

# A survey of two cohorts of women who graduated from a Canadian medical school

J.H. WATSON, MD, DPH

The careers of 71 women who graduated in medicine from the University of Western Ontario between 1961 and 1970 are compared with those of 84 women who graduated from the same university between 1924 and 1958. In both cohorts approximately 65% were working full time. Fewer members of the 1961-70 cohort were doing no medical work and more were working part time.

Les carrières de 71 femmes ayant gradué en médecine de l'université Western Ontario entre 1961 et 1970 ont été comparées à celles de 84 femmes graduées du même université entre 1924 et 1958. Dans les deux groupes approximativement 60% pratiquait à temps plein. Moins de membres du groupe 1961-70 ne faisaient aucun travail médical et plus travaillaient à temps partiel.

Because of the increasing number of women entering medical school by 1964, Buck, Scoffield and Warwick<sup>1</sup> undertook a survey of all women who had graduated from the faculty of medicine of the University of Western Ontario between 1924 and 1958. Since the publication of their report the proportion of women entering the faculty of medicine at this university has continued to increase and is now consistently between 20% and 30% of each 1st-year class of 105 students. Therefore we decided to conduct a survey of a later period and to compare the results of the two surveys.

The study reported in this paper was carried out during the winter and spring of 1976 and concerns the 71 women who graduated in medicine between 1961 and 1970. Those who graduated after 1970 were omitted because the earlier study had shown that most recent graduates are still engaged in post-graduate training.

## Methods

Of the group of 71 women all were still alive, although 1, because of an automobile accident, was permanently incapacitated. Information was obtained by means of a mailed questionnaire or, in some cases, several telephone calls.

The graduates for the years 1924 to 1958 will be referred to as the first cohort and those for the years 1961 to 1970 as the second cohort.

## Results and discussion

### Occupational status of the two cohorts

The occupational status reported for the two cohorts is given in Table I. If those who are still in training are con-

sidered to be doing full-time medical work (most likely the case), two thirds of the members of both cohorts were doing full-time work at the time of the survey. It is encouraging to note that only 5.6% of the graduates in the second cohort are doing no medical work.

Because those belonging to the first cohort were older, a second comparison of occupational status was restricted

Table I—Occupational status of two cohorts\* of women who graduated in medicine from the University of Western Ontario

Occupational status	No. (and %)	
	First cohort	Second cohort
Full-time medical work	55 (65.5)	41 (57.7)
Part-time medical work	16 (19.0)	21 (29.6)
Still in training	0 (0.0)	5 (7.0)
Not doing medical work	13 (15.5)	4 (5.6)
Total	84	71

\*Those who graduated between 1924 and 1958 are referred to as the first cohort, and those who graduated between 1961 and 1970 as the second cohort.

Table II—Occupational status of the women aged 25 to 44 years at the time of the survey

Occupational status	No. (and %)	
	First cohort	Second cohort
Full-time medical work	31 (72.1)	46 (64.8)
Part-time medical work	6 (14.0)	21 (29.6)
Not doing medical work	6 (14.0)	4 (5.6)
Total	43	71

Table III—General categories of present medical work

Category	No. (and %)	
	First cohort	Second cohort
Private practice		
Full-time	30 (42.2)	21 (31.3)
Part-time	4 (5.6)	4 (6.0)
Nonacademic salaried work		
Full-time	16 (22.5)	14 (20.9)
Part-time	8 (11.3)	6 (9.0)
Combined private practice and salaried work		
Full-time	7 (9.9)	2 (3.0)
Part-time	1 (1.4)	6 (9.0)
Academic work		
Full-time	2 (2.8)	3 (4.5)
Part-time	1 (1.4)	1 (1.5)
Other medical work		
Full-time	0 (0.0)	6 (9.0)
Part-time	2 (2.8)	4 (6.0)
Total	71	67

Reprint requests to: Dr. J.H. Watson, Assistant dean — admissions, Faculty of medicine, The University of Western Ontario, London, Ont. N6A 5C1

Table IV—Specific categories of present medical work (full- and part-time combined)

Category	No. (and %)	
	First cohort	Second cohort
General practice	23 (32.4)	19 (28.4)
Psychiatry	14 (19.7)	7 (10.4)
Preventive medicine, public health	7 (9.9)	2 (3.0)
Anesthesia	5 (7.1)	5 (7.5)
Pediatrics	4 (5.6)	6 (9.0)
Physical medicine	0 (0.0)	2 (3.0)
Internal medicine	4 (5.6)	0 (0.0)
Obstetrics and gynecology	3 (4.2)	2 (3.0)
Radiology (diagnostic and therapeutic)	3 (4.2)	4 (6.0)
Ophthalmology	1 (1.4)	2 (3.0)
Dermatology	1 (1.4)	2 (3.0)
Hematology	0 (0.0)	2 (3.0)
Anatomy	1 (1.4)	0 (0.0)
Other*	5 (7.1)	9 (13.4)
Still in training	0 (0.0)	5 (7.5)
Total	71	67

\*Medical missionary work, family planning, medical administration, for example.

Table V—Sharing of practice with husband

Occupational status	No. (and %*)	
	First cohort	Second cohort
Full-time medical work	23 (30.4)	16 (31.3)
Part-time medical work	10 (30.3)	14 (14.3)
Total	33	30

\*Of married women currently doing medical work.

Table VI—Occupational status of the second cohort in year of survey according to age at graduation

Occupational status	Age at graduation (yr); no. (and %)	
	< 25	≥ 25
Full-time medical work	27 (60.0)	19 (73.1)
Part-time medical work	16 (35.6)	5 (19.2)
Not doing medical work	2 (4.4)	2 (7.7)
Total	45	26

Table VII—Occupational status of the second cohort according to marital status

Occupational status	No. (and %)			
	Not married	Time of marriage in relation to graduation		
		Before	Within 2 years after	More than 2 years after
Full-time medical work	11 (91.7)	14 (56.0)	11 (52.4)	10 (76.9)
Part-time medical work	0 (0.0)	10 (40.0)	8 (38.1)	3 (23.1)
Not doing medical work	1* (8.3)	1 (4.0)	2 (9.5)	0 (0.0)
Total	12	25	21	13

\*Graduate who was incapacitated.

to women aged 25 to 44 years at the time of the survey. The results are shown in Table II.

The numbers engaged in the various general categories of medical work at the time of the survey are set forth in Table III. Fewer of the second cohort were engaged full time in private practice or in a combination of private practice and salaried work. More of the second cohort were engaged in part-time private work combined with salaried work and other medical duties.

The numbers occupied in specific categories of medical work are given in Table IV. Only slight differences between the two cohorts are noticeable except for psychiatry. Hence it appears that today's women medical graduates are following the work patterns of their predecessors.

The frequency with which married graduates shared a practice with their husbands is shown in Table V. Among those working full time the proportions were very similar for both cohorts. Among those working part time more than twice as many women in the first cohort shared a practice with their husband as in the second cohort.

*Factors influencing occupational status of second cohort*

*Age at graduation (Table VI):* The proportion of women engaged in full-time work increased with age at graduation, a trend also observed in the first cohort, but the differences were not substantially different in either cohort.

*Marital status (Table VII):* As in the first cohort, nearly all the single physicians were working full time. Of the physicians married before graduation, 56.0% were working full time in 1976, whereas the corresponding figure for 1964 was 87.5%. A possible explanation for this difference may be that the first cohort's children were then old enough to permit the physician-mother to return to full-time work. The fact that 76.9% of the women who did not marry until more than 2 years after graduation were working full time and none were not doing medical work may reflect the current working pattern of all young wives.

*Number of children (Table VIII):* The relation between number of children and current occupational status of married women in the second cohort is shown in Table VIII. As in the first cohort, the number of women working full time was substantially less for those with children than for those without.

**Occupation of husband (Table IX):** In the second cohort a higher proportion of women not married to a physician were working full time, whereas in the first cohort the proportion of married women working full time was unrelated to the husband's occupation. However, this difference was not great.

**Duration of postgraduate training (Table X):** In the second cohort the duration of postgraduate training was unrelated to current occupational status, but in the first cohort longer training was associated with a higher frequency of engagement in full-time work.

**Work history of married women during childbearing years (Table XI):** The married women were classified as to whether they continued with full- or part-time medical work during the period in which their children were born. In both cohorts the proportion currently working full time was greater for those who continued with medical work during their childbearing years. Only 17% of married women in the second cohort stopped working outside the home during the years of childbearing, compared with 33% in the first cohort.

#### Comparison with other recent Canadian studies

Nicholson,<sup>2</sup> in a study of 56 women who graduated from Dalhousie University from 1964 to 1973, found that 80% were employed full time, 18% part time and 2% (1 person) in non-medical work. Tatham, Hill and Vincent,<sup>3</sup> in a 1974 survey of women physicians (including residents and interns) in Ontario, found that in the age group 20 to 39 years 65.9% were working full time, 18.9% part time and 15.3% less than 20 hours per week or not at all. Their proportion of 65.9% for women working full time is practically the same as the figure of 65% for recent women graduates from the University of Western Ontario in the same age group, and much lower than the figure for Dalhousie University.

#### Conclusion

Although among women physicians who graduated from the University of Western Ontario between 1924 and 1958 and between 1961 and 1970 the percentages who were working full time at the time of this survey were similar, a much larger proportion of the recent graduates were working part time. Thus, among graduates aged 25 to 44 years 94% of the second cohort were engaged in medical work, com-

Table VIII—Occupational status of married graduates in the second cohort according to number of children

Occupational status	No. of children; no. (and %) of women		
	0	1-2	3
Full-time medical work	11 (91.7)	21 (53.8)	3 (37.5)
Part-time medical work	1 (8.3)	15 (38.5)	5 (62.5)
Not doing medical work	0 (0.0)	3 (7.7)	0 (0.0)
Total	12	39	8

Table IX—Occupational status of married women in the second cohort by occupation of husband

Occupational status	Husband's occupation; no. (and %) of women	
	Physician	Nonphysician
Full-time medical work	16 (50.0)	19 (70.4)
Part-time medical work	14 (43.8)	7 (25.9)
Not doing medical work	2 (6.3)	1 (3.7)
Total	32	27

Table X—Occupational status of women in the second cohort by duration of postgraduate training

Occupational status	Duration of postgraduate training (yr); no. (and %) of women		
	0-1	2-3	≥ 4
Full-time medical work	12 (66.7)	10 (66.7)	24 (63.2)
Part-time medical work	5 (27.8)	4 (26.7)	12 (31.6)
Not doing medical work	1 (5.6)	1 (6.7)	2 (5.3)
Total	18	15	38

Table XI—Status of married women with children by work history during childbearing years

Occupational status	Medical work during childbearing years; no. (and %) of women	
	Continued	Discontinued
Full-time medical work	22 (56.4)	2 (25.0)
Part-time medical work	16 (41.0)	4 (50.0)
Not doing medical work	1 (2.6)	2 (25.0)
Total	39	8

pared with 86% of the first cohort.

Factors influencing the occupational status of women physicians were similar in the two cohorts.

I am grateful to Professor Carol Buck for her advice in the preparation of this paper, and to Ms. Helen Simpson for her assistance in the analysis of the data.

#### References

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