PRACTICE OBSERVED

Practice Research

Newcastle vocational trainees 1976-80: are they doing the work they wanted?

NEWCASTLE BRANCH OF WOMEN IN MEDICINE*

We are a group of women who are concerned with the problems that women may have in finding posts in general practice. As the number of women vocational trainees grows these problems are going to occur more frequently. We think that assumptions are made by career advisers and by general practitioners who are looking for partners about the kind of work women doctors want and are able to do. These assumptions affect the choices that are open to women and the decisions they make. We decided to find out what the women who were in the Newcastle vocational training scheme from 1976 to 1980 were doing now.

We have found only one similar study, which was done before the Vocational Training Act was introduced. In 1978 Dr John Hasler surveyed 40 women and 40 men who had completed a training year in general practice between 1976 and 1978. Ninety per cent of the men who had wanted to enter general practice as principals had done so, and none was unemployed. Only 45% of the women who had wanted to enter general practice as principals had done so, and more than half of these were part time; 25% of the women were unemployed. These doctors were at various stages in their training, and not all were members of a formal vocational training scheme.

We devised a questionnaire to find out how many women who had completed the Newcastle general practitioner training scheme had had difficulties in obtaining the work they wanted, what these difficulties were, and the solutions they found. To compare women's experiences with men's we sent the questionnaire to all the vocational trainees whom we could trace who had completed the Newcastle scheme between 1976 and 1980 (125 out of 133 doctors). Of the 125 questionnaires sent, 101 (81%) were returned; 70 (69%) by men and 31 (31%) by women. This compares with 73·7% men and 26·3% women who had completed the vocational training scheme in the five years studied. Table I gives details of the doctors' marital state, number with children, and type of work they were doing.

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Expectations on leaving the scheme compared with present work

We asked doctors what had been their ideal choice of work immediately on leaving the scheme and what work they were now doing (table II). Ninety seven per cent (68) of the men were doing the kind of work that they had wanted to do on leaving the scheme: 91% (64) were working in full time practice. Of the six not in full time general practice, four were in other full time medical work, and the other two had not found the kind of work that they had wanted.

Sixty five per cent (20) of the women were doing the kind of work that they had wanted on leaving the scheme. This included full time general practice, part time general practice, and childrearing. Eleven were full time, five were part time, three were childrearing whole time, and one was working abroad.

Doctors who were not doing the work they had wanted

Two men were not doing the work they had wanted. One was working as a locum in general practice abroad, and the other was a locum in general practice in Britain. Eleven women were not doing the work they had wanted. We tried to analyse the reasons for this by asking whether (*a*) their circumstances had changed, (*b*) they had changed their minds about what they wanted, or (*c*) they could not get the kind of job they wanted.

or if they were clear, were easily put off by lack of success. Obviously it could be argued that it is hard to plan when pregnancies cannot be perfectly timed, attitudes may change after having children, and the needs of spouses may also change. It seems likely, however, that at least some of these women would benefit from discussion with an adviser who has personal experience of these problems (*a*) to clarify for themselves their own aims in general practice in the short and long term; (*b*) to sort out their own particular views and feelings about having children and the best way to care for them; and (*c*) to be encouraged to persist in pursuing what they want, in the knowledge that many women obtain it.

Other factors

Geographical area—The results of our survey showed, as expected, that women are much more often influenced by their spouses' employment when considering where they will work than men are (table IV). This obviously limits their own scope when looking for work and makes it harder to find the job they want.

TABLE IV—*Number of doctors influenced by spouse or other member of household in choice of geographical area*

	No (%) of men	No (%) of women
Yes	18 (26)	22 (71)
No	49 (70)	7 (23)
No answer	3 (4)	2 (6)

Satisfaction with working hours—It is accepted that women have conflicts between domestic commitments and work outside the home; we wished to find out whether this is also true of men. We asked how satisfied doctors were with their current working hours (table V), and what other demands there were on their time. We found that nearly half the men would have preferred to work fewer hours. Of these, most were full time GPs. The reasons they gave were to spend more time with their children and on hobbies. Duties out of hours were frequently mentioned as burdensome. Only two men, however, were prepared to be called part timers (table VI), suggesting that there is some stigma attached to the label "part time."

Satisfaction with present practice and hopes for the future—This section showed a quite important difference between men and women in their level of job satisfaction as measured by their willingness to stay in the job for life (table VII). Eighty three per cent (58/70) of men and only 35% (11/31) of women were sufficiently satisfied to remain in their current post for the rest of their working lives. From the comments made by the women, this reflects not only their changing requirements with changing domestic commitments but also the quality of practices that they were working in. Four of the full time women did not want to continue for life in their present practices—three because they felt that the practices were unsatisfactory—though they did want to continue in full time work. Three of the 11 women (27%) in full time general practice were in teaching practices (either undergraduate or postgraduate) compared to 35/64 men (55%). Seven out of 12 women (58%) in part time general practice were in teaching practices.

TABLE V—*Satisfaction with present working hours*

Would prefer:	No (%) of men	No (%) of women
More hours	2 (3)	1 (3)
Fewer hours	30 (43)	3 (10)
Same	36 (51)	22 (71)
No answer	2 (3)	5 (16)

TABLE VI—*Ideal work 10-15 years from now*

Ideal work 10–15 years from now	No (%) of men	No (%) of women	Current work of women				
			FT	PTP	PTA	OMW	CR
Full time principal (FT)	65 (93)	12 (39)	6	4	1	1	
Part time principal (PT)	2 (3)	14 (45)	2	5	1	4	2
Part time assistant (PTA)		1 (3)	1				
Other medical work (OMW)	2 (3)	3 (10)	1	1			1
Childrearing (CR)							
No answer	1 (1)	1 (3)	1				

TABLE VII—*Number of doctors wanting to remain in present work for life*

	No (%) of men	No (%) of women	Current work of women				
			Full time principal	Part time principal	Part time assistant	Other medical work	Child-rearing
Yes	58 (83)	11 (35)	6	5			
No	11 (16)	19 (61)	4	5	2	5	3
No answer	1 (1)	1 (4)	1				

Ideal work 10-15 years from now—With one exception, all of the women who are not working as principals in general practice hope to be working as principals in future, two full time and seven part time. The general trend, therefore, is for women to want to move back into posts as general practitioner principals and work more in future (table VI).

Conclusion

We did this survey to find out the sort of problems that women encounter in obtaining work after completing the Newcastle vocational training scheme. We felt that there were commonly held misconceptions about what women are doing and what they actually want to do, and we wanted to clarify this.

Most women who completed the vocational training scheme intended to work as principals in general practice. At the time of the survey all the women were working either in medical work or full time childrearing (10%). It is commonly supposed that women want to have part time work if they have children. Our survey showed that women with children are as likely to want to work full time as part time. In fact, as many mothers work full time successfully as part time. Nearly half (8/17) of the women with children wanted to work full time, and nearly half (5/11) of the women working full time had children.

From this it is obvious that there is no one solution to the problem of combining work and family life for women. Some women would wish to work full time while their children are young; others would prefer to be at home for some or all of that time. Changing personal circumstances may lead to changes in job requirements, but this is not inevitable.

The results of our survey showed that it seems to be difficult for women to get the kind of jobs they want. Only 65% of women in our sample were doing the work that they originally wanted compared to 97% of the men. There are many pressures on women to compromise and accept less than they had hoped for. This is reflected in the fact that the women made fewer applications for jobs than the men and took jobs with which they were not fully satisfied. The pressures include geographical limitations, the needs of spouses and children, the tendency for the husband's job to take precedence over that of the wife, and the attitudes prevalent in society towards women and work. This last point is exemplified both by general practitioner trainers and by established practices looking for partners, who

Neither of the men had been able to get the kind of job that they wanted. Of the women, four said that they could not get the kind of job that they wanted, and seven said that their circumstances had changed. In this latter group it seems that the discrepancy between original intention and current work was due to compromise with circumstances rather than a positive decision to change direction. None of the women gave a change of mind as the only reason for not doing the work they had originally wanted.

Looking at the 11 women more closely, seven had wanted full time work and were not doing it at the time of the survey. Two of these said that this was because they could not get the kind of job they wanted, and the other five because of changes in personal circumstances. Only two of these five had children. For the other three marriage alone seems to have been the reason for settling for part time work.

The remaining women had originally wanted part time posts as general practitioner principals. Two could not get the job they wanted, and the other two gave changes in circumstances; in fact both had decided to have children and decided that part time work was too much. It should be noted that although these women may have changed their expectations due to personal circumstances this occurred before they entered a post, and there is no evidence that they changed their commitment once they had started a job.

Nobody wanted to work as a clinical medical officer in family planning or child health. Four women were doing this in addition to childrearing as an alternative to the general practice posts they had hoped for.

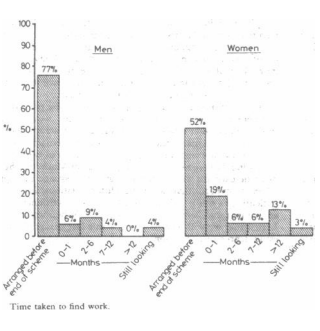
TABLE I—*Details of doctors who were trainees in Newcastle 1976-80: marital state and number with children*

Type of work	Women				Men			
	Married		Single		Married		Single	
	No with children	None	No with children	None	No with children	None	No with children	None
Full time principal in general practice	5	2		4	47	11		6
Part time principal in general practice	4	4		2				
Part time assistant in general practice	1	1						
Other medical work	4	1			3			3
Non-medical work, including childrearing	3							

TABLE II—*Comparison of work wanted on leaving the Newcastle training scheme with present work*

Type of work	No (%) of men		No (%) of women	
	Wanted	Doing	Wanted	Doing
Full time principal in general practice	64* (91)	64* (91)	18 (58)	11 (36)
Part time principal in general practice			8 (26)	10 (32)
Part time assistant in general practice			1 (3)	2 (6)
Other medical work	6* (9)	6* (9)	1 (3)	5 (16)
Non-medical work, including childrearing			3 (10)	3 (10)
Comparison of women and men doing their original choice of work				
Full time principal in general practice		64		11
Part time principal in general practice		0		5
Part time assistant in general practice		0		0
Other medical work		4		1
Non-medical work, including childrearing		0		3

*The figures do not represent exactly the same men.



Time taken to find work.

Time taken to find jobs and number of applications made

Seventy seven per cent of men (54/70) had arranged their jobs before their training ended. This compared with 52% (16/31) of the women, which included the three women who were childrearing full time and had decided to do this before leaving the scheme. The figure shows how long it took to find work. Similar proportions of men and women got jobs after fewer than five applications had been made. For most of the men these seemed to be the jobs that they wanted. This was only true of 59% of the women (13/22), of whom six were full time principals, six part time principals, and one was working abroad (table III).

TABLE III—*Number of job applications made*

No of applications	No (%) of men	No (%) of women
≤5	55 (79)	22 (71)
5-15	8 (11)	4 (13)
>15	7 (10)	1 (3)
Not applicable	0	4* (13)

*These included the three women childrearing full time.

Only one of the 11 women not doing the work they originally wanted had made more than five applications. Of the four who gave not being able to get a job as the reason that they were not doing the work they originally wanted, none had made more than five applications. In contrast, of the two men who could not get the jobs they wanted, one had made 30 and the other 90 applications.

These 11 women seem to form a group who were not absolutely clear what they wanted in the short term on leaving the scheme,

tend to have narrow views about what are the right jobs for women. It is imperative that careers advisers and future GP colleagues do not have preconceived ideas about the kind of work women want and are capable of doing. Should medical unemployment become a reality it is clear that these discriminatory views will adversely affect job opportunities for women. There is no evidence that training practices are setting an example in taking on full time women partners or putting them forward as trainers. Indeed, the results of our survey suggest that the opposite is the case.

Perhaps the point of greatest practical value to women starting a career in general practice is that their aims can be achieved. This is made easier by having a clear idea at the start of what these aims are and requires perseverance in the face of lack of early success. Women should be helped by sympathetic and supportive careers advice at all stages of their training from women who have had practical experience of the problems likely to be encountered.

We have concentrated on the problems women have in finding work, but the results of the survey have also raised some other points. Men also require greater flexibility at work and would often like to work less and spend more time with their families. They, too, are constrained by expectations of a man's role at work and their traditional family roles. Investigation of these areas will probably provide the major contribution to improving job satisfaction for both men and women.

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Thinking About the Unthinkable

Divorce

The incidence of divorce has reached about one in three marriages, and medical marriages are no exception. Divorce, by definition, is disruptive, the amount of disruption varying according to circumstances. To a general practitioner this can create many problems, both practical and emotional. The general practitioner is concerned in human relationships and interactions; counselling is becoming a more important part of medicine. He tries to remain objective in his management and hopes that his advice will be heeded, but he may still fail in his own relationships. Is this because he becomes too involved in his work that he does not see the problems at home? Is he too objective in his attitudes so that the subjective problems are not recognised? Does the fact that he has a very busy professional life mean that he loses tolerance at home?

Marriage is a partnership, two people committing themselves to each other to share all the joys and difficulties of life. It is a total commitment and still largely given on a religious basis. Life is never smooth, but a married couple should learn to cope with the problems together. Probably the most important factor is trust. It is extremely difficult to maintain a marriage on suspicion, and abusing such trust is a dangerous pastime in any relationship.

When any relationship breaks there are always personal traumas, and mine was no different. The emotional involvement in marriage is deep and trusting, and this cannot readily be cast aside, particularly if your wife rejects you. There is a marked difference in the emotional reaction between the breakdown of a marriage and death. In death there is a finality and it occurs when there is still love and happiness in the marriage; in marriage breakdown animosity and hatred can, and usually does, replace love.

When my wife first left me for another man I felt rejected, humiliated, and a social outcast. As in many other marriage breakdowns, my wife preferred the company of a good friend of ours. Deceit had built up in the final weeks of our marriage without my realising it. However, as I still loved and trusted her, I was unaware of the true motivation.

I was suddenly told that she was leaving me to go to her mother's "to think things over" and would leave me to look after the children. As this was timed for the beginning of the school holidays and a very busy time in the practice, it did not help me in a very difficult emotional period. It was only later that I discovered that there was a large bouquet of flowers awaiting her arrival at her mother's from the boyfriend. I also learned that they would be setting up home together, after he had left his wife. In the middle of this mix up I had a son and he had two sons who would have to continue to go to a small school together and work closely with each other, yet their parents were in an emotional turmoil and had lost their own security.

I think that the rejection was hardest to accept. What had I done wrong? What had the other fellow got that I had not? What was it about me that she no longer loved? What was the future to be? What would I do without that person I loved and was the mother of my children? How would the children cope with this new situation? Where would their loyalties lie? How could I get her back? Did I want her back? These are just some of the questions that went through my mind at that time. This all produced a lack of self-confidence and need for some thinking. It was very tempting to resort to pharmacological products, but I did not—only increased that delicate Scottish fluid with a large nightcap.

Once rejected it takes time to regain self-confidence. The value of true friendship appears. True friends will allow endless talking and discussion, probing the cause and searching for a solution, which must have bored them endlessly. Friends of the previous marriage are placed in a difficult situation with divided loyalties often aggravated by one-sided stories, so that inevitably I have gained a few good friends and lost some. Suddenly I felt that my role as a GP and listener had become reversed, and I was grateful for it.

Having emerged from the initial shock, I realised that self-pity did not cure anything. I was unable to see any future, however. I met my wife about a week later to discuss reconciliation, but it was obviously in vain; she wanted a divorce and set the process going shortly afterwards. Life continued to develop, and I could not opt out. I had a home, children, and a practice to run. The practice was the easiest, since I was in a large partnership and my partners were willing to be co-operative until I had things organised, though I could not abuse their kindness. The children were a problem, but since it was the school holidays they were