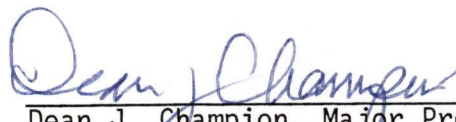
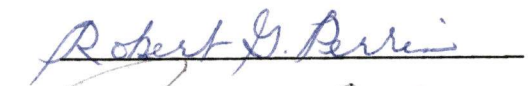
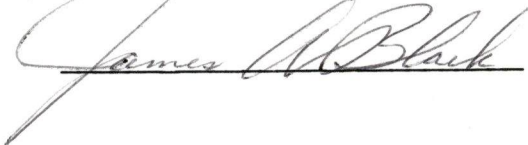


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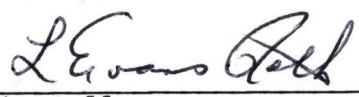
I am submitting herewith a thesis written by Debra Kay Littlejohn entitled "A Comparative Study of Male and Female Medical Students: Their Sociocultural Backgrounds, Sources of Support, Motives, and Professional Expectations." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Sociology.


Dean J. Champion, Major Professor

We have read this thesis
and recommend its acceptance:

Accepted for the Council:


Vice Chancellor
Graduate Studies and Research

A COMPARATIVE STUDY OF MALE AND FEMALE MEDICAL STUDENTS:
THEIR SOCIOCULTURAL BACKGROUNDS, SOURCES OF SUPPORT,
MOTIVES, AND PROFESSIONAL EXPECTATIONS

A Thesis
Presented for the
Master of Arts
Degree
The University of Tennessee, Knoxville

Debra Kay Littlejohn
June 1983

DEDICATION

This thesis is dedicated to the memory of my father, Thomas C. Littlejohn, Jr., J.D., M.D. (1926-1982).

For his sacrifices, love, and encouragement which made much more than just my graduate years possible, for the constant humanistic values he used in practicing medicine and which stimulated my interest in medicine and thus the idea for this study, for his believing in and encouraging his daughters to pursue the careers of their choice, and for much more than words can express, this thesis is dedicated to the greatest man I have ever known, my father.

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To my sister, Christie, for her encouragement and for whom I have great admiration for her pursuing a career in medicine with the true humanistic values which she learned from my father and which every physician should have.

Most of all to my parents, Dr. and Mrs. Thomas C. Littlejohn, Jr., who provided the financial assistance during my graduate years, and for their encouragement, love, and intellectual influence which made my graduate years and the completion of this study possible.

ABSTRACT

This study examined the differences between the motivations, professional expectations, sociocultural dimensions, and sources of support for first-year male and female medical students.

The data were obtained from a private midwestern medical school. A questionnaire was distributed to first-year medical students by a student in the class.

The findings were that most medical students tend to come from rather affluent backgrounds in terms of sociocultural standing; and that female medical students tend to have a slightly higher sociocultural standing than male medical students.

It was also found that, in terms of financial support for medical school, the male medical students received less financial support from their parents than the female medical students; however, more male medical students received governmental and school financial support than female medical students.

With regard to social support, it was found that, regardless of gender, the family of origin was supportive of the student's decision to enter medical school. However, it was also found that the opinions of the family of origin regarding the student's career decision were more important for the female medical student than for the male medical student; and that the parents of female medical students were more influential in the student's career choice than the parents of male medical students.

Furthermore, it was found that female medical students were more likely to have physicians in their families than male medical students, and that more female medical students had fathers who are/were physicians than male medical students. However, all medical students who reported having physician fathers indicated that the fathers were influential in the student's decision to enter medical school.

Finally, with regard to motivations and professional expectations it was found that male medical students anticipated working more hours than female medical students; however, female medical students planned to donate more time to volunteer work as physicians than male medical students. Relative to the issues concerning income, it was found that female medical students had lower expectations and were more likely to favor a required National Service Corps for physicians than male medical students; and that male medical students were more likely than female medical students to perceive physicians as deserving to earn higher incomes than other persons in society.

The above findings indicated that there is a need for more study in the area of medical sociology, particularly since the value systems of the various cohorts of medical students tend to change over time, and since there is currently a larger proportion of women who are pursuing careers in medicine.

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CHAPTER I

INTRODUCTION

I. WOMEN IN PROFESSIONS

The relative incidence of women crossing over into male dominated occupations has increased in recent years; however, the increase has not been extraordinary. According to a report issued by the Bureau of Labor Statistics, which focused on female entry into occupations during the past 30 years, in 1950 women constituted 40.1 percent of the total workers categorized as professional and technical; yet, by 1979 there had been an increase of only 3.2 percent of women categorized as professional and technical. However, these figures tend to be somewhat deceptive given that in 1980 teachers who were not in a college or university setting represented more than 25 percent of the total workers in the area.

Although the representation of women in the professional and technical categories has increased, Ritzer (1977:322) points out that "females have made gains in some high-paying, high-prestige occupations, but they have made their greatest gains in comparatively low-status, low-paying clerical and service occupations." Blau (1978:41) notes that in 1940 women represented 71 percent of the service-oriented sector as compared to 76 percent in 1974. "Even the gains at the top of the occupational spectrum are deceptive. They disguise the fact that women generally occupy the lowest positions within the categories" (Ritzer, 1977:322). Thus, the crossing over of women into

the professional and technical fields may be less significant than the overall percentage change suggests.

Female participation in areas such as medicine, law, engineering and other occupations which have been traditionally considered masculine occupations is constantly rising. These fields, which are often considered male occupations, are characterized in many cases by high prestige and high income, and in other cases by physical strength requirements. The field of medicine is more often characterized by the former factors. On the other hand, female occupations are often labeled as those occupations which do not require much physical strength or do require skills which are more nurturing oriented and offer limited extrinsic rewards; yet, women are often perceived as entering an exclusively male dominated field if they aspire to become a physician. In fact, women tend to be regarded as more nurturing than men, thus, it is astounding that they should be considered by many as occupational deviants when they aspire to enter a field such as medicine, which requires not only an extreme amount of technical expertise but also a significant amount of nurturance.

Women in Medicine

It was not until 1849 when Elizabeth Blackwell graduated from Geneva Medical College in New York that there was a women physician in the United States. However, this event did not result in a significant increase of female physicians. Between the years 1914 and 1969, the percentage of female physicians increased by only 5 percent (Dube, 1973:186). Although the number of women who applied to medical schools in the United States during the years 1929-1972 was

significantly smaller than the number of male applicants, overall, the percentage of women who applied and were accepted during this time period was greater than the percentage of males who applied and were accepted (Dube, 1973:188). Therefore, it can be assumed that the field of medicine during this time period was perceived as a "deviant" occupation for a woman to enter.

Until recently, most medical schools were exclusively male dominated, and women are still underrepresented in the profession. Fortunately, "the decade of the 1970's saw a significant increase in the number and proportion of women in United States medical schools," resulting in a more equal distribution of women medical students throughout the medical school system (Turner and Griffin, 1982:651).

The increase in women medical students has been attributed to many factors, including the enactment of legislation for more equal opportunity in the educational setting and the growing perception by young women and others--that professional careers are open to women (Turner and Griffin, 1982:651).

From the beginning of the 1970's women constituted approximately 9.1 percent of the total enrollment of all medical students in the United States; however, at the beginning of the 1980's we see that more women are becoming "occupational deviants" as the percentage of women increased to 26.2 percent of the total number of medical students (Turner and Griffin, 1982:651). Overall, we are finding that there appears to be a trend toward a more equal distribution of women in medical schools; however, the number of women entering the medical field has to increase significantly by every year if women are no longer to be perceived as entering a male occupation.

This study deals with women crossing over into a male dominated occupation, medicine. More specifically, it seeks to answer the following questions:

1. Are there differences between male and female medical students regarding their sources of social and financial support?
2. Are there differences in motives between males and females for entering medical school initially?
3. Are there any factors involved in the decision making process that caused the students to enter medical school which are significantly different for male and female students?

This study combines several methodological strategies, including experimental, descriptive, and exploratory strategies in an attempt to arrive at the answers.

II. STATEMENT OF THE PROBLEM

This study explores the relevance of social and economic support, motivational considerations, and various other factors associated with the selection of medicine as a career choice among male and female first-year medical students. More specifically, factors such as parental support, sibling support, and family support will be examined as they pertain to male and female career choice motivations. Several demographic variables will also be examined as possible explanations for differences between male and female medical students. Income expectations, professional expectations, role models, and attitudes toward certain issues within the medical profession (i.e., National Service Corps for physicians) will be analyzed in

order to account for possible differences between male and female medical students. Although this is a study of first-year medical students, one must bear in mind that these persons are likely candidates for future physicians, given that the attrition rate from medical school is only approximately 1.8 percent (Crowley, Etzel, and Peterson, 1982:3250).

Major Objectives

The major objectives of this study are:

1. To determine motivational differences between male and female medical students regarding their selection of medicine as a career choice.
2. To determine the differences between male and female medical students regarding their professional expectations.
3. To analyze the sociocultural characteristics of male and female medical students in order to determine if they differ in any way.
4. To determine if there are male-female differences in the types and extent of social and financial support for the selection of medicine as a career alternative. Also, if there are differences in their sources of support, what are these differences?

III. REVIEW OF THE LITERATURE

Differential Motivations between Male and Female Medical Students

Although there has been relatively little recent research in the area of different motivational factors related to the reasons males

and females aspire to enter medical school, there has been some previous research conducted. Reissman and Platou (1960:174) conducted a study of medical students' motivations for entering medical school and found that "individuals vary in . . . values of the professional role and more importantly, in their motivations for entering the medical profession." Reissman and Platou (1960:176) concluded that there were three major reasons given by medical students regarding their motivations for aspiring to become physicians:

- (1) those who entered medicine because they were interested in science;
- (2) those who were interested in the medical profession because of the prestige, rewards, or security it could offer them;
- and (3) those who were motivated primarily by a humanitarian desire to help people.

Although the first motivation which Reissman and Platou (1960) espouse is one which tends to either be nonexistent or rated low in many other studies, the latter two motivations appear to be frequently cited by various researchers as motives for students' aspirations to become a physician (Cartwright, 1972; Kunter and Brogan, 1980; Leserman, 1981).

Fredricks and Mundy's (1976:30) study of medical students who entered medical school in 1962, which also confirms portions of Reissman and Platou's (1960) research, concluded that "human service, professional satisfaction, autonomy, and financial earnings" were the primary reasons that students gave regarding the selection of medicine as a career choice. Although these responses are useful insofar as they help determine the most frequently cited motivational factors for the selection of medicine as a career, neither study rank orders the responses in order to help establish which factors appear to be

the most important motivators. There also exists the dilemma that Reissman and Platou's (1960) study does not give any statistical evidence regarding gender; however, Fredricks and Mundy's (1960) research does allow us to determine that these responses are primarily limited to male medical students since their sample was broken into 77 male and 4 female medical students.

Funkenstein's (1978) study of medical students during different eras is a particularly insightful study. Although it does not differentiate the cohorts by gender, the study does provide insight into the ways in which students' motivations for entering medicine change over time. This makes us increasingly aware that generalizations regarding students' motivations for entering medical school must be viewed in light of the events of the time and the events occurring during a particular cohort socialization period. In what Funkenstein (1978:23) terms the "Student Activism Era" (1969-1970), he notes that "prestige and status were downgraded"; however, during the Doldrum Era (1971-1974) financial rewards were found to be a high motivational factor for the selection of medicine as a career alternative. During this era, the students also planned to work fewer hours than the physicians in the past (1978:28). Although Funkenstein's study (1978:78) was primarily limited to male medical students, he was able to determine that the female medical students were less interested in high income and high status than their male counterparts. We must acknowledge that although we can perhaps generalize about the different motivational factors regarding the selection of medicine as a career choice, as well as differentiate between the sexes, one must

take into account the era in which the study was taking place. In this study we will attempt to determine if there is still a difference regarding the motivational factors for male and female medical students and if the male medical students still perceive the monetary gains offered by the profession to be a significant motivational factor regarding the selection of medicine as a career.

Thus far, our review of the literature relevant to motivational factors for entering medical school has been primarily oriented toward those factors which motivated male medical students because there was a lack of women in medical school prior to 1977-1978 when women constituted only 25.6 percent of the first-year medical students in the United States (Datagram, 1982:497) and because most of the research concerning women in medical school has focused on the problems which women encounter while in medical school (Campbell, 1973; Bourne and Wikler, 1978; Heins, 1979). However, in 1974 Leserman (1981:145) began a study in which she dealt with a comparative analysis between male and female medical students and found that women tended to select the occupation of medicine in order to help people. She also found that, unlike male medical students in the past, for example those students in the Doldrum Era (1971-1974), women were less motivated by the income and status rewards than were male medical students. She notes that

among seniors men were still more oriented to money so that more men rejected plans to lower physicians' financial and status rewards (51.2%) and more men considered income and status an important part of their careers (33.3%) as compared with the women (23.6% and 19.4% respectively) (1981: 147).

Consequently, although Leserman's (1981) research does not directly measure the motivational factors for selecting medicine as a career alternative, it is believed that the significance of the financial orientation espoused by the male medical students is sufficient to conclude that even in more recent studies of male and female medical students, males are motivated more by monetary factors with regard to the selection of medicine as a career alternative than are female medical students.

Becker, Katatsky, and Seidel (1977), Kunter and Brogan (1980), and Levine and Weisman's (1974) research substantiates the position of Leserman (1981) that in the past males have placed significantly more importance on high income and high prestige as motivational factors for aspiring to become physicians than women have.

Through the use of content analysis, Kunter and Brogan (1980: 348-350) found that although all students rated humanistic reasons (i.e., "helping others," "interest in people") as high motivators in their decision to enter medical school, male medical students gave greater importance to the high prestige and income of physicians, whereas female medical students were additionally motivated by the challenge and intellectual stimulation of the profession (24 percent) compared to only 16 percent of the male medical students. Although research indicates that all medical students tend to regard the desire to help others as the primary reason for their selection of medicine as a career choice, it is imperative that we look beyond this response, for as Hunter and Brogan (1980:355) note: "a social

desirability bias is likely to be inherent in responses to factors such as 'interest in people' and 'a desire to help others.'"

Differences between Male and Female Medical Students Regarding Their Professional Expectations

The concept of professional expectations regarding the field of medicine can be as broad as there are issues in medicine. However, most of the research is concentrated around three main expectations: (1) controversial current issues such as lowering physicians' incomes, a National Health Corps for physicians, etc.; (2) one's values regarding the profession; and (3) income expectations of a physician.

Regarding the professional expectations of medical students concerning controversial issues, the research is limited. Although some studies do indirectly address the problem by noting that some groups of medical students and/or physicians are either humanistically oriented and, hence, are in favor of certain issues while others are supportive of the other position and are materialistically oriented, few studies go beyond the point of making indirect measures of one's orientations and what these mean regarding one's position on controversial issues. However, Fredricks and Mundy's (1976) study directly examines what they believe are the two predominate orientations of persons in the medical profession, and the way in which these orientations reflect one's position regarding issues in medicine. They note that

. . . within the present-day medical profession, a duality of orientations is present. There is an entrepreneurial

orientation characterized by a businesslike arrangement of [professional] affairs toward a financial success, with little interest in the health problems of the poor; and a socially conscious orientation manifested by a concern for the medical needs of the indigent . . . one can assume that socially conscious physicians would be willing to take part in the medical programs of the war on poverty, whereas their entrepreneurially minded colleagues would tend to make up a segment of the medical profession less in favor of government assisted medical programs (1976:108-109).

Although Fredricks and Mundy's (1976) study does provide some useful insight into the fact that there are possibly two major orientations among persons within the medical profession, and that these orientations can help determine how persons would perceive controversial issues, they do not give any indication as to whether one should expect to find different or overlapping perceptions between males and females regarding the issues. However, Leserman's (1981:41) study lends insight into some gender differences relative to controversial issues. Her study indicates that women "more strongly advocate such reforms as socialized medicine and lower physician income." Adams' (1977) research further substantiates the findings of Leserman for Adams found that women physicians tend to charge lower fees than their male counterparts (1977:225-261). Leserman (1981:146) also found that a significant proportion of the female medical students advocate a National Service Corps whereby physicians would be required to serve in a deprived area in order to obtain their license; however, only 17 percent of the male medical students were willing to support such an issue. Although the research concerning controversial issues with regard to gender is limited, there does appear to be some indication that women are more likely

than men to support a socially conscious position, whereas the males are more likely to support an entrepreneurial orientation. However, we must bear in mind that most of the research which suggests this theme was conducted on medical students in the 1970's and, consequently, positions toward the controversial issues may have changed.

Another aspect of medical students' professional expectations involves the values which they have relative to the occupation. Although the research on this topic is fairly limited, Funkenstein (1978) notes that the values held by the medical students regarding their future occupation are constantly changing. For example, he found that of those students who graduated from medical school in 1959, the majority, 65 percent, perceived "competence of the physician" to be the most important value held by the medical students; however, of the medical students who graduated in 1976, only 39 percent perceived "competence of the physician" to be their most important professional value, thus indicating that the importance of professional values tends to change with different cohorts (1978: 17). The lack of humanistic values regarding professional expectations for the cohort who graduated in 1975 was also evident in Funkenstein's (1978:17) study as he noted that only 21.7 percent of this class perceived delivery of optimal care to the entire population as their most important value. Thus, from Funkenstein's (1978) study we find that not only was that generation of medical students who graduated in 1975-76 less humanistically oriented with regard to value expectations, but also that the values of medical students change over time.

Closely related to students' values regarding the medical profession are one's income expectations once they have become physicians. As was indicated earlier, men tend to be more motivated to enter medical school because of the financial rewards than their female counterparts who do not place as much importance on monetary gain. This same theme becomes apparent when analyzing income expectations. McGuire's (1966) study helps to substantiate this hypothesis. His research indicates that of those students who aspire to become physicians, men expect to earn a substantially high income and gain high prestige through the profession. On the other hand, Cartwright (1972:213) notes that "the issues of status, prestige, and economic reward were more peripheral for women than for men." Lopate (1968) also found that female medical students have little concern for monetary rewards. Consequently, we find that the factor which motivates males to pursue the occupation of physician--monetary gain--is also a high expectation of the males, whereas the females have smaller income expectations.

Sociocultural Differences between Male and Female Medical Students

When evaluating the sociocultural distinctions between male and female medical students, it is imperative that the differences be analyzed with regard to only that setting and population which is being studied. As Auguste Comte remarked: "Society and social institutions originate in human nature . . . the human mind can develop only through society; the individual must be considered always in his social setting" (Stansfield and Williamson, 1958:9). The

necessity of keeping this in mind can be noted when one evaluates the sociocultural distinctions of all medical students versus the entire population. As Gough and Ducker (1977:31) note: "American medical students come from higher-status backgrounds than would be true if sampling occurred on a random probability basis from the general population." Lyden, Geiger, and Peterson (1968) further confirm this characteristic of all medical students by noting that approximately 40 percent of the medical students that they surveyed had fathers who were occupationally elite. Therefore, although one might expect to find differences between the male and female medical students regarding their sociocultural backgrounds, one can assume that the sociocultural background of the entire population of medical students would be significantly higher than the sociocultural demographics of the entire population.

One of the first factors which one notices in reviewing the differential demographic characteristics of male and female medical students is the educational levels of the students' parents, as well as the academic achievements of the students. Fruen, Rothman, and Steiner (1974:141) found that the highest educational levels attained by the parents of the female medical students were higher than the highest educational levels attained by the parents of male medical students. Kunter and Brogan's (1980:34) research substantiates the findings of Fruen, Rothman, and Steiner (1974), for they found that both the fathers and the mothers of women medical students had an overall higher educational background than did the parents of the men medical students. Hutchins (1966) also found that the mothers of

female medical students had obtained higher educational levels than had the mothers of male medical students.

The higher educational levels obtained by the parents of the male and female medical students might possibly be indicative of the academic achievements of the students. Fruen, Rothman, and Steiner (1974) found that of those students accepted into medical school, female students tended to have a slightly higher overall grade point average as undergraduates, as well as slightly higher grades in the prerequisite courses needed for entrance into medical school than their male counterparts. Yet, they found that no difference existed with regard to overall grade point average or prerequisite course grades for male and female applicants who were not successful in gaining entrance into medical school. In a longitudinal study conducted by the American Council on Education (1974:3), which focused on undergraduate health aspirants and non-health aspirants, it was found that of those persons who aspired to enter a health related occupation, females "were superior in academic ability to their male counterparts." Other studies conclude that high parental value of education is an important source for a daughter aspiring to a higher educational level (Astin, 1969; Stafford, 1966; Epstein, 1970).

Although studies indicate that the parents of female medical students have a higher educational level than the parents of male medical students, and that female medical students tend to have better academic records than male medical students, this does not necessarily indicate that there is a direct correlation between the educational levels of a student's parents and the gender of the medical

student; however, the possibility that the educational levels of the parents might account for a portion of the students' academic achievement cannot be overlooked. Yet, other variables may also contribute to female medical students being academically superior. In a study of law students conducted by Feldman (1960), it was found that academic achievement was a partial function of social class, hence it is imperative that we examine not only the educational levels of medical students' parents, but also those other variables which act as indicators of social class. With regard to occupational levels of parents, we find that the occupational levels of the fathers of female medical students were significantly higher than the occupational levels of the fathers of male medical students (Kunter and Brogan, 1980; Fruen, Rothman, and Steiner, 1974). Kunter and Brogan (1980) also found that the women medical students tended to have a significantly larger percentage of mothers who were employed than did male medical students. Not only is the educational level of both parents and the occupational level of the student's father higher for female medical students in contrast to their male counterparts, but also Cartwright (1972:213) found that the overall income levels of the parents were higher for female medical students than for male medical students. Hence, studies tend to indicate that the overall sociocultural background of the female medical students is higher than that of the male medical students. Weitzman (1979:26-57) gives insight into some of the possible causes for this difference in the males' and females' SES. She notes that overall not only are women in college today more career oriented than women who were in college in the 1950's and 1960's,

but also females from middle class backgrounds are less traditional in their "sex role concepts" as compared to females from the lower class. Therefore, since women who aspire to become physicians are often considered occupational deviants, and women today are more career oriented than those of the past, one might expect to find that these women are not only less traditional, but also that the lack of tradition regarding their occupational aspirations might be related to the higher SES from which they tend to come.

Variations in Sources of Support for Male and Female Medical Students

In examining the sources of support for medical students, it is imperative that we define what we mean by the concept of support. The previous research as well as this study tends to discriminate between financial support and social support. Although the variety of data are limited with regard to financial support, a study conducted by the American Council on Education (1974) did find that most medical students, male and female, receive the majority of their financial support from their parents. However, because research indicates that medical students tend to come from relatively high sociocultural backgrounds, this finding should not be surprising.

The previous research regarding sources of social support to enter medical school tends to be vague as well as somewhat contradictory. For example, in the "Report of the Royal Commission on the Status of Women in Canada" (1970), it was determined that "lack of encouragement" was the primary reason for the significantly low percentage of female medical students; however, the study failed to

indicate from what source the encouragement was lacking. Sewell and Shah (1968:569) found that while males receive support from their parents to obtain a high educational level, females receive significantly less. On the other hand, Kunter and Brogan (1980:351) suggest that women have more sources of support to enter medical school (85 percent) than males who aspire to become physicians (70 percent).

Perhaps the findings of the above research appear to be contradictory and vague because the actual sources of support are not listed, nor is all the research relative to career support aimed directly at medical students. When examining the research solely for medical students or to more specific sources of support, we find that "mothers provide an important source of influence for the goals and ideals of their daughters" (Weitzman, 1979:77); yet the father can also be a very important source of support. Weitzman (1979:79) notes that in those incidents whereby fathers

encourage their daughters' achievements and back up their encouragement with practical support they can provide the single vital influence that breaks the traditional socialization chain. Thus, while a father's encouragement is clearly not the only precursor to female achievement, when it does exist it can be extremely influential.

Therefore, we find that mothers and encouraging fathers--parents--can be the single most important source of support. And, given that women who aspire to become physicians are deviating from the traditional norm regarding a woman's role, it would appear that they would perhaps need a significant amount of social support from significant others. Kunter and Brogan (1980:351) substantiate this finding by noting that "one or both parents were the sources of

support most frequently cited by women and men"; however, for both male and female medical students, fathers were perceived as being more supportive in the student's decision to enter medical school than the mother. Therefore, it appears that there is relatively little difference between male and female medical students regarding sources of social support to enter medical school, for it is the parents who are the primary sources of both financial and social support.

A Brief Summary

The various studies that have been undertaken in order to better understand the differences between male and female medical students with regard to career selection have at least one element in common. All studies concur that in most instances, regardless of which variable is being examined, there does appear to be a difference regarding male and female medical students.

The studies reviewed above suggest that male and female medical students espouse different motivational factors for pursuing the selection of medical school. Beyond the socially desirable responses, it was found that males tended to have materialistic motives for entering medical school whereas women were less motivated by materialistic rewards. However, it was also suggested that motives change from cohort to cohort given that those who entered in 1969 placed little significance on "prestige and status" (Funkenstein, 1978:23), but those who entered medical school in 1971 perceived financial rewards to be a primary motivational factor for the

selection of medicine as a career choice (Funkenstein, 1978:28). Therefore, it is necessary to determine if different motivational factors to enter medical school still exist with regard to gender, and what the current primary motivators are.

With regard to male and female medical students' professional expectations, we also found that professional expectations appear to change from class to class. The primary finding was that male medical students had a more entrepreneurial orientation than female medical students and that their highest motivational factor for entering medical school--monetary gain--was also their highest value with regard to professional income expectations. Yet, given that these data are primarily centered around those medical students who were in medical school in the early 1970's, it is imperative that we attempt to determine if professional expectations have changed.

It is also imperative that we be concerned with the socio-cultural backgrounds of the male and female medical students. All studies concur that female medical students have a higher socio-cultural background than male medical students. Their parents tend to have higher educational levels, the fathers are more occupationally elite, the females have better academic records, and the overall SES is higher for female medical students. However, it is also found that most medical students, male and female, tend to come from high sociocultural backgrounds relative to the rest of the population.

Existing research concurs that most medical students receive a majority of their financial support from their parents; yet with regard to social support the studies are somewhat vague. Although it is

suggested that parents are the single most frequently cited source of social support for both male and female medical students' decisions to enter medical school, the importance of the parental support as well as the definition of other sources of support are virtually non-existent in the research.

IV. CONCEPTUAL SCHEME

Despite the relatively large amount of literature in medical sociology, there has not been an adequate theory for explaining the reason that the most recent cohort of medical students decided to pursue their occupational goals of becoming a physician. Palvalko (1971:45) identified at least one theory concerning occupational choice. This is known as the sociocultural approach.

Sociocultural approach

The advantage of the sociocultural approach over many others which are found in the literature concerning occupational choice is that it focuses not only on the social factors which influence the occupational choice of an individual but also on the individual plans which so often are a major part of the student's medical school preparation. Given that the decision to enter many of the professions such as medicine involves the advance planning of one's education, it appears that these two variables, occupational choice and educational planning, are inseparable in a discussion of the medical student. Yet, the question as to how educational plans influence or affect occupational choice and vice versa must be

addressed. Pavalko (1971:64-65) attempts to address this question by stating that:

the American educational system is a structure of choices and options with regard to occupational outcomes. It is a kind of maze through which young people pass and in which choices are both explicitly and implicitly forced upon them.

Most of the research on sociocultural factors which are said to influence one's occupational choice focuses on variables such as: social class, gender, peer influence, parental influence, etc., and the effects which these variables have on one's occupational and/or educational goals.

In considering the variable of social class background can place constraints upon an individual's occupational aspirations and expectations. Whether one determines social class as measured by the family of orientations income, or one's parents' educational levels, or parents' occupations, many studies show that an individual's social class background has a strong effect on the educational and occupational goals of a child. Thus, the higher the individual's social class background, the more likely the individual is to aspire for a high prestige occupation. And, as has already been noted, most of the highest prestige occupations (physician, lawyer, professor, etc.) require above average educational goals (see Table 1).

Many studies have found that there is a positive relationship which exists between one's social class background and males' and females' occupational goals. This relationship remains whether social class is determined by one's father's educational level (Marini and Greenberger, 1978; McDill and Coleman, 1965), father's occupation

TABLE 1
EDUCATIONAL CHOICE AND OCCUPATIONAL CONSEQUENCES

Educational Choice Point	Decision to be Made	Occupational Consequence
1. Entering high school	Type of high school Type of program	Acquisition of specific occupational skills Acquisition of prerequisites for college entrance
2. Completion of high school	Go to college? No _____ Yes _____ Where? _____	Blue collar work Acquisition of specific occupational skills Ease of entering graduate and professional schools
3. Second or third year of college	Major	Restriction of occupational alternatives
4. Completion of college	Go to graduate or professional school? No _____ Yes _____	Occupational entry Preparation for work in specific occupation

Source: Adapted from Ronald Pavalko, Sociology of Occupations and Professions (Itaska: F. E. Peacock Publishers, Inc., 1971), p. 66.

(Banducci, 1967; Cole, 1956; Hyman, 1953; Turner, 1964), mother's educational level (Marini and Greenberger, 1978; Sewell and Shah, 1968), or a score based on a variety of indicators (Hyman, 1953; Werts, 1968). Another factor which is often considered to have an impact on one's occupational goals is mother's occupation. Banducci (1967) found that high school seniors who had mothers that worked tended to have higher occupational goals relative to those individuals who had mothers that did not work. This effect is particularly dominant concerning females' aspirations. Studies have found that among those college females with working mothers, the probability of a daughter aspiring toward a career in a traditionally male-dominated field (i.e., medicine) and being career oriented is higher than the occupational goals for those females with nonworking mothers (Almquist and Angrist, 1971; Rangri, 1972). And, in general, the higher the social class background of an individual the more likely the individual is to choose a high prestige career (i.e., medicine).

Although one's social class background is perceived to be a major determinant in the selection of one's occupational choice, the influence of various significant others cannot be ignored. Herriott (1963) and McDill and Coleman (1965) argue that the effect of an individual's peer influence is greater than the effect of parental influence concerning the occupational and educational goals of an individual. However, other research argues that parental influence exceeds peer influence in terms of both one's educational and occupational goals (Simpson, 1962; Kendel and Lesser, 1969). Although the evidence on parental versus peer influence tends to be

contradictory it should be noted that the majority of the studies concerning the impact of peer influence on an individual's educational and occupational goals has relied primarily on male respondents. However, for those few studies which have compared males' and females' educational plans, the results are even more confusing. Williams (1972) found that there was relatively little difference between the effects of an individual's college plans for either sex; however, Hout and Morgan (1975) noted not only a sex effect with regard to peers' educational plans, but also a race effect concerning white males and black females, but little effect concerning white females and black males. Consequently, the controversy of the impact and effect of peer influence on one's educational and occupational goals renders it impossible to determine exactly how much influence a friend's educational and occupational plans have on an individual. However, another possibility which could account for the relationship of the influence between an individual and his/her friend is that the individuals tend to associate and select friends who are like themselves. Until there is more research, the effects of peer influence on the educational and occupational plans of an individual will remain an almost unanswered question that will prevent the attempt to generalize to a variety of groups.

The effects of parental influence on an individual's educational and occupational goals are more concrete than those of peer influence. Many studies concerning the effects of parental influence on students' aspirations have used parents' education or social class

as indirect indicators of parental expectations for their children.

As Mottern (1980:17-18) notes:

the related variable "parental encouragement" has also been used to reflect the attitudes of the parents regarding the importance of occupational success for their children. Both parents' aspirations and encouragement have been found to be important positive influences on educational and/or occupational plans.

Research has shown that children who have families whose socioeconomic backgrounds are high, whose parents attained high levels of education, whose mothers work, and who have a variety of adult role models tend to have high educational and occupational plans (Mottern, 1980). Thus, it should be expected that most medical students would have a relatively high composite score when these variables are considered.

The sociocultural approach suggests that the variables of family background, parental influence, peer influence, school influence, and the presence of a variety of role models have an impact on the occupational choice of an individual. Thus, there is an attempt to account for differences in educational and occupational goals through the examination of differential socialization. Given this model one would expect to find very similar characteristics of all medical students. If similar characteristics of medical students are found at one institution one would also expect to discover a similarity of individuals' socialization not only within one institution but also between like institutions. Yet, since this model has primarily been used with reference to males, one must determine if the same characteristics hold true for the females who are

entering a nontraditional, male-dominated occupation such as medicine.

V. HYPOTHESES

On the basis of the literature that was reviewed, as well as the need for exploratory research relative to the issue of the current cohort of future physicians, the following hypotheses will be tested.

Sociocultural

1:1. Female medical students are more likely to come from families with a high socioeconomic standing than are male medical students.

1:2. Female medical students are more likely to come from families in which the father has obtained a higher educational level than are male medical students.

1:3. Female medical students are more likely to come from families in which the mother has obtained a high educational level than are male medical students.

1:4. Female medical students are more likely to have occupationally elite fathers than are male medical students.

1:5. Regardless of gender, most medical students will come from families whose total financial status places them in the upper echelon of society as opposed to the lower echelon of society.

Financial Support

2:1. Male medical students are more likely to receive less financial support from their parents than are female medical students.

2:2. Male medical students are more likely to receive more government financial support than are female medical students.

2:3. Male medical students are more likely to obtain school financial support than are female medical students.

Social Support

3:1. Regardless of gender, the parents of medical students will be perceived as being supportive of their son's or daughter's decision to enter medical school.

3:2. Regardless of gender, the siblings of medical students will be perceived as being supportive of their brother's or sister's decision to enter medical school.

3:3. Regardless of gender, the family of origin will be perceived as being supportive of the student's decision to enter medical school.

3:4. Regardless of gender, one's teachers' opinions will not be very important with regard to one's decision to enter medical school.

3:5. Female medical students are more likely to perceive parental opinions as more important in their decision to enter medical school than are male medical students.

3:6. Female medical students are more likely to perceive greater sibling importance regarding their decision to enter medical school than are male medical students.

3:7. Female medical students are more likely to perceive their family of origin as more important regarding the decision to enter medical school than are male medical students.

3:8. Female medical students are more likely to perceive their parents as influential in the student's decision to enter medical school than are male medical students.

Role Models

4:1. Female medical students are more likely to have a physician in their family than are male medical students.

4:2. Female medical students are more likely to have a father who is a physician than are male medical students.

4:3. Regardless of gender, if a medical student has a father who is a physician, the father will be perceived as being influential in the student's decision to become a physician.

Motivation and Professional Expectations

5:1. Male medical students are more likely to plan to work more hours as a physician than are female medical students.

5:2. Female medical students are more likely to have lower income expectations than are male medical students.

5:3. Male medical students will be more likely than female medical students to perceive physicians as deserving a higher income than persons in other occupations.

5:4. Female medical students are more likely to be in favor of a required National Service Corps for physicians than are male medical students.

5:5. Female medical students are more likely to plan to donate more time to volunteer work as physicians than are male medical students.

CHAPTER II

RESEARCH METHODOLOGY

I. INTRODUCTION

In this chapter we will examine the medical school setting, the study design, the questionnaire design, and operationalize the variables.

II. THE MEDICAL SCHOOL SETTING

In 1982 there were 127 medical schools in the United States and Puerto Rico; however, only 123 of these were fully accredited by the Liaison Committee on Medical Education (LCME) to award the M.D. degree (Crowley, Etzel, and Peterson, 1982:3245). During this same year, 339,975 applications were received by the medical schools; however, the 339,975 applications represented only 36,727 individuals who applied for medical school, or 9.3 applications per person were sent into the medical schools (Crowley, Etzel, and Peterson, 1982:3246). Of the 36,727 persons who applied for admission to medical schools for the academic year 1981-1982, there were "2.1 applicants to one accepted applicant" (Crowley, Etzel, and Peterson, 1982:3246).

Composition of First-Year Medical Students During the 1981-1982

Academic Year

Of the students who entered medical school in September 1981, approximately 31 percent were women, 5.9 percent were black, and 4.1

percent were classified as Asian and Pacific Islander (Crowley, Etzel, and Peterson, 1982:3247-3250). Seventy-six percent of the students who entered in September 1981 "were residents of the state in which the school was located" (Crowley, Etzel, and Peterson, 1982: 3247). And, of those medical schools which were classified as public, the residents of the state constituted 92 percent of their enrollment whereas "the privately supported schools had an enrollment that was 51 percent state residents" (Crowley, Etzel, and Peterson, 1982: 3247). Therefore, it can be concluded that in the public medical schools there is more homogeneity between the students with regard to geographic backgrounds and perhaps other characteristics (i.e., race, religion) relative to the students who attended the private medical schools. Consequently, we should expect to find that conducting a survey at a private medical school will produce greater representation of variables related to medical students throughout the country than would a survey conducted in an almost totally homogeneous setting as one might expect to find at the public medical schools.

III. STUDY DESIGN

The purpose of this study is to ascertain:

1. Whether male and female medical students have different motives and aspirations regarding the selection of medicine as a profession.
2. Where and from whom do medical students receive their social and financial support regarding the selection of medicine as a career choice? And, once students have made their selection

of medicine, from what sources do they receive their financial support in order to be able to further their career goals?

3. Whether there are any factors that differentiate male and female medical students relative to background characteristics, professional expectations, and role models to help explain differences between male and female medical students? In order to answer these questions, access to a medical school is essential.

Access to a private midwestern medical school was obtained. The primary purposes for the selection of this medical school were two-fold: (1) access was readily available and (2) as a private medical school, we would expect to find a greater diversity of students with different backgrounds (e.g., income, geographical location, religion) compared with state-supported medical schools which cater to a more homogeneous group of in-state students. In order to determine the motives, professional expectations, and sources of support of medical students, it was decided to survey first-year medical students rather than those well into their medical school program. Third and fourth year students may have greater difficulty in recalling their motives, professional expectations, and sources of support when they decided on medicine as a career choice once they have gone through the professional socialization experience of medical school. The reasons for selecting a single setting were because of convenience and economy. This researcher also had personal acquaintances who were able to grant permission to conduct the study.

Sampling Procedure

In order to collect the necessary data, a questionnaire was administered to all first year medical students at the medical school. In an effort to insure that all medical students were given a copy of the questionnaire, the questionnaire was distributed at a mandatory meeting of all first year medical students. However, because of illness and other factors, approximately 8 percent of the total population of first-year medical students were not available.

In order to reduce bias and heighten objectivity, a neutral person distributed the questionnaire so as to avoid any pressure the students might feel if a faculty member distributed the questionnaire and to reduce any tendency on the students' part to respond with a socially desirable answer rather than one which was not socially desirable but which would better reflect the students' opinions on questions. The decision not to have the researcher distribute the questionnaire was made to avoid any possible bias medical students might have against graduate students in the social sciences. Therefore, a first year medical student was selected to distribute the questionnaire to his peers during the mandatory meeting.

Most of the students completed the questionnaire while at the meeting. Those who did not complete the questionnaire were asked to return it to the administrator within three days. The students were asked to write their names on a tear-out cover sheet on the front of the questionnaire. This procedure made it not only easy to identify those students who had not returned the questionnaire, but also contributed to anonymity. After three days, the administrator approached

and encouraged those students who had not completed the questionnaire to return it as soon as possible.

This strategy was implemented on three separate occasions with a time lapse of approximately three to four days between each contact. This procedure increased the response rate by 61 percent. A total of 62 questionnaires was returned completed, or 39 percent of the student population which attended the mandatory meeting in order to receive the questionnaire.

Sample Description

The sample consisted of 62 medical students who attended a private midwestern school during the academic year 1981-1982. There were 39 male and 23 female medical students participating in this study. Fifty of the students were white, three were black, and nine were dispersed among the other categories. The religious affiliation of the students was rather dispersed; however, 46 students were affiliated with three major religions (Catholic, Protestant, Jewish). The majority of the students indicated that they were from an urban environment.

Regarding their academic background, most of the students (42) indicated that they decided to become a physician prior to entering college. The students' college majors were diversified; however, the three most frequently cited majors were: (1) premed--21 students; (2) biology--16 students; and (3) the humanities/social sciences--14 students. Almost one-half of the students (29) indicated that had

they not been going to go to medical school they would have preferred to have majored in another subject.

Basic Assumptions

The basic assumptions to be made concerning this study are as follows:

1. The responses given will be honest. Since the subjects' identities are to be kept anonymous and the study is not utilizing a deviant perspective, honesty is assumed.
2. The questionnaire meets the requirements of validity and reliability. Most of the questions were selected from previous sources in which the validity and reliability had been tested.
3. For the individuals involved in the study (medical students), a questionnaire is the "best" and most feasible method to use. This assumption was based on the researcher's limited time and budget, the time constraints of the subjects, and suggestions from various medical students.

IV. QUESTIONNAIRE DESIGN

Most of the questions used in the questionnaire were selected from the following sources: (1) Men and Women in Medical School: How They Change and How They Compare (Leserman, 1981:205-218); (2) Medical Students, Medical Schools and Society During Five Eras: Factors Affecting the Career Choice of Physicians 1958-1976 (Funkenstein, 1978:129-164); (3) Measures of Social Psychological Attitudes (Robinson and Shaver, 1969:648-652); and (4) Handbook of

Research Design and Social Measurement (Miller, 1977:216-217).

Leserman's (1981:49) instrument strongly shaped the form of the questionnaire in the present study. Her questionnaire was pretested at three medical schools in North Carolina: Duke University School of Medicine, Bowman Gray School of Medicine, and the University of North Carolina School of Medicine. The questionnaire was then revised and again pretested before the author administered it. Factor analysis was used to determine which items clustered together and a high correlation was found to exist among items. Questions were categorized according to the dependent variable; thus it was rather easy to extrapolate those questions which would be used in this study. However, to insure that the intent of Leserman's questions was reflective of the variables which were measured in this study, personal communication verified the intended meaning. Although the validity and reliability of Leserman's instrument was reported to be high, the validity and reliability in the present study are unknown.

Pretest

Prior to the distribution of the questionnaire for this study, the questionnaire was pretested in an upper division sociology class. In order to administer the pretest the actual wording had to be changed somewhat (e.g., college was used instead of medical school, student was substituted for medical student). The questionnaire was given to the sociology class in order to determine correlations among the variables, clarity of wording, and to estimate the time needed for the completion of the questionnaire. Factor analysis was used to

determine which items clustered together in the various scales. High correlations were observed to exist among the items. It was established from the pretest that some questions should be omitted due to lack of clarity. It was also determined that the questionnaire should take approximately 20 to 25 minutes to complete, and there were no questions which persons acknowledged were offensive or obtrusive.

V. OPERATIONALIZATION OF VARIABLES

The operationalization of the major variables utilized in the analysis is listed below. A copy of the questionnaire is included in the Appendix.

Medical student. A medical student is a person who is enrolled in an accredited medical school. For purposes of this study, all subjects were medical students.

Gender. The variable gender was dichotomized according to male and female.

Parents' education. The number of years of formal schooling completed by both the mother and father.

Father's occupation. The Hatt-North Occupational Prestige Ratings was used to measure father's occupation.

Mother's occupation. The Hatt-North Occupational Prestige Ratings was used to measure mother's occupation.

Total family income. Total family income was obtained by the responses given to graduated income categories ranging from less than \$5,999 to over \$50,000.

SES. A composite SES index was determined by using the responses to three questions: (1) father's educational level, (2) total family income, and (3) father's occupation; however, to correctly determine SES in the conventional manner, the coding for father's occupation had to be reversed.

Parents' financial support. Parents' financial support was determined by the graduated responses to the question, "What percentage of your medical education expenses do you plan to receive from the following sources?" The category, parents, was among the categories in which the students were to indicate the percentage of finances received from various sources.

Governmental financial support. The percentage of governmental financial support which the students received was determined in the same manner as parents' financial support.

School financial support. The percentage of school financial support which the students received was determined in the same manner as parents' financial support.

Parents' support of career decision. Parents' support of the student's career decision was determined by the graduated responses to the question, "How supportive of your decision to enter medical school were various people?"

Sibling support of career decision. Sibling support of career decision was determined in the same manner as parents' support of career decision.

Family of origin. Those hypotheses which utilize the term family refer to the family of origin, that is the parents and siblings of the medical students.

Teachers' importance to career decision. The concept of teachers' importance to the medical student's decision to enter medical school was determined by the graduated responses to the question, "Prior to entering medical school, how important were the opinions of the following people concerning your career choice?"

Parental importance to career decision. Parental importance to career decision was determined and coded in the same manner as teachers' importance to career decision.

Siblings' importance to career decision. Siblings' importance to career decision was determined and coded in the same manner as teachers' importance to career decision.

Parental influence regarding the decision to attend medical school. Parental influence regarding the student's decision to attend medical school was determined by the graduated responses to the question, "How influential were the following persons to your decision to attend medical school?"

Physician in family. To determine if there was/is a physician in the student's family, the question, "Are there any physicians in your family?" was asked. The students who responded that there was a physician in the family were then instructed to indicate the physicians's relationship to the student.

Physician role model within the family. Once it was established that there was a physician in the student's family the

student's relationship to the physician role model was determined by having the student indicate if the physician within the family was influential in the student's decision to become a physician.

Income expectations. To determine how much the student desired to earn once they had received their M.D. degree, the following question was asked: "How much money do you think a physician working 40 hours a week should make?"

Physicians deserve to earn a higher income than others. To ascertain if the students felt that physicians deserved to earn a higher income than other persons in society, they were asked to respond to the statement: "Physicians deserve to earn substantially more money than other people in this society."

Opinion about a National Service Corps. To ascertain the students' opinions of a National Service Corps they were asked to respond to the question, "Would you be in favor of a National Service Corps for physicians in which every physician, male or female, would have to serve one or two years in a medically deprived area in order to obtain a license?"

Hours plan to work. To determine the number of hours a week the students planned to work once they became physicians, the question was asked, "On the average, how many hours a week do you plan to work after you have completed your degree?"

Volunteer work. To ascertain how much time the students perceived that they would donate to volunteer work, as well as obtaining an indirect indication of their humanistic values, they were asked to respond to the question, "When you graduate, what percentage of your

time do you expect to donate to volunteer/community work utilizing your medical talents?"

VI. STATISTICAL ANALYSIS

Most of the questions and statements in this study used the Likert-type responses of "Strongly Agree" through "Strongly Disagree."

Most of the questions which concern background information were closed ended and did not offer the option of an "undecided" or "don't know" response category. Nevertheless, it was concluded that forcing the students to answer questions which did not have these options would not be very obtrusive (i.e., sex, age, marital status).

The mean and median were calculated for each item. Cross tabulations were done among most of the major variables. In most instances the chi-square test was used to determine the goodness of fit between observed and expected frequencies. The .05 level of significance was used as the standard for all subsequent hypotheses tests.

CHAPTER III

FINDINGS

I. SOCIOCULTURAL

Hypothesis 1:1

Female medical students are more likely to come from families with a high socioeconomic standing than are male medical students. The present findings supported this hypothesis ($\chi^2 = 11.57$, $P < .0001$).

Table 2 indicates that in the medical school class of 1981, it was found that female medical students come from families with a higher socioeconomic standing than male medical students. Socioeconomic standing was calculated by adding the response scores of father's educational level, father's occupation, and total family income.

Hypothesis 1:2

Female medical students are more likely to come from families in which the father has obtained a higher educational level than are male medical students. The present findings supported this hypothesis ($\chi^2 = 7.17$, $P < .02$).

It is interesting to note that in Table 3 approximately 78.3 percent of female medical students' fathers achieved the level of some graduate or professional school or completion of graduate or professional school, compared to less than 50 percent of the male medical students' fathers (43.6 percent). Furthermore, a review of the

TABLE 2
THE RELATIONSHIP BETWEEN SOCIOECONOMIC STANDING AND GENDER

SES	Gender (N=62)			
	Male		Female	
	No.	Percent	No.	Percent
Low (composite score below 22)	23	58.9	5	21.7
High (composite score of 22 or above)	16	41.1	18	78.3
Total	39	100.0	23	100.0

$$\chi^2 = 11.57, 1 \text{ d.f.}, P < .001$$

TABLE 3
THE RELATIONSHIP BETWEEN FATHER'S EDUCATIONAL LEVEL AND GENDER

Father's Educational Level	Gender (N=62)			
	Male		Female	
	No.	Percent	No.	Percent
Some college or less	11	28.2	3	13.0
College degree	11	28.2	2	8.7
Some graduate or professional school or degree	17	43.6	18	78.3
Total	39	100.0	23	100.0

$$\chi^2 = 7.17, 2 \text{ d.f.}, P < .02$$

literature shows that previous studies examining the educational levels of the fathers of female medical students indicate that they have higher educational levels than the fathers of male medical students (Fruen, Rothman, and Steiner, 1974; Kunter and Brogan, 1980).

Hypothesis 1:3

Female medical students are more likely to come from families in which the mother has obtained a high educational level than are male medical students. The material presented in Table 4 supports this hypothesis although the χ^2 was not significant statistically.

Hutchins (1966), Fruen, Rothman, and Steiner (1974), and Kunter and Brogan (1980) also found that the mothers of female medical students generally had a higher educational level than the mothers of male medical students. However, the present study indicates that when examining only those mothers who obtained some graduate/professional education or graduate/professional degrees there is not a significant difference between the mothers of female and male medical students; yet when reviewing those mothers who obtained a college degree we find that 39.1 percent of the mothers of female medical students did not obtain a college degree as compared to 61.5 percent of the mothers of male medical students who did not obtain a college degree.

Hypothesis 1:4

Female medical students are more likely to have occupationally elite fathers than are male medical students. The material presented in Table 5 supports this hypothesis ($\chi^2 = 3.67$, $P < .05$).

TABLE 4
THE RELATIONSHIP BETWEEN MOTHER'S EDUCATIONAL LEVEL AND GENDER

Mother's Educational Level	Gender (N=62)			
	Male		Female	
	No.	Percent	No.	Percent
Some college	24	61.5	9	39.1
College degree	7	17.9	6	26.1
Some graduate or professional school or degree	8	20.5	8	34.8
Total	39	100.0	23	100.0

$$\chi^2 = 2.96, 2 \text{ d.f.}, n.s.$$

TABLE 5
THE RELATIONSHIP BETWEEN FATHER'S OCCUPATION AND GENDER

Father's Occupation	Gender (N=60)			
	Male		Female	
	No.	Percent	No.	Percent
Professional, executive, or in business for self	29	76.3	21	95.5
Other	9	23.7	1	4.5
Total	38	100.0	22	100.0

$$\chi^2 = 3.67, 1 \text{ d.f.}, P < .05$$

In this study it was found that 95.5 percent of the female medical students indicated that their fathers were either professionals, executives in a large company, or in business for self, whereas only 76.3 percent of male medical students indicated that their fathers were professionals, an executive in a large company, or in business for self. Likewise, Fruen, Rothman, and Steiner (1974), as well as Kunter and Brogan (1980), found that the fathers of female medical students were more occupationally elite than the fathers of male medical students.

Hypothesis 1:5

Regardless of gender, most medical students will come from families whose total financial status places them in the upper echelon of society as opposed to the lower echelon of society. The results presented in Table 6 support this hypothesis.

Gough and Ducker (1977:31) noted that "American medical students come from higher-status backgrounds than would be true if sampling occurred on a random probability basis from the general population." In this study it was found that the majority of the medical students came from families in which the reported total income was over \$30,000. Of those students responding to this question (93 percent), only 17 percent indicated that they came from a family in which the total income was reported to be less than \$30,000. Furthermore, 46 percent of the medical students reported a total family income level of above \$50,000. Because, in 1977, the average net income of Americans was only \$13,118 per year, it can be

TABLE 6
THE RELATIONSHIP BETWEEN TOTAL FAMILY INCOME AND GENDER

Total Family Income	No.
Less than \$5,999	1
\$6,000 to \$9,999	2
\$10,000 to \$14,999	0
\$15,000 to \$19,999	1
\$20,000 to \$24,999	4
\$25,000 to \$29,999	2
\$30,000 to \$49,999	21
Over \$50,000	27
	N=58

established that the majority of the medical students in this study came from families whose total family income far exceeds the average total income level of Americans.

A Brief Summary

The hypotheses concerning the sociocultural aspects of the medical students in this study found that regardless of gender the majority of the medical students tend to come from families with a fairly high financial status. However, regarding the overall socioeconomic standing of the medical students, it was found that female medical students tend to come from families with a slightly higher socioeconomic standing than male medical students although the difference between the socioeconomic standing of female medical students and the socioeconomic standing of the male medical students appears to be primarily a factor of the lower educational levels and occupational levels of the fathers of the male medical students when compared to the higher educational levels and occupational levels of the fathers of female medical students.

II. FINANCIAL SUPPORT

Hypothesis 2:1

Male medical students are more likely to receive less financial support from their parents than are female medical students. This hypothesis was supported by the present findings ($\chi^2 = 6.05$, $P < .04$).

Table 7 indicates that of those students responding to the question on the amount of financial support they receive from their

TABLE 7
THE RELATIONSHIP BETWEEN FINANCIAL SUPPORT FROM PARENTS AND GENDER

Financial Support from Parents	Gender (N=48)			
	Male		Female	
	No.	Percent	No.	Percent
50 percent or less	22	73.3	8	44.4
60 to 99 percent	5	16.7	9	50.0
100 percent	3	10.0	1	5.6
Total	30	100.0	18	100.0

$$\chi^2 = 6.05, 2 \text{ d.f.}, P < .04$$

parents for their medical education, it is interesting to note that only 8.3 percent receive 100 percent of their financial support from their parents; yet over 55 percent of the female medical students reported receiving 60 percent or more of their financial support from their parents as compared to only 26.7 percent of the male medical students. Thus, we find it essential to raise the question: From what source do male medical students receive their financial support? Since it has already been confirmed that a significant portion of the parents of the male and female medical students have a fairly large income, it is imperative that we examine the sources from which male medical students receive their educational expenses in order to determine if there is a discrepancy in the way in which potential sources of support perceive the future contributions which the male medical students will make to society once they have become practicing physicians compared to the future contributions which other sources perceive female medical students will make once they become physicians.

Hypothesis 2:2

Male medical students are more likely to receive more governmental financial support than are female medical students. The material presented in Table 8 supports this hypothesis although the χ^2 was not significant statistically.

The data indicate that only 37.1 percent of medical students receive any amount of governmental assistance to help finance their medical school education, and of those students who do receive some

TABLE 8
THE RELATIONSHIP BETWEEN GOVERNMENTAL FINANCIAL SUPPORT AND GENDER

Governmental Financial Support	Gender (N=23)			
	Male		Female	
	No.	Percent	No.	Percent
50 percent or less	16	88.9	4	80.0
51 percent or more	2	11.1	1	20.0
Total	18	100.0	5	100.0

$\chi^2 = .27, 1 \text{ d.f.}, n.s.$

governmental financial assistance, in 86 percent the support received is extremely low. However, it is imperative that we recognize that regardless of the amount of governmental financial assistance received by the medical students, the male medical students receive 78.2 percent of any governmental financial assistance as compared to 21.7 percent which female medical students receive.

Hypothesis 2:3

Male medical students are more likely to obtain school financial support than are female medical students. The material presented in Table 9 supports this hypothesis although the χ^2 was not significant statistically.

As is the case with the medical students receiving governmental financial assistance, the percentage of medical students who receive financial assistance from the medical school is relatively small (35 percent). It is also important to recognize the fact that of those students who receive financial aid from the medical school, only 9 percent obtain more than 51 percent. When reviewing the total percentage of students who receive school loans, the majority (77 percent) are males as compared to only 22 percent of the female medical students who obtain school loans.

A Brief Summary

The hypotheses concerning the financial support of the medical students in this study found that in 77 percent of the cases, the medical students receive some of their financial support from their parents; however, the male medical students receive a smaller

TABLE 9
THE RELATIONSHIP BETWEEN FINANCIAL SUPPORT
FROM MEDICAL SCHOOLS AND GENDER

Financial Support from School	Gender (N=22)			
	Male		Female	
	No.	Percent	No.	Percent
50 percent or less	15	88.2	5	100.0
51 to 65 percent	2	11.8	0	0.0
Total	17	100.0	5	100.0

$\chi^2 = \text{n.s.}$

percentage of their financial support to attend medical school from their parents than the female medical students. This raises the question: From what source do a large proportion of male medical students receive their financial support to attend medical school? We found that a significant proportion of the male medical students receive some amount of financial assistance from the government or the medical school. Since the majority of the parents of both male and female medical students earn a substantial income, we are forced to raise the question: Does the government as well as the medical school perceive male medical students to be better investments? Because women have only recently started entering medical school in relatively high proportions as compared to earlier years, it would appear that there would be little evidence on which the government or the medical school could make the decision that male medical students would be potentially better investments than female medical students.

III. SOCIAL SUPPORT

Hypothesis 3:1

Regardless of gender, the parents of medical students will be perceived as being supportive of their son's or daughter's decision to enter medical school. The material presented in Table 10 supports this hypothesis although the χ^2 was not significant statistically.

It is suggested that this finding may be a factor of the father's educational level since it was found that a significant proportion of the fathers of all medical students had obtained a high

TABLE 10
THE RELATIONSHIP BETWEEN PARENTS' SUPPORT OF
STUDENT'S CAREER CHOICE AND GENDER

Parents' Support	Gender (N=61)			
	Male		Female	
	No.	Percent	No.	Percent
Extremely supportive; very supportive	33	86.8	18	78.3
Somewhat supportive	4	10.5	4	17.4
Not very supportive; not supportive	1	2.6	1	4.1
Total	38	100.0	23	100.0

$$\chi^2 = .77, 2 \text{ d.f.}, \text{ n.s.}$$

educational level. And, in reviewing the literature it was found that regardless of gender "parents were the sources of support most frequently cited by women and men" (Kunter and Brogan, 1980:351).

Hypothesis 3:2

Regardless of gender, the siblings of medical students will be perceived as being supportive of their brother's or sister's decision to enter medical school. The material presented in Table 11 supports this hypothesis although the χ^2 was not significant statistically.

Although the siblings' support of the medical student's decision to enter medical school is significantly strong (59.0 percent for males and 69.6 percent for females), it is imperative that it be noted that the parental support of the medical student's decision to enter medical school is slightly greater than sibling support; however, it is suggested that the medical student might perceive greater parental support in his or her decision to enter medical school because of the financial support which many parents are giving to their sons or daughters in order to help them to become physicians.

Hypothesis 3:3

Regardless of gender, the family of origin will be perceived as being supportive of the student's decision to enter medical school. This hypothesis was supported by the data.

When one studies the parental and sibling support (Tables 10 and 11) it is recognized that, in most cases, the family of origin is extremely supportive of the student's decision to enter medical

TABLE 11
THE RELATIONSHIP BETWEEN SIBLING SUPPORT OF
STUDENT'S CAREER CHOICE AND GENDER

Sibling Support	Gender (N=62)			
	Male		Female	
	No.	Percent	No.	Percent
Extremely supportive; very supportive	23	59.0	16	69.6
Somewhat supportive	7	17.9	6	29.1
Not very supportive; not supportive	4	10.3	1	4.3
Does not apply	5	12.8	0	0.0
Total	39	100.0	23	100.0

$$\chi^2 = 4.29, 3 \text{ d.f.}, \text{ n.s.}$$

school. However, it is imperative that we recognize that just because the family of origin was perceived as being supportive of the student's decision to enter medical school, this does not necessarily indicate that the student perceived the opinions of the family of origin to be important when he or she was making the decision about what career to pursue, nor does it indicate that the family of origin was influential in the student's decision to pursue medicine as a career choice.

Hypothesis 3:4

Regardless of gender, one's teachers' opinions will not be very important with regard to one's decision to enter medical school. The material presented in Table 12 supports this hypothesis although the χ^2 was not significant statistically.

In the majority of the cases, both male and female medical students indicated that their teachers' opinions were not important in the decision to enter medical school. Therefore, we are forced to raise the question: Prior to entering medical school, whose opinions were extremely important to the student's decision to select medicine as a career choice?

Hypothesis 3:5

Female medical students are more likely to perceive parental opinions as more important in their decision to enter medical school than are male medical students. The material presented in Table 13 supports this hypothesis although the χ^2 was not significant statistically.

TABLE 12

THE RELATIONSHIP BETWEEN THE IMPORTANCE OF TEACHERS' OPINIONS
ON STUDENT'S CAREER CHOICE AND GENDER

Teachers' Importance	Gender (N=61)			
	Male		Female	
	No.	Percent	No.	Percent
Extremely important; very important	6	15.8	4	17.4
Somewhat important	10	26.3	3	13.0
Not very important; not important	21	55.3	16	69.6
Does not apply	1	2.6	0	0.0
Total	38	100.0	23	100.0

$$\chi^2 = 1.60, 3 \text{ d.f.}, \text{ n.s.}$$

TABLE 13

THE RELATIONSHIP BETWEEN THE IMPORTANCE OF PARENTS' OPINIONS
ON STUDENT'S CAREER CHOICE AND GENDER

Parents' Importance	Gender (N=61)			
	Male		Female	
	No.	Percent	No.	Percent
Extremely important; very important	16	42.1	13	56.5
Somewhat important	13	34.2	7	30.4
Not very important; not important	9	23.7	3	13.0
Total	38	100.0	23	100.0

Although there does not appear to be a significant difference in the amount of importance the students placed on their parents' opinions regarding the selection of medicine as a career alternative, there are several noteworthy factors to recognize. The first is that slightly more female medical students perceived their parents' opinions as important factors in their decision to enter medical school. Another recognizable factor is that, although the majority of students perceived their parents as being supportive of their decision to enter medical school, comparatively fewer students perceived their parents' opinions regarding the selection of medicine as a career alternative to be extremely important.

Hypothesis 3:6

Female medical students are more likely to perceive greater sibling importance regarding their decision to enter medical school than are male medical students. The material presented in Table 14 supports this hypothesis although the X^2 was not significant statistically.

Compared to the importance of the parents' opinions concerning the medical student's decision to become a physician, the siblings' opinions were not as important. One-half of the male medical students stated that the siblings' opinions were not important to their decision to select medicine as a career choice, whereas 43.5 percent of the female medical students noted that their siblings were not important to the decision to enter medical school. However, it is imperative that we not overlook the fact that in 56.5 percent of the

TABLE 14

THE RELATIONSHIP BETWEEN THE IMPORTANCE OF SIBLINGS' OPINIONS
ON STUDENT'S CAREER CHOICE AND GENDER

Sibling Importance	Gender (N=61)			
	Male		Female	
	No.	Percent	No.	Percent
Extremely important; very important	7	18.4	7	30.4
Somewhat important	7	18.4	6	26.1
Not very important, not important	19	50.0	10	43.5
Does not apply	5	13.2	0	0.0
Total	38	100.0	23	100.0

$$\chi^2 = 4.45, 3 \text{ d.f.}, \text{ n.s.}$$

cases the opinions of the siblings regarding the decision to select medicine as a career alternative were reported to be at least somewhat important for the female medical students compared to the male medical students (36.8 percent).

Hypothesis 3:7

Female medical students are more likely to perceive their family of origin as more important regarding the decision to enter medical school than are male medical students. This hypothesis was supported by the present findings.

As was indicated in Tables 13 and 14, female medical students perceived the opinions of their family of origin as important to their decision to pursue a career in medicine, relative to the male medical students. The question which one must raise at this point is: Why would the majority of both male and female medical students perceive their family of origin as very supportive of their decision to enter medical school, and yet with respect to the opinions of the family of origin regarding the decision of the student to pursue a career in medicine the male medical students reported that their families were not as important as what the female medical students reported? Weitzman (1979:76) perhaps sheds some light on this issue when, in her discussion of medical students, she notes that "women who have attained professional success are deviants, in that they are distinctly in the minority." Thus, we might conclude that, regardless of gender, most families are likely to be supportive of the student's decision to become a physician; however, for the female who decides

to pursue this career pattern, she perhaps feels a need for greater assurance from her family and, thus, takes their opinions more into consideration than do male medical students who know that they will not be perceived as deviant should they become physicians.

Hypothesis 3:8

Female medical students are more likely to perceive their parents as influential in the student's decision to enter medical school than are male medical students. The material presented in Table 15 supports this hypothesis although the χ^2 was not significant statistically.

Although the percentage difference regarding the parents as being extremely influential in the student's decision to enter medical school is very small for both male and female medical students, it is felt that it is important to recognize the fact that the parents were somewhat influential in the student's decision to enter medical school. Even though the parents were perceived as being supportive of the student's decision to enter medical school (see Hypothesis 3:1), and the parents' opinions were perceived as being important (see Hypothesis 3:5), only 38.5 percent of the male medical students perceived their parents as being influential in the decision to enter medical school whereas 47.8 percent of the female medical students perceived their parents as being influential in their decision to enter medical school.

TABLE 15
THE RELATIONSHIP BETWEEN PARENTS' INFLUENCE ON
STUDENT'S CAREER CHOICE AND GENDER

Parents' Influence	Gender (N=62)			
	Male		Female	
	No.	Percent	No.	Percent
Extremely influential; very influential	15	38.5	11	47.8
Somewhat influential	15	38.5	7	30.4
Not very influential; not influential	8	20.5	7	21.7
Does not apply	1	2.6	0	0.0
Total	39	100.0	23	100.0

$$\chi^2 = 1.165, 3 \text{ d.f.}, \text{ n.s.}$$

A Brief Summary

In this section we have found that the family of origin--parents and siblings--are supportive of the student's decision to enter medical school regardless of gender. It was also found that the opinions of the parents and siblings were more important for the female medical students than for the male medical students concerning the desire of the student to enter medical school, and that the opinions of the teachers were of relatively little importance when it came to the student making a career choice. It was suggested that perhaps the reason for the greater importance of the female medical students' families concerning the students' desires to become physicians was due to the fact that females would be entering an occupation in which they would be perceived as being occupational deviants. Also, an observation was made that female medical students perceived that they received greater influence from their parents to become physicians than did male medical students. Thus, when analyzing sources of support for the student's decision to enter medical school, we find that both male and female medical students receive support from their families, but female medical students are more influenced and perceived the opinions of their families as being more important than male medical students. In many respects this overall finding should not be surprising since previous research has stressed the vital role which the family of origin plays in a person's aspirations to become an occupational deviant (Weitzman, 1979).

IV. ROLE MODELS

Hypothesis 4:1

Female medical students are more likely to have a physician in their family than are male medical students. The material presented in Table 16 supports this hypothesis although the χ^2 was not significant statistically.

To determine if the medical students had a physician in their family, the following question was asked: "Are there any physicians in your family?" The responses were dichotomized so that "yes" was set equal to "1" and "no" was set equal to "2." All students responded to the question. It was found that 40.3 percent of the students reported having a physician in the family. Thus, it is important to recognize that, regardless of gender, a substantial percentage of the medical students came from families in which there is a physician. However, when comparing the percentage of female medical students to the percentage of male medical students who came from families where there is a physician, it was found that 47.8 percent of the female medical students came from families in which there is a physician whereas only 35.9 percent of the male medical students came from families in which there is a physician.

Hypothesis 4:2

Female medical students are more likely to have a father who is a physician than are male medical students. The material presented in Table 17 supports this hypothesis although the χ^2 was not significant statistically.

TABLE 16
THE RELATIONSHIP BETWEEN A PHYSICIAN IN THE FAMILY AND GENDER

Physician in Family	Gender (N=62)			
	Male		Female	
	No.	Percent	No.	Percent
Yes	14	35.9	11	47.8
No	25	64.1	12	52.2
Total	39	100.0	23	100.0

$$\chi^2 = .85, 1 \text{ d.f.}, \text{ n.s.}$$

TABLE 17
THE RELATIONSHIP BETWEEN THE RELATIONSHIP
OF THE PHYSICIAN IN THE FAMILY AND GENDER

Relationship of Physician in Family	Gender (N=24)			
	Male		Female	
	No.	Percent	No.	Percent
Father	6	46.2	8	72.7
Other	7	53.8	3	27.3
Total	13	100.0	11	100.0

$$\chi^2 = 1.73, 1 \text{ d.f.}, \text{ n.s.}$$

Once it had been established that there was a physician in the medical student's family, it was deemed important to determine the student's relationship to the physician.

To determine the student's relationship to the physician in the family, the student was asked to indicate the relationship (i.e., father, mother, uncle, cousin, etc.). Fifty-eight and three-tenths percent of the medical students indicated that their fathers were the physicians in their families. The other 41.7 percent of the students indicated that the physician relative was a cousin, brother, or uncle, with only one person indicating that his mother was a physician. These relatives--including the one response of mother--were placed in a category labeled as other relatives. Among the male medical students who stated that there was a physician in the family, 46.2 percent indicated that their fathers were physicians. On the other hand, among the female medical students who stated that there was a physician in their family, 72.7 percent indicated that their fathers were physicians. Thus, as Weitzman (1979) suggested, it appears that the father can play a very vital role for the daughter who wishes to aspire to an occupationally deviant area such as medicine.

Hypothesis 4:3

Regardless of gender, if a medical student has a father who is a physician, the father will be perceived as being influential in the student's decision to become a physician. This hypothesis was supported by the present findings (see Table 18).

TABLE 18
THE RELATIONSHIP BETWEEN THE INFLUENCE OF
A PHYSICIAN IN THE FAMILY AND GENDER

Physician in Family	Influential			
	Male		Female	
	Yes	No	Yes	No
Father	4	0	8	0
Other relative	3	3	1	2
Total	7	3	9	2
N=11				

To ascertain if those fathers of the medical students were influential in the medical student's decision to enter medical school, we controlled for gender and analyzed the responses to question 13 in the questionnaire ("Are there any physicians in your family? If yes, please indicate below (1) their relationship to you (i.e., father, uncle, mother, etc.) and (2) their influence on your decision to become a physician."). In all cases, regardless of gender, the students reported that if the physician in their family was their father, they perceived the father to be influential in their decision to enter medical school. It was further determined that 70 percent of the male medical students perceived a physician within their family (regardless of relationship) to be influential in their decision to enter medical school, whereas 81.8 percent of the female medical students reported that a physician within the family was influential in the student's decision to pursue a career in medicine.

A Brief Summary

In this section on role models, it has been found that while more female medical students than male medical students indicated that there was a physician in their family, most (59.7 percent) of the students indicated that there was not a physician within their family. Furthermore, it was determined that female medical students are more likely to have a father who is a physician than are male medical students. Yet, regardless of gender, it was found that in 100 percent of the cases where the students reported that their

fathers were physicians, all of the students indicated that their fathers were influential in their decision to enter medical school.

V. MOTIVATIONS AND PROFESSIONAL EXPECTATIONS

Hypothesis 5:1

Male medical students are more likely to plan to work more hours as a physician than are female medical students. The material presented in Table 19 supports this hypothesis ($\chi^2 = 17.98$, $P < .001$).

To ascertain how many hours a week the medical students anticipated working once they became physicians, the following question was asked: "On the average, how many hours a week do you plan to work after you have completed your degree?" Of the female medical students, 52.4 percent stated that they expected to work 40 hours or less a week, whereas only 5.1 percent of the male medical students anticipated working 40 hours or less per week. On the other hand, 41 percent of the male medical students indicated that they planned to work 50 or more hours a week, whereas only 19 percent of the female medical students anticipated working 50 or more hours per week once they became physicians. Accordingly, it became necessary to question why most of the female medical students planned to work fewer hours per week than the male medical students. Although there are no conclusive answers to this question, four probable reasons are given by the author. First, the female medical students may plan on having a family, and thus plan to perform some of the traditional female roles of staying at home with their children. Another possible reason that the female medical students anticipated working fewer hours per week than the male medical

TABLE 19
THE RELATIONSHIP BETWEEN THE HOURS MEDICAL STUDENTS
ANTICIPATE WORKING AND GENDER

Hours Plan to Work	Gender (N=60)			
	Male		Female	
	No.	Percent	No.	Percent
40 hours or less	2	5.1	11	52.4
41 to 50 hours	21	53.8	6	28.6
51 or more hours	16	41.0	4	19.0
Total	39	100.0	21	100.0

$$\chi^2 = 17.98, 2 \text{ d.f.}, P < .001$$

students might be that they anticipate entering an area of medicine which requires fewer hours than other areas (i.e., radiology versus neurosurgery). A third possible reason might be that the female medical students are planning to work in an institutional setting such as a university or a public health clinic. And, finally, it might be that the female medical students are planning on entering research which often requires fewer hours than other areas such as obstetrics/gynecology. Although the possible suggestions that have been mentioned do not reflect reasons given by the female medical students, these suggestions do reflect the opinions of the author as well as other researchers (Campbell, 1973).

Hypothesis 5:2

Female medical students are more likely to have lower income expectations than are male medical students. The material presented in Table 20 supports this hypothesis although the χ^2 was not significant statistically.

To determine how much income the medical students thought a physician should earn per year, the following question was asked: "How much money do you think a physician working 40 hours a week should make?" Of the female medical students, 63.2 percent thought a physician should earn \$75,000 or less per year, whereas only 47.4 percent of the male medical students thought a physician should earn \$75,000 or less per year. The data indicate that the male medical students thought a physician should earn a larger income than female medical students thought a physician should earn, yet at this point the data only suggest support for the students' motivations for entering

TABLE 20
THE RELATIONSHIP BETWEEN INCOME EXPECTATIONS AND GENDER

Income Expectations	Gender (N=57)			
	Male		Female	
	No.	Percent	No.	Percent
\$75,000 or less	18	47.4	12	63.2
Over \$75,000	20	52.6	7	36.8
Total	38	100.0	19	100.0

$$\chi^2 = 1.27, 1 \text{ d.f.}, \text{ n.s.}$$

medical school. As Fredricks and Mundy (1976) noted, there are two orientations which are present in the medical profession: (1) the entrepreneurial orientation and (2) the socially conscious orientation, yet since the percentage difference is so small between the male and female medical students' opinions on how much they think a physician should make per year, it would be impossible to categorize the students until we have a better indication of where they stand on issues which reflect an entrepreneurial or socially conscious orientation (i.e., salaries of physicians versus salaries in other occupations, National Service Corps for physicians).

Hypothesis 5:3

Male medical students will be more likely than female medical students to perceive physicians as deserving a higher income than persons in other occupations. The material presented in Table 21 supports this hypothesis ($\chi^2 = 9.83$, $P < .02$).

To ascertain the students' opinions on this issue, the students were asked to respond to the statement: "Physicians deserve to earn substantially more money than other persons in this society." There was not a significant difference between those male medical students who thought physicians should earn substantially more money than other persons or who were undecided (56.8 percent) and those male medical students who disagreed with the statement (43.2 percent). On the other hand, there was a significant difference in the female medical students' responses to the statement. Only 27.3 percent of the female medical students were undecided or thought that physicians deserved to earn more money than other persons in the society, whereas 72.7 percent

TABLE 21

THE RELATIONSHIP BETWEEN PERCEIVING PHYSICIANS AS DESERVING
A HIGHER INCOME THAN OTHERS IN SOCIETY AND GENDER

Perceiving Physicians as Deserving a Higher Income than Others	Gender (N=59)			
	Male		Female	
	No.	Percent	No.	Percent
Agree or undecided	21	56.8	16	27.3
Disagree	6	43.2	16	72.7
Total	27	100.0	32	100.0

$$\chi^2 = 4.83, 1 \text{ d.f.}, P < .02$$

of the female medical students did not think physicians deserved to earn substantially more money than other persons in the society. An examination of the data reveals that 54.2 percent of the medical students did not think physicians should earn substantially more money than other persons in the society, whereas 45.8 percent were either undecided or thought physicians deserved to earn more money than other persons in the society. These data are relatively unique in that they lend some insight into some possible issues. First, they indicate that perhaps more male medical students than female medical students decided to become physicians because of the materialistic gains. And, finally, these data are also suggestive of perhaps an overall change of values of male medical students as compared to the male medical students of the past; that is, the value which male medical students once placed on high economic rewards is decreasing (McGuire, 1966).

Hypothesis 5:4

Female medical students are more likely to be in favor of a required National Service Corps for physicians than are male medical students. The material presented in Table 22 supports this hypothesis although the χ^2 was not significant statistically.

To ascertain not only the medical students' opinions of a required National Service Corps for physicians, but also to determine how willing the students were to locate their practice in an area of the country that needs physicians, the following question was asked: "Would you be in favor of a National Service Corps for physicians in which every physician, male or female, would be required to serve one or two years in a medically deprived area?" The students were given

TABLE 22

THE RELATIONSHIP BETWEEN MEDICAL STUDENTS' OPINIONS OF A
NATIONAL SERVICE CORPS FOR PHYSICIANS AND GENDER

National Service Corps	Gender (N=61)			
	Male		Female	
	No.	Percent	No.	Percent
Yes	9	23.7	9	39.1
Yes, <u>only</u> if medical education is paid by the government	11	28.9	7	30.4
No	18	47.4	7	30.4
Total	38	100.0	23	100.0

$$\chi^2 = 2.17, 2 \text{ d.f.}, \text{ n.s.}$$

the following options of responses: "(1) yes, (2) yes, only if medical education was paid by the government, (3) no." There was no significant difference between the male and female medical students who reported that they would be in favor of a required National Service Corps for physicians if the medical education was paid by the government. On the other hand, 39.1 percent of the female medical students indicated that they would be in favor of a National Service Corps regardless of whether the government paid for the education, whereas only 23.7 percent of the male medical students indicated that they would be in favor of such a program. Of the male medical students, 47.4 percent indicated that they were against such a program regardless of whether the government paid for the education, while only 30.4 percent of the female medical students expressed an objection to the program.

Although the percentage difference for each response for the male and female medical students is not greatly significant, it is important that we recognize the fact that almost one-half of the male medical students (47.4 percent) objected to the program under any circumstances, but less than one-third (30.4 percent) of the female medical students opposed the program. Consequently, this study suggests that fewer male medical students than female medical students are willing to practice the humanistic value of helping others by temporarily locating their practice in a medically deprived area.

Hypothesis 5:5

Female medical students are more likely to plan to donate more time to volunteer work as physicians than are male medical students.

The material presented in Table 23 supports this hypothesis although the χ^2 was not significant statistically.

Although the data indicate that 2.2 percent more female medical students plan to donate 20 percent or more of their time to volunteer work utilizing their medical talents, the researcher perceives this difference to be insignificant. Nevertheless, there is an important factor regarding the issue of volunteer time which needs to be acknowledged, and that is that, overall, most medical students, male and female, anticipate donating relatively little time to volunteer work. Furthermore, only 36.7 percent of the medical students plan to donate more than 20 percent of their time to volunteer work. Therefore, it is suggested that in the future the public can expect the amount of free clinics or other volunteer services from the medical community to remain relatively unchanged.

A Brief Summary

In this section on medical students' motivations and professional expectations, we have examined what appears to be rather diverse issues; however, when viewed as a whole, the issues are not really that diverse. Although it was determined that most medical students anticipate spending relatively little time doing volunteer work, it should not be concluded that all of the medical students express an entrepreneurial orientation. In fact, it might be concluded that the female medical students have a rather socially conscious orientation when they are compared to the male medical students. In Hypotheses 5:2 and 5:3, it was determined that female medical students are not as status and materialistically oriented as the male medical students. Since female

TABLE 23
THE RELATIONSHIP BETWEEN THE HOURS MEDICAL STUDENTS ANTICIPATE
DONATING TO VOLUNTEER WORK AND GENDER

Percentage of Time Plan to Volunteer	Gender (N=60)			
	Male		Female	
	No.	Percent	No.	Percent
19 percent or less	25	64.1	13	61.9
Over 19 percent	14	35.9	8	38.1
Total	39	100.0	21	100.0

$$\chi^2 = .028, 1 \text{ d.f.}, \text{ n.s.}$$

medical students have lower income expectations, and most do not think that physicians deserve to earn substantially more money than other persons in this society, it is suggested that perhaps the female medical students are more oriented toward a socially conscious approach. As Leserman's (1981:41) research indicated, women are more in favor of lower physician incomes than are male medical students. Cartwright (1972:213) found that "the issues of status, prestige, and economic reward were more peripheral for women than for men," and Lopate (1968) found that female medical students have little concern for monetary rewards. It is suggested that because female medical students have lower income expectations and do not think that physicians deserve to earn substantially more money than other persons in this society, they will perhaps charge less for their services. In fact, Adams (1971) found that women physicians tend to charge lower fees than their male counterparts. Moreover, it might be concluded that female medical students express a greater desire to help others by being less materialistically oriented and less motivated by monetary rewards and, consequently, will possibly charge lower fees to the patient than male medical students who have higher income expectations and who perceive physicians as deserving to earn a higher income than other persons in society.

CHAPTER IV

SUMMARY AND CONCLUSIONS

I. RECAPITULATION OF HYPOTHESES

The primary purpose of this study has been to contribute to a growing body of studies that are concerned with the differences between the motivations, professional expectations, sociocultural dimensions, and sources of support for male and female medical students.

The present analysis was based on data obtained from a private midwestern medical school. This study has attempted to replicate some portion of studies conducted in the field of medical sociology as well as explore new areas in order that there might be a better understanding of an area which is constantly affecting the lives of many persons within the society.

The hypotheses as well as the findings will be briefly restated here in order to allow the reader to better understand the conclusions that follow.

Sociocultural

Hypothesis 1:1. Female medical students are more likely to come from families with a high sociocultural standing than are male medical students.

Hypothesis 1:2. Female medical students are more likely to come from families in which the father has obtained a

higher educational level than are male medical students.

Hypothesis 1:3. Female medical students are more likely to come from families in which the mother has obtained a high educational level than are male medical students.

Hypothesis 1:4. Female medical students are more likely to have occupationally elite fathers than are male medical students.

Hypothesis 1:5. Regardless of gender, most medical students will come from families whose total financial status places them in the upper echelon of society as opposed to the lower echelon of society.

All of the hypotheses regarding the sociocultural status of medical students were supported. That is, most medical students tend to come from families where the total family income far exceeds the national net income of all Americans. Furthermore, the female medical student tends to come from more affluent backgrounds in terms of her father's educational level, father's occupation, mother's educational level, and overall socioeconomic standing than male medical students. Thus, it can be concluded that the sociocultural status of the American medical student is relatively high when compared to the sociocultural status of the general population.

Financial Support

Hypothesis 2:1. Male medical students are more likely to receive less financial support from their parents than are male medical students.

Hypothesis 2:2. Male medical students are more likely to receive more governmental financial support than female medical students.

Hypothesis 2:3. Male medical students are more likely to obtain school financial support than are female medical students.

All of the hypotheses pertaining to the issues of financial support were supported by the data. The major question raised was: If a significant proportion of medical students come from families with a high financial status, then why do more male medical students obtain financial support from the government and school than female medical students? Although several suggestions were presented, the actual reasons cannot be determined until there is a study conducted which investigates the distribution of the financial assistance within the government and the medical school. Thus, at this point we can only make suggestions.

Social Support

Hypothesis 3:1. Regardless of gender, the parents of medical students will be perceived as being supportive of their son's or daughter's decision to enter medical school.

Hypothesis 3:2. Regardless of gender, the siblings of medical students will be perceived as being supportive of their brother's or sister's decision to enter medical school.

Hypothesis 3:3. Regardless of gender, the family of origin will be perceived as being supportive of the student's decision to enter medical school.

Hypothesis 3:4. Regardless of gender, one's teachers' opinions will not be very important with regard to one's decision to enter medical school.

Hypothesis 3:5. Female medical students are more likely to perceive parental opinions as more important in their decision to enter medical school than are male medical students.

Hypothesis 3:6. Female medical students are more likely to perceive greater sibling importance regarding their decision to enter medical school than are male medical students.

Hypothesis 3:7. Female medical students are more likely to perceive their family of origin as more important regarding the decision to enter medical school than are male medical students.

Hypothesis 3:8. Female medical students are more likely to perceive their parents as influential in the student's decision to enter medical school than are male medical students.

All of the hypotheses pertaining to the issue of social support were supported by the data. It was concluded that the family of origin is supportive of the medical student's decision, male or female, to become a physician. It was further determined that the opinions of the family of origin regarding the student's decision to enter medical school were more important for female medical students than for male medical students, and the teachers' opinions regarding the student's career selection were relatively unimportant for both male and female medical students. Finally, it was determined that the parents of female medical students were more influential in the

selection of medicine as a career than were the parents of the male medical students.

Role Models

Hypothesis 4:1. Female medical students are more likely to have a physician in their family than are male medical students.

Hypothesis 4:2. Female medical students are more likely to have a father who is a physician than are male medical students.

Hypothesis 4:3. Regardless of gender, if a medical student has a father who is a physician, the father will be perceived as being influential in the student's decision to become a physician.

All of the hypotheses pertaining to the concept of role models were supported by the data. It was found that more female medical students reported having a physician in their families than male medical students, and that more female medical students had fathers who were/are physicians than male medical students. It was further determined that all medical students, male and female, who reported that their fathers were physicians also indicated that the fathers were influential in the students' decision to enter medical school.

Motivations and Professional Expectations

Hypothesis 5:1. Male medical students are more likely to plan to work more hours as a physician than are female medical students.

Hypothesis 5:2. Female medical students are more likely to have lower income expectations than are male medical students.

Hypothesis 5:3. Male medical students will be more likely

than female medical students to perceive physicians as deserving a higher income than persons in other occupations.

Hypothesis 5:4. Female medical students are more likely to be in favor of a required National Service Corps for physicians than are male medical students.

Hypothesis 5:5. Female medical students are more likely to plan to donate more time to volunteer work as physicians than are male medical students.

All of the hypotheses pertaining to the motivations and professional expectations of the medical students were supported by the data. It was found that most medical students planned to donate relatively little time to volunteer work. Furthermore, it was determined that the female medical students were less concerned with the monetary rewards which can be gained as a physician than the male medical students. And, finally, it was suggested that the female medical students are more likely to have a socially conscious orientation than male medical students.

II. SUMMARY OF OTHER FINDINGS

In addition to the findings which are contained in the hypotheses, certain other findings were obtained in the study, and are presented below in summary.

Students' Career Orientation

The following characteristics were found for all of the medical students, male and female, that participated in the study.

1. Approximately 66 percent of all medical students indicated that prior to deciding on medicine as a career they had seriously considered another occupation.

2. Approximately 68 percent of all medical students stated that they first thought of becoming a physician prior to entering college.

3. Approximately 50 percent of all medical students stated that they selected their college major because it was the subject that most interested them.

4. Approximately 62 percent of the medical students indicated that they presently had no doubts about the selection of medicine as a career choice.

5. Approximately 32 percent of the students indicated that they had a few doubts about the selection of medicine as a career choice.

Factors Influencing Career Selection

The following factors were given by the students when they were directly asked about the factors which influenced them in the selection of medicine as a career choice.

1. Approximately 89 percent of the medical students indicated that "the chance to make a real contribution to society" was extremely important to their selection of medicine as a career choice; however, it was decided that this was partially a socially desirable response.

2. Approximately 94 percent of the medical students indicated that "the opportunity to work with people rather than things" was

extremely important or very important to their selection of medicine as a career choice; however, it was decided that this was partially a socially desirable response.

3. Approximately 98 percent of the medical students responded that the "opportunity to help others" was extremely important or very important in their selection of medicine as a career choice; however, it was concluded that this was partially a socially desirable response.

When inquiring as to what factors influenced the medical student's choice of medicine as a career alternative, most students responded with what appeared to be a socially desirable response.

Issues Concerning Women

The following responses were given by the students concerning issues which pertain to women in all aspects of the medical profession.

1. Approximately 41 percent of the male medical students and 39.1 percent of the female medical students thought that the medical profession placed pressure on women to specialize in certain fields of medicine like pediatrics, whereas 43.2 percent of the male medical students and 47.8 percent of the female medical students disagreed with this statement.

2. When asked to indicate a position on the statement, "Male physicians tend to treat female patients in a more patronizing way than they treat male patients," 60.9 percent of the female medical students agreed; however, only 16.2 percent of the male medical students agreed with this statement.

3. The majority of the medical students, 81.4 percent, were either undecided or did not think that it would be damaging to the profession if half the students admitted to medical school were women.

4. When asked to respond to the statement: "We definitely need more women physicians in this country," 32.4 percent of the male medical students disagreed, whereas only 17.4 percent of the female medical students disagreed with the statement.

Although the medical profession is portrayed as a male dominated occupation, it was found that, overall, the male medical students did not appear to be opposed to women entering the field, and that most of the male medical students recognized any pressures (i.e., selection of specialty) which the women might encounter. On the other hand, the male and female medical students had different perceptions of how male and female patients are treated by physicians.

III. LIMITATIONS OF THE STUDY

One limitation of this study, apart from the usual measurement problems, is a source of potential bias in the study. This problem concerns the possible inaccuracy in the reporting of sensitive data by the medical students. Although Webb et al. (1966) suggest that in the ideal situation the research subjects will perceive and record events and feelings about themselves as they occur and would then have total recall, Mottern (1980:82) recognizes that all research subjects do not conform to the ideal situation but "perceive and report with selection and distortion." The major limitation caused

by selection and distortion concerns the medical students responding to those questions and statements which they might respond to in a socially desirable manner. That is, they might tend to answer those items which the medical students felt would make them appear to be morally better than others. However, this concern was primarily limited to the attitudinal items rather than the factual material for, as Burton (1970) notes, factual material is reported with greater accuracy than attitudinal material.

Another limitation of this study was the small sample size which was used. In the academic year 1981-1982 there was a total of 17,033 first-year medical students in the United States (Journal of American Medical Association, 1982:3307); however, this study included only 62 first-year medical students.

Finally, it was found that question 32 was of little value as an indicator of the medical students' reasons for the selection of medical school.

IV. SUGGESTIONS FOR FUTURE RESEARCH

Future research into the area comparing the differences between male and female medical students needs to take into account the limitations which were noted concerning this study.

It is suggested that gender may not fully explain the motivational reasons for students selecting medicine as a career, except perhaps with regard to female medical students. As was noted in this study, the female medical students tended to come from rather affluent backgrounds, have a strong social support system for entering

medical school, and a large proportion have family members who are/were physicians. Therefore, one might speculate that the female medical student who aspires to become a physician is often channeled into the profession with little choice because of the influence and support of her family. In contrast, males have considerably greater choice in their career selection. Thus, it is suggested that we give family background much greater consideration when attempting to determine if there is a difference between male and female medical students and their selection of medicine as a career choice.

It is further suggested that there might be several alternative means of arriving at the answers for that material which might be considered sensitive to the research subjects and hence produce a socially desirable response (i.e., rewording the questions). Furthermore, it is suggested that a larger sample size consisting of more students from various types of medical schools (public and private) as well as from various regions of the country, should be obtained. And, finally, it is suggested that other research methods (i.e., interview) as well as a questionnaire might be used in order to perhaps gain more valid information from the medical students.

In summary, we need more detailed data regarding the various aspects concerning medical students. There is a need for longitudinal data on this topic in order that we might be able to better explain and predict the changes in the attitudes of our future physicians. The major contribution of this study is that even though it is limited to a single medical school, it has taken a small step toward helping to increase our understanding of medical students'

occupational choices, as well as having allowed us a basis for helping to substantiate and revise existing models concerning career choice. However, more information is necessary in order to ascertain the generalizability of the differences between male and female medical students.

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APPENDIX

APPENDIX

SURVEY OF MEDICAL STUDENTS

NOTE: Most questions can be answered by putting a circle around one of the numbers next to the answer categories. Unless otherwise indicated, circle just one answer for each question.

1. What is your sex?

Male	1
Female	2

2. What is your age?

20 or under	1
21-23	2
24-26	3
27-29	4
30 or over	5

3. What is your race?

White/Caucasian	1
Black	2
American Indian	3
Alaskan Native	4
Hispanic	5
Asian or Pacific Islander	6
Other (please specify) _____	7

4. What is your religious affiliation?

Protestant	1
Catholic	2
Jewish	3
Other (please specify) _____	4
None	5

5. Do you attend a church?

Yes	1
No	2

IF NO, SKIP TO QUESTION 7

6. On the average, how frequently do you attend a church?

Once a month or less	1
Twice a month	2
Three times a month	3
Four or more times a month	4

7. What was the size of the community where you spent most of your early years?

2,500 or less	1
Between 2,500 and 50,000	2
Between 50,000 and 250,000	3
Over 250,000	4

8. Regarding your geographical origin, how would you consider yourself?

Rural	1
Urban	2

9. What is/was the highest level of education attained by your parents? (CIRCLE ONE ANSWER FOR EACH PARENT)

	A Your Father	B Your Mother
Some grade school	1	1
Grade school graduate	2	2
Some high school	3	3
High school graduate	4	4
Some college	5	5
Bachelor's degree	6	6
Some graduate/professional school	7	7
Graduate/professional degree	8	8

10. Which of the following best describes the type of work your parents did while you were growing up? (CIRCLE ONE ANSWER FOR EACH PARENT)

	A Your Father	B Your Mother
Professional work requiring college, such as doctor, lawyer, teacher, engineer	0	0
An executive in a large company	1	1
In business for self	2	2
Salesman or sales clerk	3	3
Office worker	4	4
Housewife	5	5
Skilled tradesman or foreman	6	6
Factory work, mill work, truck or cab driver, or similar work	7	7
Service work	8	8
Other work (what?)		

11. Which category best describes your total family income?

Less than \$5,999	1
\$6,000 to \$9,999	2
\$10,000 to \$14,999	3
\$15,000 to \$19,999	4
\$20,000 to \$24,999	5

\$25,000 to \$29,999	6
\$30,000 to \$49,999	7
Over \$50,000	8

12. Where would you place yourself and each of your parents in terms of a general political outlook? (CIRCLE ONE ANSWER FOR EACH PARENT)

	Radical Left	Liberal	Middle of the Road	Conserva- tive	Radical Right	Don't Know
Mother	1	2	3	4	5	6
Father	1	2	3	4	5	6
Self	1	2	3	4	5	6

13. Are there any physicians in your family?

Yes	1
No	2

IF YES, PLEASE INDICATE BELOW (1) THEIR RELATIONSHIP TO YOU (i.e. FATHER, UNCLE, MOTHER, ETC.) AND (2) THEIR INFLUENCE ON YOUR DECISION TO BECOME A PHYSICIAN

Relationship to You	Any Influence	
Person No. 1 _____	Yes . . 1	No . . 2
Person No. 2 _____	Yes . . 1	No . . 2

14. Were there any particular physicians other than family members who influenced your decision to become a physician?

Yes	1
No	2

IF YES, PLEASE LIST THESE PHYSICIANS' SPECIFIC MEDICAL FIELDS (i.e. GENERAL PEDIATRICS, PEDIATRIC SUBSPECIALTY, ETC.)

Physician No. 1 _____
Physician No. 2 _____

15. Prior to entering medical school, how important were the opinions of the following people concerning your career choice? (CIRCLE ONE ANSWER FOR EACH PERSON)

	Extremely Important	Very Important	Im- portant	Somewhat Important	Not Very Important	Not Im- portant	Does Not Apply
Parents	1	2	3	4	5	6	
Brother(s) and/or Sister(s)	1	2	3	4	5	6	
Close Friends	1	2	3	4	5	6	
Teacher(s)	1	2	3	4	5	6	

16. How supportive of your decision to enter medical school were the following people? (CIRCLE ONE ANSWER FOR EACH PERSON)

	Extremely Sup- portive	Very Sup- portive	Somewhat Sup- portive	Not Very Sup- portive	Not Sup- portive	Does Not Apply
Parents	1	2	3	4	5	6
Brother(s) and/or Sister(s)	1	2	3	4	5	6
Other Relatives	1	2	3	4	5	6
Close Friends	1	2	3	4	5	6
Teacher(s)	1	2	3	4	5	6

17. How influential were the following persons in your decision to attend medical school? (CIRCLE ONE ANSWER FOR EACH PERSON)

	Extremely Influ- ential	Very Influ- ential	Somewhat Influ- ential	Not Very Influ- ential	Not Influ- ential	Does Not Apply
Parents	1	2	3	4	5	6
Brother(s) and/or Sister(s)	1	2	3	4	5	6
Close Friend(s)	1	2	3	4	5	6
Another Physician	1	2	3	4	5	6
Teacher(s)	1	2	3	4	5	6

18. Before deciding on medicine as your occupation, did you ever seriously consider any other occupation?

Yes 1
No 2

IF YES, WHICH FIELD? _____

19. When did you first think of becoming a physician?

Before college 1
First two years of college 2
Junior year of college 3
Senior year of college 4
After college 5

20. What was your college major or field of concentration?
- | | |
|--------------------------------------|---|
| Biology | 1 |
| Chemistry | 2 |
| Biochemistry | 3 |
| Physics | 4 |
| Pre-Med | 5 |
| Business Administration | 6 |
| Humanities/Social Sciences | 7 |
| Other (please specify) _____ | 8 |
21. If you had not been going to medical school would you have preferred to major in something else?
- | | |
|---------------|---|
| Yes | 1 |
| No | 2 |
- IF YES, WHAT WOULD IT HAVE BEEN?
- | | |
|--------------------------------------|---|
| Natural Sciences | 0 |
| Humanities/Social Sciences | 1 |
| Business Administration | 2 |
| Education | 3 |
| Agriculture | 4 |
| Communications | 5 |
| Nursing | 6 |
| Engineering | 7 |
| Other (please specify) _____ | 8 |
22. Why did you select your college major?
- | | |
|--|---|
| The curriculum in my college was so set up that this major allowed me to take the electives I wanted | 1 |
| I thought it the best way to get into medical school | 2 |
| I made an understandable mistake | 3 |
| It was the subject I was most interested in | 4 |
| Other (please specify) _____ | 5 |
23. If on several attempts you had failed to secure entrance into medical school would you have:
- | | |
|---|---|
| Gone to Graduate School in the Natural Sciences | 1 |
| Gone to Graduate School in the Humanities/Social Sciences | 2 |
| Gone into Business | 3 |
| Gone to Law School | 4 |
| Gone to Dental School | 5 |
| Gone to Social Work School | 6 |
| Become a teacher of elementary or secondary school | 7 |
| Other (please specify) _____ | 8 |

24. When you graduate, what percentage of your time do you expect to donate to volunteer/community work utilizing your medical talents?
- | | |
|-------------------------------------|---|
| Less than 10 percent | 1 |
| 10 percent to 19 percent | 2 |
| 20 percent to 29 percent | 3 |
| 30 percent to 39 percent | 4 |
| 40 percent to 49 percent | 5 |
| 50 percent to 74 percent | 6 |
| 75 percent to 100 percent | 7 |
25. On the average, how many hours a week do you plan to work after you have completed your degree?
- | | |
|------------------------------------|---|
| 20 or fewer hours a week | 1 |
| 21 to 30 hours a week | 2 |
| 31 to 40 hours a week | 3 |
| 41 to 50 hours a week | 4 |
| 51 or more hours a week | 5 |
26. What percentage of your medical education expenses do you plan to receive from the following sources?
- | | |
|------------------------|-------|
| Parents | _____ |
| Spouse | _____ |
| Other Relatives | _____ |
| Personal Earnings | _____ |
| G.I. Bill | _____ |
| Government Loan | _____ |
| Bank Loan | _____ |
| School Loan | _____ |
| Other (please specify) | _____ |
27. When you graduate, will you be financially indebted to anyone?
- | | |
|---------------|---|
| Yes | 1 |
| No | 2 |
- IF YES, HOW MUCH FINANCIAL INDEBTEDNESS WILL BEST DESCRIBE THOSE CIRCUMSTANCES? \$ _____
28. At the present time do you have any doubts about medicine as a career for you?
- | | |
|-------------------------------|---|
| Yes, serious doubts | 1 |
| A few doubts | 2 |
| No doubts at all | 3 |
29. Would you be in favor of a National Service Corps for physicians in which every physician, male or female, would have to serve one or two years in a medically deprived area in order to obtain a permanent license?
- | | |
|--|---|
| Yes | 1 |
| Yes, only if medical education is paid for by the government | 2 |
| No | 3 |

30. How much money a year do you think a physician working 40 hours a week should make?
- | | |
|----------------------------------|---|
| Below \$25,000 | 1 |
| \$25,001 to \$35,000 | 2 |
| \$35,001 to \$45,000 | 3 |
| \$45,001 to \$75,000 | 4 |
| \$75,001 to \$100,000 | 5 |
| \$100,001 to \$125,000 | 6 |
| \$125,001 to \$150,000 | 7 |
| Over \$150,000 | 8 |
31. How important were the following factors in influencing your choice of medicine as a career? (CIRCLE ONE ANSWER ONLY FOR EACH CHOICE)

Extremely Very Im- Somewhat Not Im-
Important portant Important portant

The chance to make a real contribution to society	1	2	3	4
The chance to live a financially secure and prosperous life	1	2	3	4
The chance to gain status and prestige with my peers the the community	1	2	3	4
It gives me the opportunity to work with people rather than things	1	2	3	4
Gives me the opportunity to help others	1	2	3	4
Medicine is seen as a glamorous field	1	2	3	4
The chance go gain respect from others	1	2	3	4

32. Each item below consists of two alternatives, A and B, between which you are asked to choose by circling one of these indicators:

A = Statement A is entirely preferred to Statement B.
a = Statement A is somewhat preferred over Statement B.
? = I cannot choose between A and B.
b = Statement B is somewhat preferred to Statement A.
B = Statement B is entirely preferred to Statement A.

- A. "A loaf of bread, a jug of wine" A a ? b B
This epitomizes all the material requirements for personal happiness.
- B. "A loaf of bread and a jug of wine" may have been alright for someone who hasn't known anything else, but let's face it, in

twentieth century America we approach happiness as the carpet gets thicker and the steaks less "rare."

- | | | | | | | |
|----|--|---|---|---|---|---|
| A. | My philosophy is: to have or to have not is the question, and if I'm lucky enough to have, I'm going to enjoy it. | A | a | ? | b | B |
| B. | To have wealth and material goods is not more conducive to happiness than to have debts and cancer. | | | | | |
| A. | An orderly, uncluttered house and a well-kept lawn will be important features in my future home. | A | a | ? | b | B |
| B. | I'm frankly not really interested in how my physical surroundings will be disposed in my future home. | | | | | |
| A. | The joys which wealth and material possessions bring are superficial and short-term as compared to the <u>real</u> joys in life, | A | a | ? | b | B |
| B. | The only people who say "money can't buy happiness are those who never had a chance to try. | | | | | |
| A. | A society that worships such extravagances as "golfmobiles" and all-electric kitchens is indeed a "sick" society | A | a | ? | b | B |
| B. | If things were such that everybody in the world had stereophonic record players and champagne, wars would probably be obsolete | | | | | |
| A. | To conjecture upon the size of one's starting salary when leaving college is a natural tendency on the part of a modern college student. | A | a | ? | b | B |
| B. | A person with a "healthy" value system rarely if ever reflects on his/her future salary. | | | | | |
| A. | Neatness and physical appearance of my like-sexed friends are entirely incidental in terms of my associations. | A | a | ? | b | B |
| B. | Important determinants in my choice of like-sexed friends in my living group at college were physical attractiveness and stylishness of dress. | | | | | |
| A. | A place for everything and everything in its place is a good maxim to abide by. | A | a | ? | b | B |
| B. | Although cleanliness is important in material things, order per se, bores me. | | | | | |

33. The following statements refer to a wide variety of attitudes concerning the medical profession. After a careful consideration of each item, please indicate one of the following reactions: Strongly Agree, Agree, Probably Agree, Undecided, Probably Disagree, Disagree, Strongly Disagree. Remember, there are no right or wrong answers. Please use the Undecided category only for issues you have not thought about at all and for which you have no opinion.

	Strongly Agree	Agree	Probably Agree	Undecided	Probably Disagree	Disagree	Strongly Disagree
It is very important to protect the autonomy of the medical profession against government intervention.	1	2	3	4	5	6	7
Gynecologists generally treat female patients with respect and concern.	1	2	3	4	5	6	7
Nurses should have a good deal of latitude in giving information to the patients.	1	2	3	4	5	6	7
The medical profession places pressures on women to specialize in certain fields of medicine like pediatrics.	1	2	3	4	5	6	7
I am opposed to a system of socialized medicine in this country.	1	2	3	4	5	6	7
Because physicians undergo long and expensive training, they deserve the income they make.	1	2	3	4	5	6	7
I am strongly committed to locating my practice in an area of the country that needs doctors.	1	2	3	4	5	6	7
Information about diagnosis and treatment should be given to patients so they can better evaluate the physician's competence.	1	2	3	4	5	6	7
Medical school and the medical profession are harder for a woman than a man because many students and professors are prejudiced against women.	1	2	3	4	5	6	7

	Strongly Agree	Agree	Probably Agree	Undecided	Probably Disagree	Disagree	Strongly Disagree
The patient should be told everything about his/her diagnosis and possible treatment(s).	1	2	3	4	5	6	7
I feel that the medical profession should keep their control over all aspects of the profession, rather than have government intervention.	1	2	3	4	5	6	7
Male physicians tend to treat female patients in a more patronizing way than they treat male patients.	1	2	3	4	5	6	7
Physicians deserve to earn substantially more money than other people in this society.	1	2	3	4	5	6	7
It would be damaging to the profession if half the students admitted to medical school were women.	1	2	3	4	5	6	7
Prestige distinctions between nurses and physicians should not be reduced.	1	2	3	4	5	6	7
Women medical students are not discouraged from specializing in certain fields of medicine, like surgery.	1	2	3	4	5	6	7
Medical school and the medical profession are harder for a woman than a man because many patients are prejudiced against women doctors.	1	2	3	4	5	6	7
We definitely need more women physicians in this country.	1	2	3	4	5	6	7
A patient should have access to his/her own medical records.	1	2	3	4	5	6	7

	Strongly Agree	Agree	Probably Agree	Undecided	Probably Disagree	Disagree	Strongly Disagree
The medical profession would be improved if the public realized the limita- tions of a doctor's exper- tise.	1	2	3	4	5	6	7
Generally, male physicians are as sensitive as they should be to the needs of female patients.	1	2	3	4	5	6	7
I am strongly committed to choosing a field of medicine where there is a great medical need.	1	2	3	4	5	6	7

34. Which do you think will be the prevailing mode of medical practice in 1990?
- Solo practice, fee for service 1
 - Group practice, fee for service 2
 - Group practice, monthly pre-payment plan 3
 - All physicians employed by the government 4

ARE THERE ANY COMMENTS WHICH YOU WOULD LIKE TO MAKE? (IF SO, PLEASE USE THE SPACE BELOW AND THE BACK OF THIS PAGE IF NECESSARY)

THANK YOU FOR YOUR TIME AND CONSIDERATION

VITA

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