The role of women doctors in South Africa

The second and final part of an abridged elective report compiled by medical students at the University of the Witwatersrand.

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As a second consideration of women doctors in South Africa, we considered the roles which they fulfil in the medical profession. Again there is sexual stratification in the roles which men and women fulfil, and these will now be considered at various levels.

Fields of practice

TABLE 1

FEMALES NO.	FEMALES %	MALES NO.	MALES %	
125	7,5	3 834	25,9	Private Practice
74	4,4	2020	18,4	P/T Private Prac.
297	17,7	334	3,0	Salaried P/T
895	53,4	5 065	46,2	Salaries F/T
31	1,9	98	0,9	Awaiting Employment
72	4,3	358	3,3	Age Retired
181	10,8	254	2,3	Retired (other reasons)
1 675	100	10 963	100	TOTAL

TABLE 2

REFERENCE TO AREA OF PRACTICE

	BLACK	BLACK	WHITE	WHITE	
YEAR	SEX	RURAL	URBAN	RURAL	URBAN
1	M	24,6	16,4	7,5	50
	F	30,9	27,9	5,9	41,1
5	M	18,3	16,1	19,4	61,5
	F	9,3	32,6	9,3	51,2

(% of returned sample)

Table 1 indicates

- Most women are involved in salaried employment. Possible reasons for this include: regular hours; easier to have a family life as well; greater security; women tend to be less ambitious than men.
- Proportionately more women are involved in part-time employment. Possible reasons include: having both a family and a professional life; convenient hours of work; salary need not be high, as women are not usually the breadwinners in a home.
- Proportionately less women in private practice than men. Reasons: men often are more ambitious than women; men usually are breadwinners in a household; women with families are unable to work the irregular hours of private practice.

In general therefore, women tend to select areas of employment where they can remain in the profession and raise a family, and where salary is not an important consideration when selecting a field of practice.

Women therefore tend to occupy areas of salaried, routine employment. They fulfill an essential role in this regard as men are unable or unwilling to work in environments such as this.

Geographical area of practice

A very important aspect to the current role of women medical practitioners is the geographical area in which they work and the population group they serve. Due to the unavailability of statistics on the number of male and female doctors in practice in rural or urban environments we will consider the areas in which students intend to practice as an **indication** of the relative populations of male and female doctors in these areas.

Table 2 indicates:

- Both males and females indicate a preference to practising in a White urban area.
- Women indicate a greater preference for Black areas (especially urban) than do men.

Reasons for wanting to practise in a White urban area will not be discussed since they would, most likely, apply to both males and females and to a large degree they would be obvious. However, the reasons proposed for the preference of Black areas by females include:

- Regular hours of work
- Women may feel that patients and doctors in these areas would demonstrate less "bias" against them
- Women often are not breadwinners

and therefore less dependent on a high income

- Women have a greater sense of "social duty".

Fields of speciality

Of the 4 082 specialists listed in the SA Medical and Dental Council Register, 259 are female. This is a figure of 6,35%. It is obvious, therefore, that even though there is a very low percentage of women doctors, there is an even lower percentage of women specialists. Possible reasons for this include: **hours of training-course** - most courses require all day activity and some night-time work. This makes it difficult for a woman with a family life to specialise. (We will see later how this is reflected in the type of specialist course they pursue.) **Length of course** -Courses are generally long (3-6 years) and need be completed on a full time basis. **Less financial ambition** - as discussed previously women may be aware of a real or imaginary sexual bias at this new level and therefore fail to register for, or fail to continue such a course. (Interview of female specialists indicates that sexual bias very seldom exists.)

Table 3 shows an analysis of the fields of speciality.

TABLE 3

SPECIALITY	MALES	FEMALES	% WOMEN/ SPEC.	% OF TOTAL WOMEN
Anaesthetics	452	53	10,5	20,5
Paediatrics	229	41	15,0	15,2
Radiology	377	37	9,0	14,3
Pathology	272	30	10,0	11,6
Gynae/Obstets	413	24	5,5	9,3
Psychiatry	174	24	12,0	9,3
Medicine	488	18	3,6	6,9
Dermatology	55	11	16,7	4,2
Ophthalmology	74	5	2,8	1,9

A number of factors have been implicated in the choice of speciality.

Character type

It has been proposed by Professor Tobias that certain character types are more suited to certain specialities. Clearly it was beyond the scope of this study to draw a steadfast conclusion. However, certain trends became obvious from the fifth year Wits medical students survey, when reasons for entering medical school were compared to intended fields of practice.

The results suggest: (Samples are small and no attempt is made to draw definite conclusions.)

- Males intending to specialise in the discipline of internal medicine have a biological interest.
- Persons intending to specialise in surgery indicate a strong financial motivation.
- Nomination for a course in paediatrics and gynaecology is based mainly on humanitarian and biological interest.

It does appear that certain character types (as indicated by their motivational interests) are more suited to certain specialities.

Apart from general trends in character typing in the choice of speciality there are specific personal attributes which make people more suited to certain fields. The prime example is the "maternal instinct" which is a suggested factor in the selection of paediatrics as a major field of practice for women. Men are thought to be aggressive and more assertive and are therefore viewed as surgeons.

A proposition made by sociologists is that women prefer fields of specialization in which there is less "patient contact". This would certainly be an important reason in the selection of anaesthetics, radiology and pathology by women. Suggested reasons for this include:

- Awareness of a real or imaginary sexual bias on the part of the patient. (A feeling that patients would feel ill-at-ease in the presence of a woman doctor.)
- Lack of assertiveness.

Hours of work

This is an important influence of choice of specialists after graduation. It is difficult for a woman who has a family to care for, to qualify in a speciality in which she has to devote every day and at least a few nights to her work. It is for this reason (amongst others) that women find gynaecology a difficult field in which to specialise.

Involvement with patients

Due to the processes of socialization, women doctors feel that certain groups of patients would be more receptive to them. An example is paediatrics where it is felt by many women doctors that children are unaffected by the sex of their doctor. It should be clear now that a number of seasons operate together in the selection, by women, of certain specialist fields. In some instances a speciality may be popular with both females and males and the reasons may be identical or different.

Conclusions and suggestions

This study has shown that there is a definite sexual stratification in local medicine. Numerous levels at which the stratification arises have been explored. It has been shown that early socialisation is the main determinant of the imbalance. Even inequalities encountered at medical school and post graduate training have arisen from this deep rooted socialisation process.

In view of the fact that socialisation is a slow, and on-going process it would be impractical to change society's attitude as a whole. We, therefore, propose rather to change the attitudes of the medical profession in order to encourage women to enter and remain in medicine. This would, therefore, provide an important contribution to the alleviation of the shortage of doctors in South Africa.

Our suggestions are the following:

- that women be given equal opportunity and encouragement to study scientific subjects at school
- All acceptance policy biases be done away with as in the example set by the University of the Witwatersrand.
- Part-time facilities be made available for women who wish to specialise.
- Equal fringe benefits should be made available at all provincial hospitals.

Striving for equal opportunity is not the end of the line. Instead special allowances should be made for the gender role of women and therefore special consideration is essential if we are to keep women in the profession.

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