part-time (75%). Perhaps, medical students believe that this, together with an expected future shortage of doctors mean that they will be able to negotiate their working hours. In a Nordic report on the future supply of physicians, 20% of all Swedish physicians were expected to practice part-time in 2020 [35]. This was an underestimation, as 23% of all Swedish physicians practiced part-time already in_
This raises a concern. If a new generation of doctors successfully negotiates part-time practice the shortage of doctors will be even larger than expected. There is however studies indicating that these students will not get what they wish for. Potential medical students in the U.S. also expected medicine to offer the possibility of part-time [1]. This is surprising, as historically the medical profession has been known for its long hours. In most specialties part-time is not a possibility. Structural and cultural barriers are important obstacles for part-time work. Despite a new generation of physicians who value work-life balance [22] the American trend over the last few decades moves towards working long weeks, mainly because of structural constraints [1]. American physicians who work part-time report less pay for the same work-related expectations and long-term sacrifices such as not being promoted and also criticism from colleagues [1]. Negative attitudes in the workplace toward part-time physicians have been described in Scandinavian studies as well [32, 36]. As the students in this study seem to value the support from colleagues, this suspiciousness toward part-timers will be a rude awakening for the Swedish students when they enter the medical profession.