



UMEÅ UNIVERSITET

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Är det bara jag?

Om sexism och rasism i läkarutbildningens vardag

Erfarenheter, förklaringar och strategier bland läkarstudenter

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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för avläggande av medicine doktorexamen framläggs till offentligt försvar i Hörsal B, nio trappor, Norrlands universitetssjukhus, fredagen den 26 februari, kl. 09:00. Starkt begränsat antal platser i sal B, kollegor, vänner och allmänheten hänvisas därför till deltagande via video-länk;

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Avhandlingen kommer att försvaras på svenska.

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Abstract

Medical education is characterized by unequal conditions for women/men and white/racialized students. Even subtle interactional processes of inclusion and exclusion convey messages about who rightfully belongs in medical school. Insights into these processes, though, are scarce – especially in the Swedish context. The main objective of this thesis is to explore and analyze how medical students experience, understand, and handle the norms, perceptions, and expectations about gender and culture/ethnicity that are expressed and (re)created in the specific contexts of medical education and clinical practice.

The thesis is based upon three empirical studies conducted among medical students at Umeå University. In the first study, focus groups were performed with 24 students (15 women, 9 men) to explore their experiences of situations during clinical training where they perceived that gender mattered. The material was explored using qualitative content analysis. In the second study, 250 students' written answers to two short essay questions were analyzed to explore the impact of medical school experiences on specialty preferences. Utilizing a sequential mixed methods design, their responses were analyzed qualitatively to create categories that thereafter were compared quantitatively between men and women. In the third study, individual interviews were conducted with 18 students (10 women, 8 men) who self-identified as coming from cultural or ethnic minority backgrounds, exploring their experiences of interactions related to their minority position. Inspired by constructivist grounded theory, data collection and analysis were iterative.

In individual interviews and focus groups, many participants initially described the medical school climate as equal and inclusive. Still, in interactions with supervisors, staff, and patients they regularly encountered stereotypes, discriminatory treatment, and demeaning jargon. Simultaneously, a subtle favoring of male and white majority students was noted. Thus, values, norms, and hierarchies concerning gender and culture/ethnicity were crucial dimensions in their narratives. These experiences made female students feel like they were rendered invisible and not taken seriously, and marked racialized minority students' status as 'Others' – making both female- and minority students feel less worthy as medical students. However, most were unsure whether they could call their experiences "sexist", "racist", or "discriminatory". Instead, they found other explanations for people's actions such as curiosity, fear, or ignorance. Participants strove to manage the threat of constraining stereotypes and exclusion while maintaining an image of themselves as professional physicians-to-be. The clinical power hierarchy, fear of repercussions, and lack of support from bystanders affected what modes of action seemed accessible. Consequently, participants tended to stay silent, creating emotional distance, and adapting to avoid stereotypes rather than resisting, confronting, and reporting unfair treatment. The school climate also had consequences for specialty preferences. Both women and men expressed that working tasks and potential for work-life balance were motifs for their specialty preference. These aspects, however, were often secondary to feeling included or excluded during clinical practice. More women than men had been discouraged by workplaces with hostile or sexist climates.

Medical students experience everyday sexism- and racism or microaggressions, i.e., practices that, intentionally or inadvertently, convey disregard or contempt. However, the contemporary discourse, which confines sexism and racism into conscious acts perpetrated by immoral or ignorant people, and the pretense that these phenomena no longer pose a problem in Sweden or in medical school, obscure their structural and systemic nature. In fact, this limited view of sexism and racism leaves inequities normalized and disempowers those targeted by discrimination. Constraining stereotypes and exclusion are not caused by the actions of their recipients. Consequently, behavioral changes will not eliminate discrimination but, instead, tend to re-establish the white male medical student as the norm. To counteract these inequities, medical school leadership should provide students, supervisors, and teachers with an account of structural and everyday sexism and racism, encourage them to engage in critical self-reflection on their roles in sexist and racist power relations, and with strategies and training on how to intervene as bystanders and allies.

Keywords: medical education, medical students, clinical training, specialty preference, qualitative methods, mixed methods, everyday sexism, everyday racism, gendered microaggressions, racial microaggressions.

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