



The impact of work on  
arrangement of family –  
or the other way around?

**Swantje Reimann**

*Centre for Women`s and Gender Studies,  
University of Leipzig, Germany*

*Collaborative Project KarMed  
„Physicians’ Career Paths and Career  
Interruptions during Postgraduate Medical  
Education”*

GEFÖRDERT VOM



Bundesministerium  
für Bildung  
und Forschung



# KarMed

## *Physicians' Career Paths and Career Interruptions during Postgraduate Medical Education*

- More than 60 percent are female medical students, but only seven percent of the clinic managements and 15 percent of the medicine chairs filled by women (*vertical segregation*).
- KarMed: conditions of female careers within German health care system

# Conditions

- increasing impact of economic criteria
- privatization of former municipal hospitals
- more bureaucracy
- implicit requirements to efficiency and expenditure
- rigidity of working time models
- temporary employment
- unregulated postgraduate medical education

# Design and Method

- Problem-centered interviews (Witzel 2000)
- longitudinal design: 3 – 4 times about 4 – 6 years
- Qualitative Content Analysis (Mayring 2010)

interviews with female doctors	and partner (DCC)	without partner (DCC)	single	<i>interviews sum</i>
t0 (2008)	22	3	3	50
t1 (2009/2010)	17	2	4	40
t2 (2011/2012)	13	4	1	31
t3 (2013)	12	3	2	29

Witzel A. (2000) The Problem-centered Interview [26 paragraphs], Forum Qualitative Sozialforschung. pp. Art. 22.  
Mayring P. (2010) Qualitative Inhaltsanalyse. Grundlagen und Techniken [Qualitative content analysis. Fundamentals and techniques], Weinheim/Basel.

# Results

*„sticky floor“ or „glass ceiling effects“ (Lenz & Adler, 2010, p 214) :*

- gender-related structural discriminations
- female careers depends on capriciousness of male supervisors
- virilization of certain specializations (*“Surgery as Macho-business“*)
- implicit requirements to women doctors, to work more as male colleagues for appreciation
- being woman = maternity
- only some structured promotion of women
- late parenthood when highly career-orientate

Lenz, K., & Adler, M. (2010). *Geschlechterverhältnisse: Einführung in die sozialwissenschaftliche Geschlechterforschung* (1). Weinheim und München: Juventa Verlag.

# Results

## *Similarities*

- Highly career-oriented and motivated when got into profession
- Egalitarian modes of partnership

## *Differences*

- I - Career breaks and brittle careers by maternity
- II - Career orientation *without* maternity
- III - Career orientation *and* maternity

# Type I Career breaks and brittle careers by maternity

- systematic discrimination when getting children
- naturalized/internalized by women doctors:
  - *“This (career) isn't given to women”*
- return to work in part-time
- Devaluation of career orientation and career developing
- egalitarian modes of partnership change to conservative ones after childbirth (*re-traditionalization*)

## Type II Career orientation without maternity

- high expenditure for work
- Decision against motherhood depends on conditions of medical system (time, workload, career, tasks,...)



## Type III

# Career orientation and maternity

- high readiness to expenditure
- Support of career by certain promotional programs or beneficial seniors
- subordinate private life behind professional development
- late parenthood, short parental leave by women
- either egalitarian or inverse conservative modes of partnership

# Ms and Mr Scholey

- works as senior physician, did two PhDs, acts in clinic management, works as a chair, got a scholarship for research and working in medical care (so called Emmy-Noether-Programm); carries out lectures; takes part in a mentoring program as a mentor
- Career well established as she got two children
- Interrupted work activity only for few months; husband was taken the parental leave for longer
- surroundings of childcare done by Mr Scholey
- she lived far away from family because of a new job, on weekend she took the airplane
- family had to move house because of her work and her career
- summarized conditions of her success: Support is just as important as engagement of one's own

# Conclusion

- Maternity as critical life event, decisive criterion for career-developing within the (German) medical system
- Experience of discrimination influences the decision to start a family
- high ratio of childless women doctors, or work part-time after childbirth

The impact of work on arrangement of family is much stronger than the other way around.

# Discussion

Through

- a structured promotion of women
- in certain subjects of medical specialization,
- flexibility part-time job models,
- quota systems,
- transparency in vocational options
- egalitarian modes of partnership after birth,
- quantitative and qualitative development of child care,
- and .....

the feminization could also arrive on the upper floors.

For further information please look at:

<http://spowi.uni-leipzig.de/~Karmed/>

# Ms and Mr Scholey

„One is but fundamental so, that, if one must cover the three areas (research, teaching, patient supply), 42 hour are not enough to work, yes? Is, and because of this and the work routine doesn't go just from Monday until Friday either but one makes what, if one says I have a certain position and one represents a certain branch not only in the clinical complex but also to the outside, one must invest more there simple longer “ (PV w; DCC I)