

PhD Research Project

How Women Change Medicine; A Case Study in a German Hospital

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In the last decade, Germany has seen a significant increase in the number of female physicians. Currently, 60% of the physicians under the age of 35 are female and almost 70% of the medical students are women, leading to an even bigger amount of female doctors in the future (Statistisches Bundesamt 2011-2012). This phenomenon is referred to as the “feminization of medicine”. The gender-demographic changes in the medical world have caused many debates among scholars and physicians alike who foresee significant consequences for the organization and practice of care. In the discussions, it is envisioned that women will be more involved in part-time work than men and some critics argue that women will not take on demanding jobs such as surgery (Dacre 2008: 749; McKinstry 2008; Khan 2012). In addition to the organization of medicine, its content will be affected as well. Many scholars argue that an increase in female physicians will make medicine a more patient-centered institution (Riska 2001; Riska 2008; Dacre 2008; Boulis and Jacobs, 2008: 132). In a dissertation on how women change medicine, I analyze just how the increase of female physicians affects the medical profession taking a hospital in Nordrheine-Westphalia as a case study.

In the winter of 2013-14, I conducted in-depth semi-structured interviews with 21 male and female physicians holding different positions in the departments of Surgery, Complementary and Integrative Medicine and Senology. The interview topics dealt with questions such as organizational structures and cultures, work-life balance and the feminization of medicine.

The empirical data show a significant increase in the number of female physicians over the last years, but when it comes to organizational change within the

departments, the feminization process has not affected medicine as grave as the discussions on the matter suggest. For many male and female physicians, part-time work is nearly impossible as is the compatibility of work and family. Furthermore, clear guidelines on the provision of care leave little room for change in the practice of medicine. Interestingly, many physicians declared that they expect the feminization process to affect the organizational structures and the practice of medicine. In many cases, male and female physicians aim for change, but many of them do not see the possibility to do so. As a result, they comply with the current system or leave the hospital all together to either work in a practice or a different field of medicine. Therewith, the organizational structures, cultures and practices in the distinct departments are in many facets reproduced instead of altered. It is, however, not the case that the feminization process has not engendered any change at all. But modifications are minimal and only allowed as long as it remains consonant with the dominant organizational culture. This brought me to a preliminary conclusion that it is not the increase of women itself that causes change, but that the interplay between the agency of the physicians and the organizational cultures and structures of the investigated departments determine how the feminization of medicine is affecting the organization and practice of care.

References

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