Author's response to reviews

Title: Gender and the professional career of primary care physicians in Andalusia (Spain)

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Author's response to reviews: see over
Response to Reviewer 1 Markus P. Gnaedinger (corresponding changes marked in blue in the Ms.)

Data are now expressed to one decimal point throughout the manuscript.

The last sentence of the Results section of the Abstract now reads: “Performance of the majority of professional activities was independent of the health center in which the physician worked.”

In Methods, the paragraph on the Statistical Analysis has been modified as requested (p:6). It now states that Data were expressed as means ± standard deviation (SD), that bivariate analyses were performed using the chi square and Student’s t tests, and that multilevel logistic regression was performed, specifying that $P \leq 0.05$ was considered significant for a two-tailed test.

We have replaced *interclass* with *intraclass*.

In table 3:
Numbers are now given to only one decimal place.
A significance of $p < 0.05$ is now indicated with one asterisk and one of $p < 0.10$ with two.

The reviewer suggests detailing the control variables in the footnotes. However, this would add considerable text to an already complex and extensive table. If acceptable, we would prefer to avoid this, since these variables are reported in detail in the text (Methods). Evidently, we could easily add the variables to the footnote should this be required.

We have added “among others” at the end of the third paragraph on page 7, as suggested.

The age variable is included in the second paragraph of the Discussion (page 8), as follows: “After adjusting for age, family medicine specialty, care load, family load, and family situation, the participation of female physicians was significantly less frequent in 13 of the 24 activities in comparison to the males”.

The seventh paragraph of the Discussion (page 9) now reads as follows: “There was no significant gender difference in work as principal investigator, likely due to the small numbers involved, but……..”.

On page 11, we now cite the study by Budderberg-Fischer B, Klaghofer R, Abel T, Budderberg C. The influence of gender and personality traits on the career planning of Swiss medical students. *Swiss Med Wkly.* 2003; 133: 535-40, discussing
career motivation as another possible cause of obstacles to female physicians in their professional careers.

We have included the following on page 12: “In addition, the statistical power of the study was reduced to 60% after excluding non-responders.”

In this cross-sectional study, we performed a single simultaneous measure (by questionnaire) in the whole sample. No repeated measures were carried out.

We clarify that we only seek recognition of the fact that the first and second authors (not all authors) contributed equally to this study.

We have deleted the word “occupied” in the second paragraph on page 3.

In table 3, we have added the missing decimal point.

We have included the words “as a” on page 10

Hence, we have improved the statistical methods, adopting the reviewer’s suggestions, we have extended the paragraph on limitations, as recommended, we have corrected the Abstract, and we have included the following new references.


We are very grateful for the suggestions made by this reviewer, which have helped us to strengthen and clarify our manuscript.
Response to Reviewer 2 (Vladimir Sibalic) (corresponding changes marked in red in the Ms.)

As recommended, the Abstract and Background have been modified to highlight characteristics of special interest. We have added the following in the Results section of the Abstract: “Thirteen of the studied activities were less frequently performed by female physicians, indicating their lesser visibility in the production and diffusion of scientific knowledge.” Furthermore, on page 3, paragraph 2, we explicitly refer to the background on this issue, as follows: “They also appear to face barriers in the leadership of research projects [9] and the publication of scientific papers [7, 10, 11, 12].”

We now state in the first paragraph of the Results section on page 6: “After exclusion of the non-responders, the statistical power of the study was reduced to 60.3%.”

The Results section now reports in detail (page 7, lines -12) the professional activities for which the adjusted OR was significant or at the limit of significance

In table 3, ORs with p < 0.05 are now indicated by one asterisk and those with p < 0.10 by two asterisks.

In table 1, we prefer to preserve the column for non-respondents to allow comparison of their characteristics with those of the questionnaire respondents, which is necessary to demonstrate the lack of response bias in our study.

In table 3, the 95% CI for health center managers has been corrected to 1.83-12.03.

We have added three new references, two of which were recommended by this reviewer:


We included the reference to Riska in order to widen our discussion on the mechanisms underlying gender inequalities in medical careers, adding the following on page 11: “Riska [26] brings together two mechanisms by which gender inequalities in medical careers are maintained. One centers on differences in decisions due to gender differences in socialization, based on sex role theory. The other highlights structural barriers, based on the concept of the “glass-ceiling” [27, 28].....”
We have also added the following in the Discussion: “There is some evidence that male and female expectations of the work-life balance are changing, with both sexes desiring its improvement [32].”

As a result of the comments made by this reviewer, we have modified our conclusions (page 12), which now read as follows:

“These results strongly indicate that female physicians are disadvantaged in Andalusia. Gender inequalities were found in the development of professional activities of physicians in urban health centers, even after controlling for family responsibilities and the effect of the centre, which was important in only a few of the activities studied. This situation of disadvantage is likely to have a negative effect on the professional career of female physicians”.

The title now includes the specific geographical setting, as follows: “Gender and the professional career of primary care physicians in Andalusia (Spain)”

The gender representation was forced in the sample selection to obtain 50% for each sex. The age difference reflects the fact that female physicians are on average two years younger than the males in the study population.

As reported in the Discussion (paragraph 2, page 7), we found a similar variability to that in the general Spanish population, possibly due to the diversity of family situations of the physicians in our study population.

It is true that the majority of female physicians lived with a partner. Nevertheless, more female than male physicians lived alone, with or without children, implying a greater family load.

We have not highlighted our PhD findings, because the possession of a PhD is not as professionally relevant in our setting (Andalusian public health system) as in some other countries, and a low proportion of physicians have this qualification.

We now clarify that we only seek recognition of the fact that the first and second authors (not all authors) contributed equally to this study.

We are very grateful for the insights and comments of this reviewer, which have helped us to improve the quality of our manuscript.