

## Zdravnice v medicini

Po podatkih Eurostata se razmerje glede spola med zdravniki spreminja v korist žensk. V letu 2021 je bil delež žensk med zdravniki v Evropi 52,2-odstoten. Podatki se nanašajo na 26 držav EU, za katere so podatki na voljo.

Največji delež zdravnic velja pri pediatrični in adolescentni oskrbi, kjer predstavljajo okoli 60 %. Naslednje področje, kjer prevladujejo je področje psihiatrije in družinske medicine. Zdravnice pokrivajo večino osnovnih medicinskih potreb. Delež zdravnic je mnogo nižji pri zasedbi višjih odgovornih položajev, prav tako je nižji tudi njihov dohodek. Položaje predstojnikov še vedno večinoma zasedajo moški kolegi, tudi do skoraj 90 % v posameznih državah. Kljub dejstvu, da je več kot polovica zdravnikov žensk, obstaja zelo pomembna razlika v vodstveni strukturi. Nekatere države so sprejele celo zakonske predpise o nujni ženski kvoti v vodstvenih strukturah univerz, da so to stanje omilile.

V današnji družbi kljub temu, da jo imenujemo napredna in govorimo o enakosti med spoloma, še vedno prevladuje miselnost, da je izključno ženska odgovorna za skrb otroka in skrb za starejše člane znotraj družine. Nedavna raziskava v ZDA je pokazala, da je v času Covid-19 epidemije skoraj 25 % zdravnic skrbelo za otroke in le 0,8 % moških kolegov. Tudi sicer je odsotnost zdravnic zaradi varstva otrok bistveno višja, od 80- do 90-odstotna v primerjavi z zdravniki. Le v skandinavskih državah med spoloma glede nege otroka ni razlike. Pogosto so ženske zdravnice na višjih položajih ožigosane kot slabe matere, ki slabše skrbijo za družino in jim je poklic na prvem mestu. Pogosto slišimo izraz »karieristka«. Marsikatera tega pritiska ne prenese in se zavestno odloči za manj naporno pot, ki je za okolico sprejemljiva. Opravlja svoje delo vestno in mirno in ni več moteča za okolje. Je to rešitev? Slednje lahko čez čas vodi do nastanka občutka lastne manjvrednosti, nesposobnosti v primerjavi z moškimi kolegi. Ta stereotip je potrebno prekiniti

## Women doctors in medicine

According to Eurostat data, the gender ratio among physicians is changing in favour of women. In the year 2021, the share of women among doctors in Europe was 52.2%. The data refer to the 26 EU states for which data are available.

The largest share of women doctors can be found in paediatric and adolescent care, where they represent 60 % of all doctors. Another field where women doctors prevail is the area of psychiatry and family medicine. Generally, women doctors cover the majority of basic medical needs. However, the share of women doctors is much lower in high-responsibility positions, and their income is lower as well. Leading positions are still mainly occupied by male colleagues, up to 90% in certain countries. Despite the fact that more than half of all doctors are women, there is a very important difference in terms of their involvement in management. Some countries have even adopted legal regulations regarding a necessary quote of women in university management structures to alleviate this inequality.

In contemporary society, despite the fact that we perceive it as progressive and talk of gender equality, the mindset prevails that exclusively women are responsible for childcare and care for elderly family members. Recent research in the USA has shown that during the COVID-19 pandemic, almost 25% of women doctors took care of children, while only 0.8% of their male colleagues did so. Even otherwise, the absence of women doctors due to childcare duties is much higher at 80-90% in comparison to male physicians. Only in the Scandinavian countries is there no difference among genders regarding childcare. Often, female physicians in higher positions are branded as bad mothers who take poor care of their families and for whom their profession comes first. Frequently, we hear the term »careerist«. Many women doctors cannot shoulder this pressure and consciously decide to take a less strenuous path that is deemed more acceptable by society. She does her work conscientiously and calmly and is no longer a nuisance to the environment. But is this the solution? Over time, this trend can lead to the emergence of feelings of inferiority

in omogočiti zdravnicam enakovredni karierni začetek. Pojav izgorevanja, depresije, različne oblike odvisnosti, samomorilske tendence so pogoste med zdravniki ne glede na spol. Daljši delovni čas, intenzivno delo in pomanjkanje prostega časa so še dodatni vzroki za okvaro zdravja med zdravniki. Še zlasti to velja za zdravnice.

Starejša generacija zdravnikov se upokojuje, prihaja generacija Y, rojena med 1980 in 1994, ki ji je ravnotežje med delom in domom pomembnejše. Generacija Z, rojena med 1995 in 2009, v ospredje postavlja mir, zdravje in družino. Zato se bo moral spremeniti odnos delodajalcev do zaposlenih. Delo bo moralo biti prilagodljivo, personalizirano in ločeno od ostalega življenja, kar bo omogočalo širše izpolnjevanje osebnih želja. S tem bi lahko prišlo do boljše enakovrednosti spolov v medicini. Zmanjšanje celotnega števila ur na teden bi lahko vodilo do bolj ustreznega ravnotežja med spoloma. Povečanje števila zdravnic na raziskovalnem področju je ključno. Potrebna je karierna usmeritev zdravnic, da lahko izboljšajo svojo strokovno in raziskovalno pot.

Pomembno je, da se zavedamo znanja, talenta in kvalitet zdravnic v medicini in znanosti, ki jih izgubljam kot drugorazredno ekipo. Potrebno je spoznati prednosti spolno različnih timov. Različnost spolov in odprtost do enakosti med spoloma sta predpogoj za uspešen tim. Z enakostjo spolov v timu se poveča uspešnost tima in dvigne kolektivna inteligenca. V taki skupini velja tako boljši znanstveni rezultat kot tudi boljša skrb za bolnika. Vsi člani v takšni skupini morajo biti obravnavani kot posamezniki; gre za individualizacijo medicine in kariernih poti.

Prospektivna raziskava iz leta 2019 pri zdravnicah je pokazala, da je skrajšan delovni čas dela pogostejši pri mlajših zdravnicah v primerjavi z moškimi kolegi. 22,6 % zdravnic dela skrajšan delovni čas, moških pa le 3,6 %. Zdravnice, ki opravljajo skrajšani delovni čas so navedle v 77,5 % kot najpomembnejši razlog za to odločitev potrebe družine. Podatki torej kažejo, da je ta odločitev v zgodnji oz. začetni fazi strokovnega razvoja verjetno pomemben razlog za neenakomerno delitev na

and incompetence compared to male colleagues. Thus, it is necessary to break this stereotype and enable female physicians to have an equal start to their careers. The occurrence of burnout, depression, various forms of addiction, and even suicidal tendencies is frequent among physicians, regardless of gender. Longer working hours, intensive work, and a lack of free time are additional causes of health impairment among doctors. This is especially true for women doctors.

The older generation of doctors is retiring and generation Y, born between 1980 and 1994, is entering the profession for whom the balance between work and home is more important. Generation Z, born between 1995 and 2009, prioritises peace, health and family. For this reason, the attitude of employers towards employees will have to change. The work will have to be more flexible, personalised, and separated from other domains of the medical professional's life, which will facilitate greater fulfilment of personal preferences. This could, in turn, lead to better gender equality in medicine. Reducing the total number of work hours per week could also lead to enhanced gender balance.

Increasing the number of women doctors in the research field is crucial. In particular, career guidance for female physicians is needed, so that they can improve their professional and research paths.

It is vital to be aware of the knowledge, talent and quality of women doctors in medicine and science whom we are at risk of losing should they become a second-rate team. It is necessary to realise the advantage of gender-diverse teams. Gender diversity and openness to gender equality are the prerequisites for a successful team. Greater gender equality in the team reinforces its success, and collective intelligence rises. In such a group, the scientific result is better, as well as the care and outcomes for patients. All members in such a group must be treated as individuals, it is a matter of the individualisation of medicine and career paths.

A prospective study from the year 2019, conducted among women doctors, showed that shorter working hours are more common among younger female physicians in comparison to male colleagues. The researchers found that 22.6% women doctors worked part-time, while only 3.6% of male doctors only did so. Further, 77.5% of women doctors who worked part-time

odgovornih položajih v medicini.

V ZDA je bila leta 2000 izvedena obsežna raziskava, ki je pokazala, da zdravnice redkeje zasedajo višje položaje na fakulteti in univerzah v primerjavi z moškimi kolegi. Raziskava iz leta 2020 je nakazala, da se slednje v zadnjih 20-ih letih ni spremenilo. Zdravnice so manj uspešne pri objavljanju rezultatov raziskav v pomembnih medicinskih revijah, redkeje so urednice ali članice uredniških odborov revij. Prav tako so v manjši meri zastopane na vodilnih položajih fakultet in univerz. Iz podatkov za leto 2021 je razvidno, da je bil delež žensk na medicinskih fakultetah 43-odstoten, medtem ko so bile predstojnice oddelkov ali dekanje medicinskih fakultet le v 22 %.

Anketa med več kot 1.000 zdravnicami v Združenih državah Amerike leta 2022 je pokazala vpliv materinstva in ustvarjanja družine na razvoj poklicne uspešnosti zdravnic. Delež zdravnic zdravljenih zaradi neplodnosti je bil višji kot pri ostali populaciji. Tudi za otroke se odločajo starejše. Rezultati raziskav so pokazali, da zdravnice spremenijo svojo poklicno usmeritev v kasnejšem življenju zaradi nosečnosti in materinstva. Večina jih je imela relativno kratko porodno odsotnost. Skoraj polovica zdravnic z otroki je v tej raziskavi ocenila, da je zaradi skrajšanega delovnega časa zamudila priložnost poklicnega napredovanja.

Potrebne so natančne analize, da bi lahko trdili, ali je ustvarjanje družine in starševstvo povezano z neenakostjo možnosti napredovanja zdravnic na vseh področjih v medicini.

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*Maximum vitae vitium est quod imperfecta semper est.*

*Največja hiba življenja je, da je vedno nepopolno.*

*The greatest flaw in life is that it is always imperfect*

*Seneca*

stated that the most important cause for this decision was family needs. These data show that this decision in the early or initial phase of professional development is probably an important cause for the uneven gender division of responsible positions in medicine.

In 2000, an extensive research study was conducted in the USA, which showed that women doctors are less likely to hold higher positions at faculties and universities in comparison to their male colleagues. A study from 2020 showed that in the past 20 years, this has not changed. Women doctors are also less successful in publishing research results in important medical journals, as well as less likely to be editors or members of editorial boards of journals. They are also to a lesser extent represented in leading positions of faculties and universities. Based on data from 2021, it is evident that the share of women at medical faculties was 43%, while only 22% were department heads or deans of medical faculties.

A survey among more than 1,000 women doctors in the USA, conducted in 2022, showed an influence of motherhood and the creation of a family on the development of professional success of women doctors. The share of female physicians treated for infertility was higher than it is in the rest of the population. Even for child-bearing, many women doctors decide to delay it to when they are older. Research results further showed that women doctors change their professional direction later in life due to pregnancy and motherhood. The majority of them had a relatively short maternity leave. Almost one half of women doctors with children included in this survey estimated that they had missed the opportunity of professional advancement due to reduced working hours.

Accurate analyses are needed to establish that the creation of a family and parenthood are connected to the inequality in the possibility of advancement that women doctors in all medical fields experience.

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