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Umeå centrum för genusstudier, Genusforskarskolan
Umeå universitet, 901 87 Umeå

Genusgörande och läkarblivande

Attityder, föreställningar och förväntningar bland
läkarstudenter i Sverige

Jenny Andersson

Akademisk avhandling

som med vederbörligt tillstånd av Rektorsämbetet vid Umeå universitet för
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Abstract

The inclusion of a gender perspective in medicine has shown that gender is an essential factor in health and disease, in medical encounters and also in medical students' educational environment. The aim of this study was to explore attitudes, preconceptions and norms regarding gender within medical education and processes of gender bias. First, we explored medical students' gendered beliefs about patients. Second, we examined the medical students' ideas about their future careers. Third, we compared awareness on gender issues among medical students in Sweden and the Netherlands.

Method and material. The analyses were based on data from two different sources: one experimental study based on authentic patient narratives about being diagnosed with cancer and one extensive questionnaire exploring different aspects of gender issues in medical education. Both studies had a design which enabled both qualitative and quantitative research and mixed methods was used.

Study I (Paper I and II): Eighty-one anonymous letters from patients were read by 130 students of medicine and psychology. For each letter the students were asked to state the patient's sex and explain their choice. In paper I the students' success rates were analysed statistically and the explanations to four letters were used to illustrate the students' reasoning. Paper II examined the 87 medical students' explanations closer to examine gender beliefs about patients.

Study II (Paper III and IV): The questionnaire started with an open question where medical students were asked to describe their ideal future, it also included a validated scale designed to estimate gender awareness. Paper III examined 507 Swedish medical students' descriptions about their ideal future and compared answers from male and female students in the beginning and at the end of medical school. Paper IV compared gender awareness among 1096 Swedish and Dutch medical students in first term.

Findings with reflections. Paper I showed that the patient's sex was correctly identified in 62% of the cases. There were no differences between the results of male and female students. However, large differences between letters were observed, i.e. there were some letters where almost all students correctly identified the patient's sex, others where almost all students were incorrect and most letters were found somewhere in the middle. Another significant finding was that the same expressions were interpreted differently depending on which initial guess the medical student had made regarding the sex of the patient.

Paper II identified 21 categories of justifications within the students' explanations, twelve of which were significantly associated with an assumption of either a male or female patient. Only three categories led to more correct identifications of the patients' sex and two were more often associated with incorrect assignments. The results illustrate how beliefs about gender difference, even though they might be recognizable on a group level, are not applicable on individuals. Furthermore, the results show that medical students enter the education with beliefs about male and female patients, which could have consequences and cause bias in their future work as doctors.

Paper III found that almost all students, both male and female, were work-oriented. However, the female students even more so than their male counterparts. This result is particularly interesting in regards to the debate about the "feminization of medicine" in which the increasing number of female students has been addressed as a problem. When reflecting on their own lives and their future it's obvious that medical students nowadays, male and female, expect more to life than work, especially those who are on the doorstep to their professional life.

Paper IV found that the national and cultural setting was the most crucial impact factor in relation to the medical students' preconceptions and awareness about gender. The Swedish students expressed less stereotypical thinking about patients and doctors, while the Dutch students were more sensitive to gender difference. In both countries, the students' sex mattered for gender stereotyping, with male students agreeing more to stereotypes.

Conclusions. A gender perspective is important in medical education. Our studies show that such initiatives need to take cultural aspects, gender attitudes and students' gender into account. Moreover, reflections on assumptions about men and women, patients as well as doctors, need to be included in medical curricula and the impact of implicit gender beliefs needs to be included in discussions on gender bias in health care. Also, the next generation of doctors want more to life than work. Future Swedish doctors, both female and male, intend to balance work not only with a family but also with leisure. This attitudinal change towards their future work as doctors will provide the health care system with a challenge to establish more adaptive and flexible work conditions.

Keywords: gender bias, gender perspective, medical education, medical students, gender awareness, gender beliefs, gender norms, mixed method, feminization of medicine, medical curricula, gender sensitivity.

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