Middle Articles

MEDICAL EDUCATION

Glasgow Medical Women 1951-4: Their Contribution and Attitude to Medical Work

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Summary: A questionnaire sent to 137 women who qualified in Glasgow during 1951-4 showed that of the 106 respondents 24% of the married women were unemployed and only 31% were working full-time. The married women had fewer qualifications than a matched group of male contemporaries, and fewer of those in hospital work were consultants. The married women in full-time work had fewer children and showed some differences in their background compared with those working part-time or unemployed. Most part-time workers were satisfied with their present posts and did not wish to work more.

Introduction

The present shortage of doctors in Britain has drawn attention to those women doctors who retire partially or completely after marriage. This report describes a small but detailed survey which was based on the results of a questionnaire sent to women who qualified in Glasgow between 14 and 17 years ago. The main objects of the survey were to find out, firstly, the type of work done by the women; secondly, the factors that might have influenced the married women to pursue full-time medical careers; and, thirdly, the views of the group on the place of women in medicine.

Method

The questionnaire was anonymous and comprised 39 questions. It was sent to 137 women from three consecutive intakes to the Glasgow Medical School, of whom 106 (77%) replied. Three of the women had obtained the triple qualification and the remainder had graduated from the University of Glasgow. The number of women who qualified during this period was 139, but two who were living abroad could not be traced because their present addresses were unknown. For purposes of comparison 137 men whose names appeared in the alphabetical graduation lists above or adjacent to those of the women were investigated by checking details of their posts and qualifications in the current *Medical Directory*. The three women with the triple qualification were matched by the men whose names would have been above theirs had they been included in the graduation lists.

Results

Work Done and Postgraduate Qualifications

The mean age of the 106 medical women who replied to the questionnaire was 40.1 years. Table I records the contribution

to medical services of the respondents. As could be expected, most of the single women were in full-time posts, and had worked full-time for more than twice as many years as their married colleagues. Nevertheless, though 75 (92%) of the married women had children, nearly a third of them were working full-time and only a quarter were unemployed. The largest group of married women were those in part-time work, but the average number of sessions worked per week was fewer than 5 out of the 11 possible sessions

TABLE I.—*Contribution of Women Doctors to Medical Services*

	Married	Single
Total	82* (77%)	24 (23%)
Mean No. of years per woman worked full-time since qualification	6.6	15.5
No. working full-time†	25 (31%)	21 (88%)
No. working part-time	37 (45%)	2
No. not working	20 (24%)	1
Mean No. of sessions per week worked part-time by married women	4.6	

* Includes two widows and three divorced women.

† Includes three married women and one single woman who worked nine sessions per week; three of them were maximum part-time consultants.

The type of work done and the postgraduate qualifications of the women were compared with a matched group of 137 male colleagues (Table II). A higher proportion of medical women were in public health, and the proportion in general practice was considerably lower than in the case of the men. Nevertheless, 12 of the 25 married women doing full-time work were in general practice. The percentage of married women with postgraduate qualifications was much smaller than the men, and these were mainly diplomas rather than memberships and fellowships, which were the most common qualifications held by the men. The possession of a higher qualification was related to the amount of work done by married women in that 52% of those in full-time work had one compared with 30%

TABLE II.—*Comparison of Field of Work and Postgraduate Qualifications of Female and Male Doctors*

	Working Women			Men (137)
	Single (23)	Married (62)	Total (85)	
No. in hospital specialty	6	27 (44%)	33 (39%)	57 (42%)
No. in general practice	9	18 (29%)	27 (32%)	67 (49%)
No. in public health	8	13 (21%)	21 (25%)	9 (7%)
No. in other fields of medicine	0	4 (7%)	4 (5%)	4 (3%)
	Working and Non-working Women			Men (137)
	Single (24)	Married (82)	Total (106)	
No. with postgraduate qualification	16 (67%)	29 (35%)	45 (43%)	84 (61%)
Total No. of doctorates	0	5	5	11
Total No. of memberships or fellowships	7	4	11	68
Total No. of diplomas	21	28	49	57

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of the women working part-time and 26% of the non-workers. Despite the relative paucity of additional qualifications there was evidence that most of the married women made an effort to keep up to date, because 77% regularly read medical journals and 62% attended meetings of medical societies. Half the married women (54%) had attended postgraduate courses, but it is not known how many did so before their marriage.

Because it is easier to assess grading in hospital specialties than in other fields of medicine, the specialties chosen together with the number of male and female graduates within each who hold consultant posts were compared (Table III). With the exception of surgery, which was the most popular specialty among the men and in which there were no women, there was little difference in the specialties chosen by the two groups. There was a striking difference, however, in the proportion of consultants in that less than a third of the women held this grading, though only one of the six single women in hospital work was not a consultant. Nevertheless, the limited contribution of women to medicine in Britain may be partly redressed by the fact that only 9% of the original 139 women who qualified during the years of the survey were living abroad, compared with 23% of the men.

TABLE III.—Comparison of Hospital Specialties and Consultant Grading of Male and Female Doctors

	No. of Men in Specialty (No. with Consultant Grading)	No. of Women in Specialty (No. with Consultant Grading)
Anaesthetics	10 (9)	9 (2)
Biochemistry	1 (0)	0
Chest diseases	1 (1)	0
Dermatology	0	2 (1)
Geriatrics	2 (2)	2 (0)
Medicine	3 (3)	2 (0)
Microbiology	1 (0)	1 (1)
Obstetrics	7 (5)	2 (0)
Ophthalmology	3 (3)	1 (0)
Orthopaedics	2 (1)	1 (0)
Otolaryngology	1 (1)	0
Paediatrics	2 (2)	2 (2)
Pathology	3 (2)	3 (2)
Psychiatry	9 (5)	7 (2)
Radiology	1 (1)	0
Radiotherapy	0	1 (0)
Surgery	11 (8)	0
Total	57 (43)	33 (10)
Percentage of consultants	75%	*30%

* Five of the six single women in hospital specialties were consultants.

Full-time Working in Married Women

Various factors were investigated which might have been expected to make it more likely that a married woman would continue her medical career after marriage. For example, she might have a lifelong or family interest in medicine or, alternatively, have fewer family responsibilities than those who are

TABLE IV.—Factors That Might Have Influenced the Work Patterns of Women Medical Graduates

	Single	Married		
		Not Working	Part-time Working	Full-time Working
Total No.	24	20	37	25
No. from a family with a member in medicine	9 (38%)*	9 (47%)	17 (49%)	15 (60%)
No. who had a working mother	3 (13%)	2 (11%)	9 (25%)	5 (20%)
Mean age of deciding to study medicine (in years)	16.2	14.8	14.0	13.7
No. educated at grant-aided or independent schools	13 (54%)	13 (68%)	21 (60%)	18 (72%)
Mean No. of years between registration and marriage	—	3.6	3.9	3.1
No. married to doctors	—	11 (58%)	19 (51%)	9 (53%)+
Mean No. of children per woman	—	3.2	3.1	2.3‡
No. with children under 5 years old	—	10 (50%)	16 (43%)	3 (12%)

* Since not all the respondents answered every question in this and the following table, the percentages were calculated on the basis of the number of replies received to each individual question.

† Only married women with children were asked this question.

‡ The 7 women who had no children are not included.

in part-time work or unemployed. Although the numbers are small, our survey indicated that both these aspects were probably important factors in relation to the women who pursue full-time careers (Table IV). Nearly two-thirds of the full-time workers had a member of their family in medicine—a higher figure than in single women or in the other two groups of married women. A fifth were the children of working mothers, but, though this is a higher proportion than among single women and women who were not working, it is lower than that of the part-time workers, a quarter of whom had had a working mother. In addition, the full-time workers had apparently decided to study medicine at a slightly earlier age than the others.

Women doing full-time work were more likely to have been educated at a fee-paying school, and, rather surprisingly, were no more likely to be married to doctors. The full-time workers had fewer children than the other groups of married women and a much lower percentage had children less than 5 years old, confirming the important role family responsibilities have in determining women's career prospects. It might have been expected that the full-time workers would have married later in life, particularly since they had fewer children, but, in fact, they married slightly earlier than the others. This suggests that they chose to have smaller families in order to make it easier for them to pursue a career.

Attitude to Part-time Work

Other surveys have suggested an unfilled need for more and better part-time posts, but this is not evident from the results of the present survey, possibly because of the family responsibilities of a group of women of this age. The vast majority of part-time workers, for example, were satisfied with their present posts, though they would have liked improved promotion prospects in part-time work (Table V). Less than a fifth were prepared to do night duty, thereby limiting their usefulness in most hospital specialties and in general practice. Most found that part-time work was financially worth while. A disturbing fact from the point of view of increasing their contribution to medical services was that only 6 (16%) wished to work more, though 13 (35%) stated that they were able to do so. Most (80%) of the non-workers expressed the intention of returning to work at a later date—presumably when their children were older. The majority of the women stated that family responsibilities were the main factor that made it difficult to continue medical work after marriage. There was little evidence that the women were disillusioned with medicine. Most (88%) stated that they would choose a medical training again—suggesting that they had enjoyed it—but fewer (65%) would like their daughters to study medicine—indicating, perhaps, that they were less confident about the future prospects of women in the profession.

TABLE V.—Attitudes and Opinions of 37 Married Women Working Part-time

	No.
Satisfied with present post	28 (78%)
Would like improved promotion prospects for part-time work	32 (91%)
Prepared to do night duty	7 (19%)
Work is financially worth while	28 (78%)
Able to work more	13 (35%)
Wishing to work more	6 (16%)

Percentages were calculated on the basis of the number of replies received to individual questions.

Role of Women in Medicine

Respondents were asked to comment on the role of women in medicine. Twelve women either did not do so or made no particular comment, but of those who did four themes emerged which were each stressed by at least 13 women. Women were thought to be better in certain fields than men, and these were usually defined as work with women and children. The lack

of suitable and stimulating part-time work was stressed by 19 women, and 13 of the respondents regarded medical work as unsuitable for married women. Thirteen women made general comments about the difficulties of combining career and domestic responsibilities as society is at present organized. Only eight women stated that they had encountered prejudice on the part of male colleagues.

Discussion

Women in medicine—as in other professions—are often criticized because of the alleged wastage of their training which results when the majority marry and withdraw from full-time medical work. This survey was undertaken to find out how a group of medical women in early middle age had coped with the conflict between career and family and what their attitude was to continuing work after marriage. The results showed that single women had generally advanced in the profession as well as their male contemporaries, and the assessment has therefore concentrated on the married women, who comprised three-quarters of the group. The response rate of 77% is similar, though slightly higher, than that of other postal surveys (Jefferys and Elliott, 1966; Lawrie, Newhouse, and Elliott, 1966). There was no follow-up of non-respondents, so it is not known if they differed from the respondents.

The patterns of work shown by the survey were substantially the same as those reported in other studies (Whitfield, 1964; Jefferys and Elliott, 1966; Lawrie *et al.*, 1966) in that slightly less than a third of the married women were working full-time, whereas a quarter were not working and the rest were working part-time. The fields of work of the women were broadly similar to those of their male colleagues except for public health, in which more women practised, and surgery, which appeared here as an exclusively male specialty. The proportion of men in general practice was also higher than among the women. As has been found in another study (Lunn, 1964) the majority of married women did not have a higher qualification, and, possibly as a result of this, only a small number of those in hospital specialties had consultant status.

The questionnaire was also designed to investigate any factors that might be related to a married woman's decision to pursue a full-time medical career. The results showed some slight differences in the general backgrounds of those who were working full-time. The picture of the full-time worker that emerged was of someone who was more likely to have come from a family with a member in medicine and to have been educated at a grant-aided or independent school and who had decided to study medicine at a relatively early age. It was not, of course, possible to examine what may well be two more important factors—namely, the personalities of the women and their student records. Nevertheless, if the trends reported here were confirmed in larger studies, it might be possible to predict those most likely to pursue a full-time medical career at the time of selection for entry to medicine.

We had expected to find—as other surveys have done (Robb-Smith, 1962)—a significant number of women who were frustrated by their lack or relative lack of active medical work. The replies, however, gave little evidence of this. Only 6 of the 37 part-timers wished for more work, and, though all except 4 of the 20 non-workers said they intended to resume work,

their replies and comments did not express any undue urgency about this or disappointment about their lack of work. The attitude of married women to work is determined largely by the attitude of the community where they live towards working mothers, the ease with which domestic arrangements can be made during working hours, and the availability of suitable and congenial work. There is little doubt that in this country all these factors discourage a return to work. On the purely domestic level it seems clear that if women doctors are to increase the amount of medical work they do there would have to be an increase in the child-minding facilities made available to them by the community. Even if this were done it is quite possible that, in the present climate of opinion, only a small additional contribution to the medical services would result, since most of the married women in the present study stated that they preferred to look after their preschool children themselves.

If all the part-time and unemployed married women in this survey were to work full-time, this would be equivalent to an addition of 42 doctors to the medical services of the country. Nevertheless, if anything like this level of employment among women doctors was considered necessary, new incentives to work would have to be found. These might include provision of secure posts with flexible hours, child-minding services, tax allowances, and planned postgraduate training. The appointment in each region of the country of a person whose primary task would be to act as a postgraduate adviser for women doctors might be a prerequisite of any major increase in the working contribution of the married women doctors in that area (Rue, 1967; Timbury, 1968). Although this survey has indicated the formidable difficulties that prevent women doctors from contributing as much to medical services as their male colleagues, the obvious step of restricting still further the entry of women to medicine would seem to us to be a retrograde move. The Royal Commission on Medical Education (1968), in rejecting such a restriction, have concluded that this “would imply that obstacles which at present prevent full use of the capacities of women doctors were being accepted as insurmountable.”

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