

Women in Psychiatry

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Summary: Of the 1863 women who first gained a registrable qualification from a UK medical school during 1949 to 1951 (early cohort) and in 1965 (late cohort) and believed to be living on 1st October 1977, 74 per cent responded to a postal questionnaire. It was found that 9 per cent of these were not in current practice, and of the remainder, 9 per cent (111) were practising psychiatry. Their participation in medicine was as high or higher than their contemporaries in other branches of medicine. A higher but non-significant proportion (57 per cent) had achieved career posts than other practitioners (54 per cent). Psychiatry was the tenth (early) and sixth (late) most popular choice of specialty on graduation. Psychiatrists resembled other hospital practitioners but not non-hospital practitioners in citing interest, liking, or aptitude as their reason for choosing their current specialty. Of the practising psychiatrists, 37 per cent held the diploma of membership of the Royal College of Psychiatrists; these were engaged in more sessions per week and more often held career posts than the remainder.

In 1980, 19 per cent of the psychiatrists in hospital practice in the UK were women, this being almost as high a proportion as women anaesthetists (20 per cent). Together these specialties account for 43 per cent of all women consultants. However, the attraction of psychiatry for women, and the rigidity of the career structures, have given rise to some concern as to whether women were in fact achieving their full potential in this specialty.

A number of surveys (Black *et al.*, 1977) in recent years have examined the characteristics of women in psychiatry at various stages of their professional careers. These surveys have extended our knowledge of the women who have entered psychiatry, but apart from Brook's study of consultants and senior registrars, they have been beset with problems of identifying their target group. This has caused difficulty in assessing the general applicability of their findings.

A different approach to the question of medical woman-power has been made by the Medical Care Research Unit in its study of the careers of medical women (Ward, 1981), in which all the women who qualified at the same time were surveyed and their careers studied. This approach may illuminate some of the problems experienced in any particular specialty.

Method

In September 1977 a questionnaire was despatched to all the women who first gained a registrable medical qualification from UK medical schools during the

years 1949 to 1951 and in 1965. These years were chosen to provide information concerning women who would be expected to be at the peak of their careers and to have completed their families (early cohort), and also women more affected by recent changes in structure and training and who might still be involved in child rearing (late cohort).

The names and latest available addresses were obtained from the General Medical Council and other sources, and it was found that 1940 women came within the ambit of the study. Of the 1863 believed to be living on the survey date (1.10.77) 1385 (74 per cent) responded, and there appears to be no bias in the response towards or against those currently in practice (Ward, 1981). Numbers given subsequently in this report apply to respondents only.

Findings

In each cohort 9 per cent of the respondents were not practising on the survey date and of the remaining 1263, 9 per cent (111) were working in psychiatry.

Posts and current practice

In this paper we have compared the women practising psychiatry with 'other hospital practitioners' and 'other practitioners'. The latter, consisting mainly of general practitioners and community health doctors account for over one half of each cohort.

The posts held on the survey date are shown in Table I, from which it can be seen that the proportion

TABLE I
Variations between cohorts and specialties

	Early cohort (1949-51)			Late cohort (1965)		
	Psych ¹	OHP ²	OP ³	Psych ¹	OHP ²	OP ³
Current posts (%)						
Career	59	61	58	50	38	44
Training	12	4	1	32	22	2
Other	29	35	42	19	40	54
n =	83	246	623	28	121	162
Current practice						
Full time (%)	62	47	64	46	45	42
Participation index	.82	.74	.84	.78	.72	.71
n =	83	246	623	28	121	162
Marital status (%)						
Single	15	26	15	14	21	7
Married	76	66	76	71	74	89
Widowed	4	4	5	-	1	1
Other	6	3	4	14	5	4
n =	83	246	623	28	121	161
Numbers of children (Ever married only)	2.79	2.46	2.81	1.63	2.15	2.3
n =	71	179	532	24	94	150
Post graduate qualifications						
Holding one or more (%)	42	55	29	71	65	18
n =	83	246	623	28	121	162

¹ Psych = Psychiatrists.

² OHP = Other hospital practitioners.

³ OP = Other practitioners (NEC).

TABLE II
Participation index

$$PI = \frac{10 \left(\frac{a+b}{x} \times 100 \right) + 7 \left(\frac{c}{x} \times 100 \right) + 3.5 \left(\frac{d}{x} \times 100 \right)}{1000}$$

where

a = Number of respondents who practised full time or 10 plus sessions per week.

b = Number of respondents who practised probably full time, but number of sessions not stated.

c = Number of respondents who practised 6-9 sessions per week.

d = Number of respondents who practised less than 6 sessions per week or 'part time, number of sessions not stated'.

e = Number of respondents who were not practising.

x = $\Sigma(a+b+c+d+e)$.

of psychiatrists in career posts is not significantly different from that of women in other specialties. There are however relatively more psychiatrists in training grades as registrars and senior registrars and fewer in the 'other' posts which are mainly service posts and locums ($\chi^2 = 43.2$, 2 df, $P < 0.001$).

Table I also shows the amount of practice being undertaken on the survey date. In order to take account of the varying numbers of sessions being worked by the doctors a participation index (PI) has been devised to provide a means of comparison between the different groups. The participation index

behaves like a mean, and expresses the amount of medical work currently being practised by a group of doctors in terms of fractions of a whole. Thus if all the doctors in the group are working full time, the PI will be 1.0; and if half are practising full time and half not at all the PI will be .50. It can be seen that psychiatrists are practising as much as or more than women in other specialties.

Fig 1 shows the overall practice record of psychiatrists in both full time and part time employment since qualification. It shows the familiar bimodal pattern characteristic of womens' employment in the UK with peaks in the early twenties and fifties with a trough in between (Silverstone and Ward, 1980). It also shows that the late cohort has been consistently more active in medicine than the early cohort.

Marriage and children

The majority of psychiatrists, in common with other women doctors, are or have been married. However, a significantly higher proportion of psychiatrists are divorced (8 per cent) than women in other specialties (3 per cent) ($\chi^2 = 13.3$, $P < 0.001$). A lower proportion of psychiatrists are married to doctors and dentists (47 per cent) than women in other branches of medicine (55 per cent).

In the early cohort six psychiatrists have more than four children but in the late cohort none have more than three. In both cohorts it is the 'other practitioners' who have the largest families. Of the late cohort 30 per cent were aged 34 or 35 on the survey date and the remaining 70 per cent were aged 36 or over. It is probable that these figures represent something approaching completed family size.

Choice of specialty

Table III shows the reasons given by the respondents for the choice of their current specialties. Many of them mentioned more than one reason, but the psychiatrists in both cohorts and more especially in the late cohort emphasize the positive factors of interest, liking or aptitude for the work and they place less stress on the factor of convenience of hours of work. There is however no significant difference in either of these factors between psychiatrists and other hospital practitioners but highly significant differences when they are compared with other, non-hospital, practitioners. (Interest etc. $\chi^2 = 60.8$, $P < 0.001$; hours etc. $\chi^2 = 22.1$, $P < 0.001$).

Psychiatry was seldom among the first choices of specialty at the time of graduation for women qualifying either in the early 1950s or in 1965 (Table IV). It was tenth in order of popularity amongst the early cohort and sixth in the late cohort. Nevertheless the rate of success in terms of obtaining posts in their chosen specialty is in marked contrast with those who would have chosen to practice in paediatrics or obstetrics and gynaecology, two of the most popular initial choices. Seventy per cent of members of the early cohort and 82 per cent of the late cohort who had chosen to practice psychiatry at the time of qualification had succeeded in obtaining posts in this area of work by the survey date, compared with 8 per cent (early) and 16 per cent (late) in paediatrics and 9 per cent (early) and 17 per cent (late) in obstetrics and gynaecology ($\chi^2 = 84.1$, $P < 0.001$).

Post graduate qualifications

In the early cohort 42 per cent of the psychiatrists and 71 per cent of those in the late cohort held one or

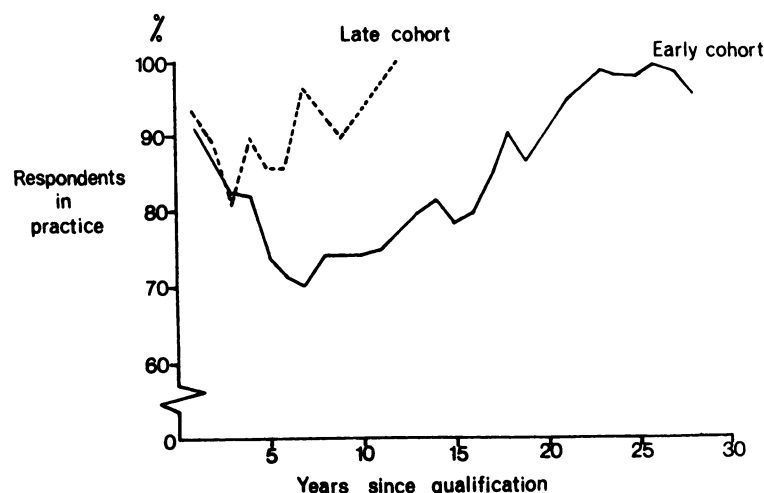


FIG 1.—Practice (full and part-time) since qualification.

TABLE III
Reasons for choice of specialty

Reasons	Early cohort (1949-51)			Late cohort (1965)		
	Psych ¹ %	OHP ² %	OP ³ %	Psych ¹ %	OHP ² %	OP ³ %
Hours etc. compatible with care of children/ preferred lifestyle family commitments	22	22	43	32	35	66
Interest/liking/aptitude for work	47	45	19	75	60	24
Offered a post so took it/availability of jobs	17	17	12	18	12	7
Husband's career dictated/influenced available choices	11	5	8	7	7	7
Could not get training/post in preferred specialty	8	5	3	7	1	6
Ill health/physical strength inadequate for alternative	5	6	3	4	3	1
Married a GP or potential GP	-	<1	6	-	-	3
No perceived alternative	2	2	3	-	1	3
Other	7	5	4	-	3	6
Nothing clear	-	4	4	-	3	2
<i>n</i> =	83	246	623	28	121	162

¹ Psych = Psychiatrists.

² OHP = Other hospital practitioners.

³ OP = Other practitioners (NEC).

(The percentages do not add up to 100 as many respondents mentioned more than one reason).

TABLE IV
Choice of specialty and current practice (selected specialties)

	Early cohort			
	GP	Paed	O & G	Psych
(a) Rank order of first choice among respondents	1	2	3	10
(b) Number of respondents who named this as first choice	254	136	107	13
(c) % of all respondents practising in this specialty on survey date (<i>n</i> = 952)	33	3	2	8
(d) % of (b) who are practising in this specialty on survey date	50	8	9	70
	Late cohort			
	GP	Paed	O & G	Psych
(a) Rank order of first choice among respondents	1	2	4	6
(b) Number of respondents who named this as first choice	65	44	30	17
(c) % of all respondents practising in this specialty on survey date (<i>n</i> = 311)	31	4	3	9
(d) % of (b) who are practising in this specialty on survey date	51	16	17	82

more post graduate qualifications. The comparison with other respondents is shown in Table I.

However the more important consideration is the employment of psychiatrists who hold the diploma of membership of the Royal College of Psychiatrists (M.R.C.Psych.). These are shown in Table V, where it can be seen that 27 per cent of the respondents in the early cohort who are practising psychiatry hold this diploma and 68 per cent of the late cohort.

The majority of the diplomates are in career posts; only one (in the early cohort) is a senior hospital medical officer and none are practising as clinical assistants. The participation indices of these diplomates are consistently high compared with others in their cohorts; .93 as against .78 in the early cohort and .82 against .68 in the late cohort. Of the seven diplomates in training grades as registrars and senior registrars five have part-time appointments. In addition to the

TABLE V
Holders and non-holders of M.R.C.Psych.

Grade or post	Early cohort (1949-51)				Late cohort (1965)			
	M.R.C.Psych.		Not M.R.C.Psych.		M.R.C.Psych.		Not M.R.C.Psych.	
	No.	PI	No.	PI	No.	PI	No.	PI
Consultant	18	.95	15	.92	11	.86	1	1.0
Locum consultant	1	.35	-	-	-	-	-	-
Professor	-	-	-	-	1	1.0	-	-
SHMO (or MA)	1	1.0	14	.91	-	-	-	-
Senior lecturer	-	-	-	-	1	1.0	-	-
Senior registrar	1	1.0	1	1.0	4	.69	1	1.0
Locum senior registrar	-	-	2	.85	-	-	1	1.0
Lecturer	1	1.0	-	-	-	-	-	-
Registrar	-	-	7	.73	2	.70	2	.70
Clinical assistant	-	-	16	.54	-	-	4	.44
Other and grade not known	-	-	6	.73	-	-	-	-
Total	22	.93	61	.78	19	.82	9	.68

TABLE VI
Sub-specialties

	Early cohort No.	Late cohort No.	Both cohorts %	Female psychiatric consultants 1980 %	Male psychiatric consultants 1980 %
Adult psychiatry	46	14	54	48	72
Child psychiatry	20	13	30	37	14
Mental handicap	9	1	9	12	9
Psychogeriatrics	3	-	3	-	-
Psychotherapy	4	-	4	2	4
Neuropsychiatry	1	-	-	-	-
<i>n</i> =	83	28	111	300	1307

respondents currently practising psychiatry four other members of the early cohort and three of the late also hold the M.R.C.Psych.

None of the 20 clinical assistants possesses the M.R.C.Psych. and of these only two are working full time.

Sub-specialties

The sub-specialties currently being practised by the respondent psychiatrists are shown in Table VI. This shows that the distribution amongst our respondents closely follows the national pattern. It also shows the difference between male and female consultants in the proportions in each specialty. While half of the women as compared with nearly threequarters of the men are in adult psychiatry, about a third of the women and about one seventh of the men are practising child and adolescent psychiatry.

Non-practitioners

It was found that 9 per cent of the respondents to our original enquiry were not practising on the survey date, and hence are not included in any of the previous tables. However most of these provided curriculum vitae from which it has been possible to discover the specialty being practised before their withdrawal. These showed that of the 89 non-practitioners in the early cohort eight had been psychiatrists and of the 32 in the late cohort two had been in this specialty. The two in the late cohort were taking time out to care for young children, and we found that the reasons given for non-practice by the eight of the early cohort were retirement (4), care of family (3), ill health (2), other (2).

Discussion

The women whose careers have been examined here

are not a random sample of all women psychiatrists, but comprise those tranches of the profession who qualified in the early fifties and mid-sixties. Hence they represent two groups, one of whose members have probably reached their ultimate positions and one whose members may still be on the training ladder and simultaneously involved in the most time consuming stage of family care. Nevertheless 50 per cent of the psychiatrists in the late cohort had achieved career posts on the survey date 12 years after qualification, compared with 59 per cent of the early cohort after 27 years.

Among the hospital specialties psychiatry lies second to anaesthetics in the proportion of women practitioners; 19 per cent psychiatrists as against 20 per cent anaesthetists, which suggests that there may be less prejudice against the employment of women in these specialties than in others.

Women psychiatrists have similar problems of career development to women in other branches of hospital medicine, basically those of fitting a feminine life pattern into a masculine career mode. Hence, unless they belong to the unmarried minority, they have the problem during the training years of arranging for the care of young children, and at all times of only being able to apply for jobs within reach of their homes. This location is generally fixed by reference to their husbands' occupation.

Posts are competed for nationally and so there may be objections to favouring overtly local applicants. In any case the distribution of posts and people may not coincide. The advantages to patients of continuity of care such as may be provided by relatively immobile doctors deserves consideration. Perhaps a scheme could be devised whereby posts are only advertised nationally if no suitable local candidate can be found. This could be an economy for the health service, though it may be objected to on grounds of equity by those able to move anywhere.

Amongst the UK graduates who were successful in the preliminary test of the Royal College of Psychiatrists in March 1981 49 per cent were women and in 1980 of the UK graduates who obtained the M.R.C.Psych. this proportion was 43 per cent. Hence there is an increasing number of women who are able and willing to practice psychiatry, and it is to be hoped that the structure and organization of the psychiatric services will in future enable as many as possible to make their full contribution to patient care.

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