



ORIGINAL ARTICLE

Perceptions on gender awareness and considerations in career choices of medical students in a medical school in Taiwan



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Abstract The trend of medical career choice in the younger generation has resulted in deficiency of manpower in the four major disciplines of internal medicine, surgery, obstetrics/gynecology, and pediatrics, which will threaten people's health care in Taiwan. However, perceptions of gender awareness and factors affecting the career choices of medical students have not been investigated systemically in Taiwan. To explore the perceptions on gender awareness and considerations in career choices, we recruited 280 1st- and 7th-year male and female medical students at a Medical University for the study. A modified Nijmegen questionnaire using a 5-point Likert scale containing medical curricula (18 items), gender awareness (13 items), and career inclination (9 items) was adopted as the investigation tool in our study. The response rate was 75% (224/280). With regard to gender, the 1st-year male students had greater confidence in being a physician than the female students ($p < 0.05$), and female students subjectively suggested an advantage to communicate with patients or colleagues ($p < 0.05$). Faculty attitude in treating students differently by gender was more prominent in the 7th-year than in the 1st-year students ($p < 0.001$), and they felt male preceptors typically were more enthusiastic to teach and to rank higher grades to female than to male students; however, this was not observed among female preceptors. Both male and female students showed a low level of agreement that clinical skills and performance of a physician were significantly different by gender and "female physicians are more empathetic and provide more

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communications than male physicians". Factors influencing career choices of medical students, including "personal interests/talents" and "academic achievement of the specialty," were not significantly different by gender. Factors included "training and learning environments of the specialty", "risk of lawsuit", and "economic incentive" were more appreciated by the senior than the junior students ($p < 0.05$). Effect of "family" or "spouse" did not differ significantly regardless of gender or seniority. The 7th-year students had experiences in clinical medicine and had different considerations in career choice in comparison to the 1st-year students, and gender played a role in senior students. In addition, the senior rather than the junior students regarded "training and learning environments", "risk of lawsuit", and "economic incentive" as more important factors affecting the career choices, and male students paid more attention to these issues. Other factors such as fixed hours of duty with no emergency, easier lifestyle, and more time to take care his/her families were also important factors affecting career choice in medical students regardless of their gender; however, the junior students disclosed lower concern on the issues. In addition, four major misperceptions of gender and health issues were prevalent in the 7th-year students; therefore, we recognized the importance of integrating gender issues into medical curriculum to diminish gender misunderstanding and prejudice, and to provide gender-specific health care is mandatory in Taiwan. Copyright © 2013, Kaohsiung Medical University. Published by Elsevier Taiwan LLC. All rights reserved.

Introduction

Gender roles and responsibilities vary between cultures and can change over time; however, the roles of women tend to be undervalued in nearly all societies [1]. Global mechanisms, such as the Beijing Declaration and Platform for Action [2], have awakened and highlighted the importance of gender awareness. Gender has a great influence on human health and disease, which is a complex interaction among biological, psychological, social, cultural, and societal factors. However, a focus on gender issues between medical students and curricula in Taiwan has been scant. The traditional 7-year medical curriculum in Taiwan has been basically divided into three phases, that is, pre-med for the first 2 years, basic sciences for 2 years, and clinical medicine (clerkship and internship) for 3 years. A fundamental imbalance exists between the science and the humanities in medical education, and gender issues have long been overlooked in medical education [3], and attempts to integrate these topics into medical curricula have been made [4–8]. The proportions of gender-related courses of medical programs leading to MD degree are currently approximately 0.4–0.5% in Taiwan's medical schools. How to integrate gender issues into the medical curriculum is a great challenge for medical educators in Taiwan [9]. The aim of the study was to investigate the motivations of medical students to study medicine, their attitudes toward gender awareness, and the effects of their learning experiences in medical schools on gender awareness and the career choices in the 1st- and 7th-year, male and female medical students.

Materials and methods

Development, validity, and reliability of questionnaire

Verdonk et al. developed a questionnaire "Nijmegen Gender Awareness in Medicine Scale (N-GAMS)" to assess

the gender awareness in medicine published in 2008 and has been accepted as a valid tool to evaluate perceptions of genderness in medical education. Our study was to explore not only perceptions on gender awareness but factors affecting career choices among medical students; therefore, we developed a modified Nijmegen questionnaire with a 5-point Likert scale in our study [10]. Our questionnaire contained main components on medical curricula (18 items), career inclination (9 items), and gender awareness (13 items). Experts evaluated the content of each item by two rounds, and appropriate revisions were made to the final form and the validity was 0.84. We conducted principal components analysis with varimax rotation to determine the underlying latent clusters within medical curricula, career choices, and gender awareness. Factors were retained if eigenvalues, representing the variance accounted for each underlying factor in factor analysis, were greater than 0.46. Items were assigned to factors based on their largest loading; a simple structure was obtained using factor loadings greater than 1 for this assignment. Reliability analyses were conducted by measuring Cronbach α , which was 0.71, 0.79, and 0.70 on gender awareness, career choices, and medical curricula, respectively.

Statistical analysis

Between June 2009 and September 2009, we enrolled 135 1st-year (men/women = 91/44) and 89 7th-year medical students (men/women = 68/21) in this study. We obtained students' informed consent to fill out the questionnaire in approximately 15 minutes, with a 75% (224/280) response rate. All collected data were strictly confidential. Statistical analyses were performed using the SPSS, version 12.0 (SPSS Inc., Chicago, IL, USA). One-way ANOVA and unpaired Student t test were used to compare the differences of gender awareness between the 1st- and 7th-year male and female medical students. A p value <0.05 was considered statistically significant.

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