Reviewer's report

Title: The Generation and Gender Shifts in Medicine: An Exploratory Survey of Internal Medicine Physicians

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Reviewer: Elisabeth Gjerberg

Reviewer's report:

General
In this empirically based paper, the authors examine the differences in attitudes and practices of two cohorts of Canadian physicians, working at the Department of Medicine in a University in Western Canada. The study covers an important topic, and I think the manuscript should be of interest to the readers of the BMC Health Services Research, especially those concerned about the development of the medical profession. The paper utilizes both qualitative and quantitative methods, which is a plus. However, there are some shortcomings with the paper which I will outline below, and it could benefit from a further reworking of a couple of sections.

1. Is the question posed by the authors new and well defined?
The questions posed by the authors are well defined, but not new. Especially questions on how the increase of women in medicine will affect the medical profession have been posed for some decades. However it is of interest to investigate the cultural shift of a generation, for example that preferences for a better work-family balance is not only a “women issue”, but that there are changes going on among younger men as well.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
I like the combination of using both qualitative and quantitative methods, but I have some comments on how to describe the data. The aims of using qualitative methods are first and foremost to give insight into important issues, experiences and reflections. Unlike survey data which proved us with information on how widespread specific experiences, attitudes etc. are, and how they occur in different groups of doctors. Thus, it gives no meaning and is a bit confusing to report the proportions of Baby Boomers and Generation X from the qualitative part of the data in the result section of the paper. I will also suggest removing the information of the percentages from table 1. The total numbers of physicians in both groups are small, the information about the proportions are of no interest.

According to the quantitative part of the study, I would like to know how the two questions meant to measure patient care were chosen; from the interview data, from the literature, earlier studies? I think the validity of these questions is too bad and have to be discussed. The authors are using these items as proxies for elements of physicians’ commitment to work, and it would have been of interest if the authors could have integrated these items or at least discussed them in relation to other works on work commitment from the literature.

In relation to the questions on working hours, I wonder if it is clear that the hours a week they work at the office mean at the Medicine Department, or could it also include working extra at some other office, private practice or so on?

3. Are the data sound and well controlled?
I think so

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes, I think so.

5. Are the discussion and conclusions well balanced and adequately supported by the data? See detailed comments below.

6. Do the title and abstract accurately convey what has been found? Is it possible to make a subheading that can tell more about the focus of the paper?

7. Is the writing acceptable? I think so, but it might be useful to have the English language controlled by someone more competent than I am.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

In the Background section of the paper, the authors claim that two demographic shifts in today’s workforce affect the medical profession in particular. I am not so sure of that. The medical profession is not that special. Physicians have been, are and will always be a part of the society and the culture within they are living. My major objection to the introduction of the paper, is that it is almost context-free. First, the paper pay too little attention to the context these doctors are living within; a changing world where women the last decades are more educated than before. During the last decades an increasing number of women in most Western countries have applied for higher education in fields that has previously been the domain for men, like law and medicine. This is the case in most European countries, as well as in USA and Canada. Further, I would like to know the numbers (proportion) of women in medicine in Canada in general, and if the Department of Medicine differ from the overall picture, i.e., a Canadian context. Second, I found it a bit peculiar to speak of generation X without referring to Douglas Coupland’s book from 1991: “Generation X”, which introduced the term, characterising the twenty something generation as they have been labelled, by keywords like irony, nihilism, naivism, self-realisation, cynicism, disillusioned with the world and the materialism. That is, a generation with a presumably different set of values and social norms, of which physicians born at the 1960s and onwards are part of. To sum up, I want the authors to contextualise their questions; what are the common characteristics of the two generations?

Further, I also have some concerns about the lack of integration of this paper with the past decades work on the influx of women in medicine. There have been several studies the last decades, both in the USA and in several European countries, see for example Riska (1993, Keizer 1997, Riska 2001). Thus, in the forth paragraph in the Background section, the literature referred to seem too limited. Some decades ago, both negative and positive expectations were associated to the increasing entry of women in medicine. The positive expectations were about how women practice medicine in different specialities; better communication with the patients, focusing other kinds of medical problems than their male colleagues etc., while the expectations of negative character dealt with preferences for working part-time, less commitment to work due to family responsibilities and less motivation to choose work or medical specialities involving irregular working hours, being on call etc..

The Results and Discussion section report that most Baby Boomers interpret the X—generations’ preference for a balanced life as an indicator of less commitment to medical work. I would like to have this discussed in a broader context; I think this is too little connected to the first part of the paper. Table 3 shows that more BB than Xers report that family responsibilities interfere with their work, but that the differences almost disappear when comparing the BBers with the women Xers. Could you elaborate this a bit more? For example, do you have information of their spouse’s work and work-time? Other studies have shown that female physicians very seldom have partners who work part-time, which is often the case among male physicians.

In the last sentence before the Conclusion, the authors said that the results are consistent with the
literature. I would like to have some references to literature here.

In the third paragraph in the concluding section, the second sentence, I miss some references to the literature. Further, the sentence starting with “It is interesting to note that ….” This is a bit unclear to me; does it mean women in general, women doctors in general or women doctors in this study? As far as I can see, there is no information about part-time work among women doctors in this study. If the authors refer to women doctors in general, there is great differences in working hours between groups of women doctors, with part-time work most prevalent in general practice, seldom in the prestigious part of hospital medicine.

Generally, I will advise the authors to integrate the discussion on work-life balance with the literature on this issue. The family-work interface has been discussed in the sociological literature for years, see for example Chafetz & Hagan 1996, Drobnic et al 1999, including in the recent literature on women in medicine. Several studies have shown that women doctors’ career are still more affected by family responsibilities than those of male doctors. However, the effect of gender on career pattern and family varies according to the speciality. It has been found that in hospital medicine women and men have similar career patterns, with few exceptions women work full time, and time spent on completing specialist training is not affected by having children (Gjerberg 2003). In discussing women’s career pattern, it seems fruitful to apply an integrated model based on the complex interdependence between work and family relations, see for example Crompton and Harris 1998.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

I would like to have outlined the difference between residents and physicians; in what way is their work different? The work place is the Department of Medicine in a university – does this mean a university hospital?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions