



Book Review: Maria Tsouroufli (ed.), *Gender, Careers and Inequalities in Medicine and Medical Education: International Perspectives* (Emerald UK), 205 pages, ISBN: 978-1-78441-690-4

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Women are under-represented in leadership in science and can experience both direct and indirect discrimination as they build their careers. Moreover, those who wish to combine children with careers face the “rush hour” when career and family collide in their early 30s. As well, women can have difficulty being mobile and the perception is that mobility can accelerate careers. Furthermore, to move into science leadership requires strong networks and mentoring, and there can be gender differences (White 2015a).

This important edited collection examines the complex nature and interplay of gender, careers and inequalities in medicine and medical education through interdisciplinary and international perspectives. The editor asserts that the book advances ‘knowledge about the continuing gendered career choices and division of labour’ within the profession (p.2).

Following the editor’s introduction, there is a fascinating chapter by Elaine Thompson entitled “Medical knowledge, medical education, and the career choices of women doctors. C 1860-1920: an Edinburgh case study”. The chapter deftly tracks the gendering of the medical profession in the late 19th and early 20th centuries. Women’s entry into the medical profession depended on arguments that women would make the most suitable physicians for women and children, and later women doctors focused on hygiene, a branch of medicine abandoned by males in favour of more scientifically oriented medical practice. Thompson concludes that even women’s current role in medicine ‘remains largely circumscribed by their early experiences, dictated by patriarchal ideology that continues to direct women towards those aspects of the profession considered “most appropriate” for them’ (pp.36-7). So women are found in ‘areas dominated by the dispensing of advice about health and well-being, most notably public health, (health promotion, sexual health) as well as general practice (p. 37).

The book then broadly explores gender and careers in medicine across the different career stages – from young women thinking about being a doctor through to early career specialists, and to women in management wishing to further advance their careers.

Cuzzocrea’s chapter, “Imagining a future in the medical profession: gender and young Sardinian’s narratives of a career in medicine”, focuses on how 18 year-old



Sardinian students imagined careers in medicine. They were asked to write an essay on being 90 and remembering the past. The chapter identifies how the choice of medicine is narrated in gendered ways, with women drawing on caring aspects, and discussing job satisfaction and happiness as a result of love, dedication and giving to those in need; whereas males focus on 'scientific curiosity and a specific interest in certain organs of the body'. Moreover, women concentrate in their essays on getting into medicine rather than the 'vertical gender segregation that dominates medical careers' (p. 196). The chapter thus suggests there are strong gender differences in how women and men think about a possible career in medicine.

The chapter by Siller and Hochleitner, "Drafting intersections in the career of female medical doctors", reviews research on gender inequality in medical careers in Austria using an intersectional lens, including a focus on progression of women's careers before and during medical school, work-life balance, and promotion. They identified intersections in career progression as including: male norms of career progress; gendered organizational culture; availability of and access to resources; societal norms and gender stereotypes; traditional gender role allocation; and prioritizing their own and their partner's careers.

Hardy's chapter entitled "Women Doctors in France: a feminization that is mere window dressing" explains the way women entered the medical profession via the *concours*; that is, a two-year course of intensive preparation. While the percentage of women entering medicine in France has increased significantly, the declining number of male medical students needs to be viewed in the context of the business world often being more attractive to young men. But the author cautions against talking about feminization of the profession when 'the values in medicine that one could qualify as masculine still seem to be dominant, at least among the professional elite in the academic hospitals and the representatives of the profession' (p. 170). Moreover, she identifies a huge generational gap that is emerging: 'It is not a question of men on the one side and women on the other – it is the generations (or the social groups) that are engaged in "the battle" (p.170). These findings resonate with my research at a large Australian neuroscience institute which indicated that younger scientists were looking for more flexibility in their careers in order to achieve better work/life balance (White 2015b).

Riska, Aaltonen and Kentala's chapter, "Young specialists' career choices and work expectations", explores the cultural and structural conditions that influence men and women physicians' career choices and career expectations at the outset of their careers as specialists in oto-rhino-laryngology in Finland. The research indicated the following: that there was gender segregation of medical practice and leadership management even in a Nordic country known for active family policies that support



women's integration in the labour market; work life balance was not identified as a factor in career progression; the women interviewed had less mentoring than the men about options for choosing a research track; and interviewees perceived the work environment as collegial and supportive, suggesting a high level of integration of women in the work community.

McKimm et al.'s chapter, "Women and Leadership in Medicine and Medical Education: international perspectives", focuses on women aspiring to or currently in leadership positions in clinical and academic medicine. It discusses how theories of leadership have had an impact on the appointment, retention and promotion of women leaders (the demand side) and describes how employment patterns theory and gender schemas can be used to help explain the career choices made by women doctors (the supply side), focusing on specialty choice. They conclude that women are caught in multiple, interwoven "double binds" (p. 89) and face traditional stereotypes 'of who medical leaders should be and how they should behave, coupled with societal and organisational structures, patterns and policies [that] are implicitly and explicitly biased in favour of men' (see also Bagilgole & White 2011). Such masculine cultures can be 'unpleasant and devaluing to women' who may 'choose not to put themselves forward for leadership positions if this means changing the way they work and what they value'. Moreover, women who do put themselves forward as leaders run into barriers such as the glass ceiling or the glass cliff that 'stem from both the slow and hesitant recognition of newer leadership theories, which emphasise the qualities women can bring to leadership roles, and a failure of medical practice to adapt from its historically male dominated organisational structure' (p. 90). Women who do succeed, often do so at the expense of other aspects of their lives. Finally, women clinicians who wish to move into academia 'find additional challenges in that reward and promotions are typically linked to high quality research outputs and grants, and women's career patterns and interests tend to lead them into education, support and pastoral roles rather than research (p. 90). Therefore, the authors assert, high-level national strategies will need to be reinforced by real shifts in cultures and structure before women and men are equally valued for their leadership and followership contributions in medicine and medical education.

Seraj, Tsouroufli, and Branine's chapter on "Gender, mentoring and social capital in the National Health Service (NHS) in Scotland" examines those who have reached leadership roles in medicine, and how mentoring and social capital have a key role in career progression of both women and men in senior management in the Scottish NHS. They argue that to suggest women mentors are not as powerful as men's mentors or women only networks are not as influential as male only networks are gendered discourses that undermine the credibility of women.

The contributions in this volume indicate that careers for women in medicine and medical education are not a level playing field at any stage. How women anticipate a



career in medicine at 18 differs significantly from males. Moreover their experience of studying medicine and of being early career specialists is different. The further women progress in careers in medicine, the more evident the discrimination; it is difficult for them to experiment with new leadership models and they do not have the same access as male colleagues to mentoring and influential networks. As Tsouroufli observes, the edited collection highlights 'the persistence of gender inequalities and gendered careers in the medical profession and medical education internationally' (p.11).

This book makes a valuable contribution to understanding gender and careers in medicine and medical education across the life course and has relevance more broadly to gendered career trajectories in science.

References

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