

What Can We Say About Gender Discrimination in Medicine? A Limited Research From Turkey*

Tıpta Cinsiyet Ayrımcılığı Hakkında Ne Söyleyebiliriz? Türkiye’den Sınırlı Bir Araştırma

İlknur Genç Kuzuca¹, Prof. Berna Arda²

¹ Ankara University, Social Sciences Institute, Department of Women's Studies (MD, Med Spec., MA)

² Ankara University School of Medicine, Medical History and Ethics Department (MD, Med Spec., PhD)

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This article has been devoted to be answered the question of "are there any sexist approaches leading to discrimination based on gender in the degrees of specialist and academician in medicine in Turkey?" Study design consists of a quantitative and qualitative research. Authors have aim to bring up the data on this subject by examining the figures of the institutions where a vast majority of the doctors have been employed. In order to bring up the discrimination present related to sexuality in the distribution of the doctors, and the reasons of this discrimination, authors tried to evaluate the quantitative and qualitative data together by doing partly organized interviews with the doctors from various groups.

When the gender distribution of the doctors is examined according to their speciality field, it has been shown statistically that the male and female doctors have been distributed in definite specialized fields, and in this sense there has been a discrimination based on sexuality. It is ascertained that almost all of some specialization fields have been comprised of male doctors.

While male doctors are represented by 34 % even in the specialization field of most of the female doctors, the female doctors are represented by 1-2 % in the specialization field of most of the male doctors. The rate of female doctors in the twelve fields of specialization of twenty-eight fields examined is below 33% which is accepted as the critical sill. Moving from this result, while it can't be said that there is a specialization field for women, but contrary it is possible to say that there are some specialization fields in medicine for men. The women take place in the departments where protective medical services are given with less financial income; they are less popular but are the kitchen of the work in basic medical science.

Key words: Gender Discrimination, Medical Specialties, Glass Ceiling, Woman Studies, Turkey.

Bu makale "Türkiye’de tıpta uzmanlık dallarının seçiminde ve akademisyenlikte cinsiyete dayalı yaklaşımların etkili olup olmadığı" sorusu üzerine kurgulanmış bir çalışmaya dayanmaktadır. Çalışma deseni niceliksel ve niteliksel iki araştırma içermektedir. Bu amaçla Sağlık Bakanlığı ve üniversitelere bağlı tıp fakültelerinde görev alan hekimlerin kadın erkek oranları araştırılmıştır. Verilere SPSS 11.5 İstatistik paket programı kullanılarak, Pearson ki kare testi ile uygulanmıştır. Araştırmada kadın ağırlıklı ve erkek ağırlıklı dallardaki asistanlık, uzmanlık ve akademisyenlik aşamalarındaki kadın hekimlerle yarı yapılandırılmış görüşme tekniği kullanılmış, toplam 26 hekimle derinlemesine görüşmeler de yapılmıştır.

Kadın hekimlerin erkek hekimlere göre çok az farkla da olsa daha fazla uzmanlaştığı anlaşılmaktadır. Kadın hekimlerin ve erkek hekimlerin belli uzmanlık alanlarında dağıldığı, bazı uzmanlık alanlarının neredeyse tamamen erkek hekimlerden oluştuğu ve cinsiyete dayalı bir ayrımcılık bulunduğu istatistiksel olarak gösterilmiştir.

İncelenen yirmi sekiz uzmanlık alanının on ikisinde kadın hekimlerin oranı kritik eşik kabul edilen % 33 ün altındadır. Yirmi sekiz uzmanlık alanının tamamında erkekler % 33 ve üzerinde temsil edilmektedir. Bu sonuçtan hareketle kadınlara özgü bir uzmanlık alanı olduğu söylenemezken, tersi, yani erkeklere özgü uzmanlık alanları bulunduğu söylenebilir.

Kadınlara mesai saatleri düzenli olan, nöbeti olmayan, akademik ilerlemelerinde engel bulunmayan, dışlanmayacaklarını düşündükleri uzmanlık alanlarına yönelmektedirler. Özellikle cerrahi uzmanlık alanlarında kadınların sayısı sınırlıdır. Araştırmamız eğitim ve meslek hayatları boyunca kadınların cinsiyete bağlı ayrımcılıkla karşılaştıklarını niteliksel olarak da ortaya koymuştur.

Anahtar Sözcükler: Cinsiyet Ayrımcılığı, Tıpta Uzmanlık Dalları, Cam Tavan, Kadın Çalışmaları, Türkiye.

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Corresponding author

Prof.Dr. Berna Arda
Ankara University Faculty of Medicine, Department of Medical History and Ethics, Morphology Building
2nd floor, Sıhhiye-ANKARA
Phone : +90 312 310 30 10 / 361
Fax : +90 312 310 63 70
E-mail Address : arda@medicine.ankara.edu.tr

As generally accepted the history of medicine, is a kind of history of a profession has a lot of affecting and shaping factors. One of them depends on social – cultural- economic base.

Without doubt this history can write from the different points of view like feminist one. The place of women in medicine started with being "mother", changed to "witchdoctorship", "nurs-

ing”, “midwifery” and reached to-day’s successful samples even in the surgical fields. The early pioneers endured the hard years of study with little support even from their own families and often flagrant discrimination. It is obvious they had to worked very hardly to prove their academic merit. In front of this historical background, this article devoted to find an answer whether gender discrimination in medicine at the end of the 20th century or not with a limited data from Turkey.

Material and method

Although quantitative methods are used more in the field of women studies, this research has been combined quantitative and qualitative data as a complementary of each other. SPSS 11.5 statistical package program has been used, Pearson ki quare test has been applied by getting the rates of male and female specialist and practitioner doctors employed in the medical schools and Ministry of Health hospitals. $P < 0.05$ values have been accepted statistically in meaningful levels.

In this research, partly structured interview technique done with female doctors in

the degrees of assistants, specialization and academician, and in more female and more male employed branches, has been used. By asking open-ended questions to the doctors deeply applied interviews have been done as well. In order to reflect the views of the male doctors related with the subject, five male doctors have been interviewed.

The doctors in Turkey are employed in The Ministry of Health, Universities, The Ministry of Labor and Social Security, private hospitals and offices, and in a very small amount in the other ministries and institutions. The vast majority of doctors are employed in the hospitals of the Ministry of Health and University hospitals. For that reason, this research has been limited with these main two institutions.

The Quantitative Data in the Distribution of the Doctors in Turkey Based on Gender and Specialization

The rate of representation of female students at the faculties in our country is similar to many developed countries. The rate of female students at all of the universities between the years 1927-1991 continued increasing from 11%

to 34%. This rate today went up to 44% after the year 2000.

Directing to choose a profession begins at the age of childhood and is intensified at the periods of school; this is brought up by various researches (1). By the effect of family, choosing medical education rate has been higher among the male students (2).

The number of students at all of the schools of medicine in Turkey in 2006 is 41.521 (including the newly registered students and attending and graduate students in 2006) and 24.391(58%) of these students are male, 17.130 (41.3%) are female.

Gender distribution of the number of students entered all other faculties is 1.233.504 male (55.4%), 994.139 female (44.6%) in the same year and with the same approach.

When the gender distribution with the medical schools and other faculties is compared, the difference is found at meaningful level statistically ($X^2 = 187,511$ $P < 0.001$). It is proved that the girls entered the medical school at a less rate than the boys (Table-1).

The number and the gender information of the doctors employed in all units of education and research hospitals, other hospitals, the first step health institutions have been reached. The total number of these doctors is noted as 62.837. In the personnel information system there wasn’t any knowledge about the sex column of the 680(1.08%) doctors, that’s why 680 doctors are excluded from the evaluation. 21.123 (33,63%) of the doctors were female, 41.034 (65.37%) of them were male, as it was recorded (Table-2).

When the distribution of gender of specialists and practitioner doctors are compared, the difference has been at meaningful level statistically. ($X^2 = 5.921$ $P < 0.05$) and this shown us that female doctors specialized more than male doctors.

Table 1: Distribution of the students at the schools of medicine and other faculties according to gender in 2006.

| | sex | | Total |
|---------------------------|---------|---------|---------|
| | female | male | |
| Other faculties number | 994139 | 1233504 | 2227643 |
| % | 44,6 | 55,4 | 100,0 |
| School of medicine number | 17130 | 24391 | 41521 |
| % | 41,3 | 58,7 | 100,0 |
| total number | 1011269 | 1257895 | 2269164 |
| % | 44,6 | 55,4 | 100,0 |

$\chi^2 = 187,511$ $p < 0.001$

Table 2: The number of specialist and practitioner doctors and their distribution of gender

| | | Sex | | Total |
|---------------------|--------|--------|-------|-------|
| | | Female | Male | |
| Specialist doctor | number | 15857 | 30123 | 45980 |
| | % | 34,5 | 65,5 | 100 |
| Practitioner doctor | number | 9615 | 18986 | 28601 |
| | % | 33,6 | 66,4 | 100 |
| Total | number | 25472 | 49109 | 74581 |
| | % | 34,2 | 65,8 | 100 |

$\chi^2 = 5,921$ $p < 0.05$

Table 3: Gender Distribution of Specialized Doctors According to the Fields

| Field of Specialization | | Male | Female | Total | Field of Specialization | | Male | Female | Total |
|---|---------|--------------|--------------|---------------|--------------------------------------|---------------|---------------|----------------|---------------|
| Family Medicine | No % | 755 54,3 | 635 45,7 | 1390 100,0 | Internal Diseases | No % | 2842 70,4 | 1196 29,6 | 4034 100,0 |
| Anesthesia and Reanimation | No % | 1152 44,8 | 1422 55,2 | 2574 100,0 | Gynecology and Obstetrics | No % | 2313 63,0 | 1361 37,0 | 3674 100,0 |
| Neurosurgery | No % | 1123 94,6 | 64 5,4 | 1187 100,0 | Cardiovascular Surgery | No % | 815 91,3 | 78 8,7 | 893 100,0 |
| Biochemistry and Clinical Biochemistry | No % | 511 44,4 | 639 55,6 | 1150 100,0 | Cardiology | No % | 956 82,9 | 197 17,1 | 1153 100,0 |
| Pediatric Surgery | No % | 303 78,5 | 83 21,5 | 386 100,0 | Ear, Nose and Throat Diseases | No % | 1565 83,1 | 319 16,9 | 1884 100,0 |
| Pediatry | No % | 2054 53,9 | 1756 46,1 | 3810 100,0 | Clinical microbiology | No % | 371 44,4 | 465 55,6 | 836 100,0 |
| Dermatology | No % | 360 35,5 | 655 64,5 | 1015 100,0 | Neurology | No % | 686 48,4 | 730 51,6 | 1416 100,0 |
| Infectious Diseases | No % | 460 46,9 | 521 53,1 | 981 100,0 | Orthopedics and Traumatology | No % | 1947 98,4 | 31 1,6 | 1978 100,0 |
| Physical Treatment and Rehabilitation | No % | 541 38,2 | 874 61,8 | 1415 100,0 | Pathology | No % | 364 34,0 | 707 66,0 | 1071 100,0 |
| General Surgery | No % | 3276 93,2 | 238 6,8 | 3514 100,0 | Plastic Surgery | No % | 449 83,0 | 92 17,0 | 541 100,0 |
| Thorasic Surgery | No % | 356 86,8 | 54 13,2 | 410 100,0 | Radiology | No % | 1486 60,1 | 986 39,9 | 2472 100,0 |
| Chest Diseases and Tuberculosis | No % | 676 47,1 | 758 52,9 | 1434 100,0 | Psychiatry | No % | 733 53,3 | 641 46,7 | 1374 100,0 |
| Ophtalmology | No % | 1321 67,8 | 627 32,2 | 1948 100,0 | Urology | No % | 1749 99,3 | 13 0,7 | 1762 100,0 |
| Public Health | No % | 106 45,9 | 125 54,1 | 231 100 | Other | No % | 853 59,1 | 591 40,9 | 1443 100,0 |
| Over All | No % | | | | No % | 30123 65,5 | 15857 34,5 | 45980 100,0 | |

$\chi^2=7696,681$ $p<0,001$

Totally 26 specialization fields are determined by joining some of the closely related branches; and sex distribution of these doctors in these fields has been examined.

When the gender distribution is compared in all of the specialization fields without separating the Ministry of Health and University, meaningful levels of differences have been noted (Table-3). The number of women specialists in the initial ten departments of State hospitals and University hospitals where the majority of specialists are women and their percentages in women doctors have been searched.

The initial ten specialization fields, where women doctors are more in number,

and the initial 10 fields of specialization, where women/men doctors are more in number, are different. Pediatrics, Gynecology and Obstetrics, Internal diseases and Radiology branches have more women doctors compared with other branches but in these fields the number of men specialists are more (Tables- 4, 5, 6).

While the number of female doctors are the most in pediatry, the branches that have the most female specialist doctors according to male/female doctors rate are the following branches: Pathology, Dermatology, Physical Treatment and Rehabilitation and Microbiology Branches.

The fields where the male specialist doc-

tors are more comprises from surgery except Cardiology.

Gender Distribution of Specialist Doctors in Three Main Parts

The fields of specialization are gathered under three parts in the schools of medicine. These are: Basic, Internal and Surgical Medical Sciences. The specialization branches taking place in these fields are listed on the table 7. In the light of the department/sex relation, all of these parts resulted meaningfully different from each other when compared two by two.

While it is observed that male doctors took place more in surgery depart-

ments, female doctors are observed to take place more in internal departments and basic medical sciences departments. Among the three main parts, the department where the female doctors took place most is the basic medical sciences department. The internal and surgical ones follow it. The biggest rate difference against women is determined at Surgical Sciences Department (Table-7).

The rate of women at the universities holding the cadres of professor, associate professors and assistant professors are notably lower compared with the rate of all female doctors. This is the sign that female doctors have problems in academic life. Another sign which is attracting attention is that although the rate of female doctors in the cadres of professor, associate professor, and assistant professors lower, the number of women is increasing gradually from the lower to upper degrees.

These figures show us that when the women once start the academic study in this field, there aren't more hindrances for women to promote to higher degrees because the number of female doctors in professor cadres is more than the other two cadres. On the other side, the rate of female instructors at the universities is noted to be over the average rates. The fact that these instructors are not counted as lecturers, and that they have no right to give vote in university board and they don't take place in the decision making mechanism, besides they don't require to do academic study, and they are kind teachers, is the extension of social gender point of view (Table- 8).

Table 4: The initial 10 departments where women specialist doctors are employed and their numbers and percentages.

| Fields of Specialization | Specialist female doctor % | Total number of doctors |
|---------------------------------------|----------------------------|-------------------------|
| Pediatrics | 11,1 | 1756 |
| Anesthesia and Reanimation | 9 | 1422 |
| Gynecology and Obstetrics | 8,6 | 1361 |
| Internal Diseases | 7,5 | 1196 |
| Radiology | 6,2 | 986 |
| Physical treatment and rehabilitation | 5,6 | 874 |
| Chest Diseases | 4,8 | 758 |
| Neurology | 4,6 | 730 |
| Pathology | 4,5 | 707 |
| Dermatology | 4,1 | 655 |
| Other | 34,1 | 5412 |
| Total | 100 | 15857 |

Table 5: According to female doctor/male doctor rate the initial 10 specialization field where female doctors are the most in number and their numbers and percentages

| Field of specialisation | | Male | Female | Total |
|---------------------------------------|--------|-------|--------|--------|
| Pathology | Number | 364 | 707 | 1071 |
| | % | 34,00 | 66,00 | 100 |
| Dermatology | Number | 360 | 655 | 1015 |
| | % | 35,50 | 64,50 | 100,00 |
| Physical Treatment and Rehabilitation | Number | 541 | 874 | 1415 |
| | % | 38,20 | 61,80 | 100 |
| Clinical Microbiology | Number | 371 | 465 | 836 |
| | % | 44,40 | 55,60 | 100 |
| Clinical Biochemistry | Number | 511 | 639 | 1150 |
| | % | 44,40 | 55,60 | 100 |
| Anesthesia and Rean. | Number | 1152 | 1422 | 2574 |
| | % | 44,80 | 55,20 | 100 |
| Public Health | Number | 106 | 125 | 231 |
| | % | 45,90 | 54,10 | 100 |
| Infectious Diseases | Number | 460 | 521 | 981 |
| | % | 46,90 | 53,10 | 100 |
| Chest Diseases | Number | 676 | 758 | 1434 |
| | % | 47,10 | 52,90 | 100 |
| Neurology | Number | 686 | 730 | 1416 |
| | % | 48,40 | 51,60 | 100 |

The qualitative findings on choosing the field of specialization and discrimination based on gender

In this section, 26 doctors have been interviewed. This question was asked to the doctors: "Did you face discrimination based on sex before the medical education while choosing this profession (such suggestions by your family that the medical education is difficult for women or that any branch of specialization is not suitable for women)?" All of the doctors answered that their families supported and encouraged them while entering the medical school.

The question "Is there a distribution of sex of the fields of specialization?" was asked; the majority of the doctors said that there were definitely preferences based on sex and there were reasons of them. The specialization fields that the female doctors preferred had no or a few days of being on duty, this was the reason noted most. The other reason for preference was the more definite working hours. Contrary to this, in some fields of specialization very often on duties, tiresome and indefinite working hours were the reasons why these fields of specialization not preferred. The fields of surgery weren't preferred by female doctors for not feeling discriminated or isolated, in addition to the reasons mentioned above.

“Are the public expectations related to your sex and play any role for you to choose these fields?” Eight female doctors answered ‘YES’ to this question. They stated: “I wanted a field of specialization so that I would be able to have more time for my home, my husband, myself and for my children”. The other doctors who answered as “NO” to the question gave such answers as: “It was a field I always wanted, I preferred the fields that my Examination of Specialization in Medicine (ESM) grade would be enough, I wanted any of the fields just to be a specialist”.

“Have you ever stayed between the social roles expected from you, or faced any difficulty in your profession?” The doctors who said “Yes” to this question took place in both sexes, and they were generally married and had children. Female doctors said that most of the responsibilities of children and housework were on themselves. Although the majority of them had servants and some of them got help from their parents, they got very tired because of carrying the responsibility themselves. Because of this they show great effort to save time for especially academic activities and compared with their male colleagues they lived the loss of time and power more than them.

A Few Statements Emphasizing the Discrimination

“This department is not a branch that discrimination is applied much, the women even may be preferred because they are more careful, self-denying and peevish. But in spite of these facts, it changes related with the hospital and the head of the department. For example, until I become the head of the department, no permission used to be ever given after the birth and to breastfeed. I, now, permit them to do these. The previous head of the department, who was a man, had never forgiven one of our friends who used her legal afterbirth permission right, he was even against her.” (A Female Associate Professor, Chief of clinic in the field of Pathology)

Table 6: The initial 10 specialization branches in which specialist male doctors are the most according to female/male doctor rate, their numbers and percentages.

| Field of Specialization | | Male | Female | Total |
|------------------------------|--------|-------|--------|--------|
| Urology | Number | 1749 | 13 | 1762 |
| | % | 99,30 | 0,70 | 100,00 |
| Orthopedics and Traumatology | number | 1947 | 31 | 1978 |
| | % | 98,40 | 1,60 | 100,00 |
| Neurosurgery | number | 1123 | 64 | 1187 |
| | % | 94,60 | 5,40 | 100,00 |
| General Surgery | number | 3276 | 238 | 3514 |
| | % | 93,20 | 6,80 | 100,00 |
| Cardiovascular Surgery | number | 815 | 78 | 893 |
| | % | 91,30 | 8,70 | 100,00 |
| Thorasic Surgery | number | 356 | 54 | 410 |
| | % | 86,80 | 13,20 | 100,00 |
| Ear Nose Throat Diseases | number | 1565 | 319 | 1884 |
| | % | 83,10 | 16,90 | 100,00 |
| Plastic Surgery | number | 449 | 92 | 541 |
| | % | 83,00 | 17,00 | 100,00 |
| Cardiology | number | 956 | 197 | 1153 |
| | % | 82,90 | 17,10 | 100,00 |
| Pediatric Surgery | number | 303 | 83 | 386 |
| | % | 78,50 | 21,50 | 100,00 |

Table 7: The gender distribution of the specialist doctors in Surgical, Internal and Basic Sciences Departments

| | | Departments in Medicine | | | |
|--------|--------|-------------------------|-------------------|------------------------|-------|
| | | Surgical Sciences | Internal Sciences | Basic Medical Sciences | Total |
| Female | number | 5089 | 9077 | 1691 | 15857 |
| | % | 32,1 | 57,2 | 10,7 | 100 |
| Male | number | 16733 | 11655 | 1735 | 30123 |
| | % | 55,5 | 38,7% | 5,8 | 100 |
| Total | number | 21822 | 20732 | 3426 | 45980 |
| | % | 47,5 | 45,1 | 7,4 | 100 |

χ²=2349,3 p<0.001

“When I first came to the department, the lecturers were not glad. ‘A woman came again, it would be better if a man came’ they said. For example, especially one of our male lecturers said ‘she does not come along to the visits with us’ and always takes the senior male assistants with him. A patient became worse once, we were two female assistants together with him. ‘What shall I do with these women?’ he said nervously.” (An assistant doctor)

“You can never be co-seniors. You can only be the row students of your male co-senior colleagues. When we wrote an article

titled ‘There is discrimination in surgery’ a female lecturer, our elder sister at the faculty of medicine wrote a very tough letter saying ‘I have never met any discrimination. Female surgeon is already alone. These are lazy.’ But I know her assistantship. They never behaved her equally, they suppressed her very much then Believe me, when I was pregnant I could not have got as many permissions as the male assistants have got saying that their wives were pregnant and they were going to take them to be checked”. (A female specialist surgeon in education hospital)

“You have entered the world of men. Everybody is following you their eyes are on you. When I first attended a congress and presented paper there was deep silence in the lecture hall. Now there are many women in this branch. There weren't any women's dressing rooms, for example. They used to get out and then I was changing dresses. All of the surgery tools are made for men. They are large and according to the size of them. When I became associate professor, I will have the tools made according to the hands of woman, or buy them.” (A female academician surgeon)

All of the doctors answered this question saying: “The level and quality of education should be improved”. There were some who gave the answer: “Promoting the socio-economic level of the society will solve these problems”. A doctor said that this was a problem of the system: “This problem cannot be solved unless the responsibilities on women such as home, family, etc. aren't completely solved”.

“We have to teach women that it is not an obligation for women to admit their social roles. They don't want to pay a price, they admit it for daily ease and don't want to have any problems. They stay between two roles comprising of their works and houses. They feel the responsibility of getting approval, they must get over this”.

Discussion

Our research quantitatively and qualitatively put forth that the women have met discrimination based on gender during their educational and professional lives. Beginning from the entering phase of the medical school until choosing the branch of specialization, during the steps of their career, they have lived the difference of preference based on the gender phenomenon. The women have been living this discrimination sourcing from their families, their colleagues on higher steps, their professors, their co-senior colleagues, assistant health staff, and the patients in various phases.

As Üşür emphasized, if a social group with different problems are not repre-

sented in a field in the rate of 1/3, that group cannot start talking on behalf of themselves in their language on their problems. Üşür states this situation has been proved by research and adds that when the women are represented over the rate of at least 30% which is “the critical sill” they will start stating their problems (3).

Among 28 fields of specialization were examined in our study. The rate of female doctors in 12 branches is below 33% which is accepted as the critical sill. These fields include surgery specialization fields excluding internal diseases and cardiology fields. In the fields of surgery, where female doctors are very few, the women are feeling this discrimination more than the others.

In none of the 28 specialization field, the rate of the male doctors was proved to be under 33%. While the rate of female doctors was 66% the most, in the fields where the rate of female doctors as more, the rate of male doctors in the fields where they were dense, was changing between 78.5% with 99.3%. Looking at these rates while it is not a very correct approach to mention the areas special for women, the approach claiming that there are fields specially for male doctors can be said to be more correct.

The specialization fields which we can call as the kitchen of the work where doctors do not come face to face with the patients but they support the diagnostic process, such as microbiology, biochemistry, pathology; and the fields in which the patients mostly don't know if they are doctors or not, such as anesthesiology and reanimation, the female doctors in these fields are densely employed. Densely employment of them in these fields is the sign of being used at the back plan as the workers of the unseen jobs.

In order for women to maintain the housework and taking care works in the frame of social sex roles, they tend to choose the branches which are suitable for both roles in their professional lives. This tendency was put forth in their responses given to the questions

during the interviews above.

Both in the cultures of east and west, women have been seen in the position of taking care for centuries. In the basic medicine sciences which are service-weighted, relatively less popular unseen but “the kitchen of the work” the reason why women are densely employed in the departments where protective doctors' services such as “public health” and their financial income is less, is the extension of that point of view.

The doctors, who attempt to interfere the human body, have been privileged in all times. There has always been a view point to those doctors as if they had been supernatural. For this reason even the simplest surgical interferences in the eyes of the society are always more important than the other methods of treatment. Surgeons have always been more respectful in front of the society because they dominate the body, cut it, mend it and reconstruct it. Shortly, they are evaluated as the owners of different power on human body. Men have been taking place densely in the fields of specialization that are considered more respectful and further in front of the eyes of the society.

The fact that the rate of the female doctors in the position of clinic chief is considerably lower compassed with the rate of whole female doctors; but that there are more female doctors over the average, in the position of assistant clinic chief which is a lower step, is the sign of glass ceiling phenomenon. The women are unable to promote after a definite step in their careers. Some unseen preventions are there, especially when promoting to the administrative cadres (4).

Before the application of The Examination of Specialization in Medicine (ESM) September 1987 in choosing doctors for the fields of specialization, every department used to do their interviews and written examinations themselves. With ESM, such an examination based on grading centrally, more objective, controllable for validity, started to use. ESM eliminated the

traditional gender preferences of the authorities, choosing the candidate doctors in specialization in medicine before. ESM examination ensured the female or male doctors to enter the departments they want, provided that they get the grades required.

When the application of choosing the students of specialization by ESM for twenty years is considered, the number of women is still limited especially in surgery specialization fields. In spite of this examination some specialization fields are considered to be not suitable for women.

Although there is no discrimination before the laws practices in daily life don't completely reflect this. One of the hindrances in front of the women in their work life which is, perhaps, most difficult to be changed, and the other is the social gender roles which are expected from the women at home as well. These roles are: meeting the requirements that are seen as women's works, child care, old and sick people's care etc. (5). Unless the social viewpoint that accepts the understanding that these roles are under the responsibilities of women doesn't change, in spite of the equality preventions taken in the laws, these roles don't change easily from today and tomorrow. Besides the sharing of these responsibilities with laws, an institutionalized educational system beginning from pre-school even from babyhood period at home, and investigating the social gender roles, should be settled in our country.

The equality of sex should be aimed to enliven in education in the laws, in practices to spread to all of the policies. In order for woman to be present at the work life, the policies directed to be shared and made comfortable by the institutions they work, concerning the social sexuality roles, should be planned not only over women but also over both sexes. Because while these rights are making women partly comfortable, they cause them to get squeezed between the triangle of "house-family-child" and to stay back in their careers. For example; the use of birth permission only by women, the

obligation of opening crèche is bound to the number of women working in the institution.

As Stein stated: "Although precautions directed to support the women are taken in the labor division based on sex realized in the family, these precautions and regulations are not helping women to make their motherhood and professions suitably because this problem is considered as women's problem. They don't include a dimension directed to share the production load equally again between the men and women in the family. This limited consideration won't help to break up the conventional role given to women, on the contrary it will tighten this role undoubtedly, Although the equality between sexes is ensured in the constitution, the hierarchy between sexes has never been questioned, at reverse, it has always been produced again" (6).

When we evaluated the after birth unpaid permission given to women, they are being away from their work life and their academic careers is interrupted for one year when they use this permission. Their motherhood role is being strengthened and in taking care of the child only the mother should be responsible. Such a point of view may come forth. The female doctors who don't want to use this permission become squeezed between the dilemma of home-work and this creates density.

The programs directed to the reasons of inequality, from primary education to university, the subjects examining the social gender roles should be included in the programs. In all written and visual press, the movies, advertisements, news etc. producing the social gender roles should be replaced with those which have the view of equality, and works should be done to provide this.

This authoritative form of relationship goes on increasingly during the stages of specialization and after specialization. It is not very easy to question the rules and decisions of clinic administrators and lecturers, this situation are being valid not only in administrative running but also in scientific decisions. In many de-

isions and applications, the views of the clinic administrators and lecturers to the life and science are being definite. This situation shows incongruous application to the rule of merits.

Work conditions during and after specialization education are really too heavy and tiring in some departments. During this period the fellows are working like hospital employees, beyond being students, and they are being suppressed under the load of work whereas the assistants are in the status of students during specialization education. Out of the work hours seen they might have to spend their time at the hospital and to bring this to a form of life style in some fields. Even if it is out of this obligation, a life devoted to the hospital might lead to be able to go up the steps of career until they reach definite degrees. Female doctors, staying at the dilemma of home-work, stay out of this situation, and have to continue this race from behind. In many of the clinics, work hours are far over the legal work hours, and criticizing or discussing this is mostly out of question.

On the other hand, the work hours are determined by the law, and forced labor is defined as a guilt. In the years our republic was founded, four female doctors, out of eight female doctors graduated from the faculty of medicine, did their specialization on surgery branches and they were supported and encouraged, which was striking (7, 8). Nowadays, in the 21st century the fact that the women are still squeezed in definite specialization fields, and that they are hindered in some fields, are, separately, notable findings.

The solution of the problems mentioned above will be possible by changing the medical education into student centered education in all phases, by bringing fair examination systems, by keeping the work hours in the periods defined by the laws, by employing adequate number of doctors and doing good planning. Provided that these solutions are applied, they will reflect directly to the academic success of the female doctors.

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