Reviewer’s report

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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Reviewer: Elisabeth Gjerberg

Reviewer’s report:

In this well written, empirical based paper, the authors focus on medical students’ specialty preferences and the relationship between motivational factors and choice of specialty. As I read the paper, there is no need for major compulsory revisions, but I have some suggestions for minor revisions which may improve the paper.

1. The questions posed by the authors are well defined.

2. The methods seem appropriate and are well described. I only have a few questions: The first is, does the specialty “psychiatry” also include child-psychiatry? 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?

3. The data seem reliable. 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.

4. Yes

5. 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.

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. 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
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.

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.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests'