

## Abstract

Title: Changes in Doctoring. A study of the Heterogeneity and Gender Differentiation of the Medical Profession

Written in Swedish, summary in English, 309 pages

Author: Torgerdur Einarsdottir

Doctoral Dissertation at the Department of Sociology, Göteborg University, Skanstorget 18, S-411 22, Gothenburg, Sweden

ISBN 91-628-2412-0

ISSN 1100-3618

Gothenburg 1997

The primary purpose of the thesis is to explain gender differentiation within the medical profession by conceptualizing gender differentiation as a part of the heterogeneity of the profession. A point of departure is the neo-weberian theory of social closure, complemented with a comprehensive gender perspective. A secondary purpose is to develop social closure theory as a tool to understand gendered social closure *within* professions, as contrasted to closure between professions. In methodological terms the thesis consists of a triangulation: a survey embracing 788 specialists in Gothenburg, interviews undertaken with a dozen doctors in different specialities, and a discourse analysis of territorial debates between specialities.

The mechanisms that separate the members of the profession are accounted for. The medical specialities are taken as a starting point in the analyses. In the thesis, closure strategies are conceptualized as demarcationary lines. Important demarcationary lines are status, workplaces, working hours, amount of research and credentialism. The main theoretical emphasis and the most innovative part of the thesis is, however, the discursive demarcationary strategies documented in the medical profession. An unexpected finding is that family situation does not prove to be an actual, but rather, a discursive demarcationary line for female doctors.

Another main innovative finding lies in the uncovering of discursive demarcationary strategies identified in several status hierarchies mediated by the struggles of the specialities for territories, status and authority. The prestigious specialities (surgery, internal medicine) are found to achieve and sustain their high position in terms of status by contrasting themselves to the low-status specialities (geriatrics, psychiatry and general medicine). Of vital importance are some discursive demarcationary strategies that prove to be gendered. Among these is the status hierarchy of the doctor's professional role that is broken down into three parts; diagnosing, curing and caring. One part of the professional role, the curing, is explicitly associated with effectiveness and masculinity (e.g. in surgery), as opposed to caring which is linked to inefficiency and femininity (e.g. in geriatrics). Other status strategies also exist which rest upon cognitive grounds, i.e. the biomedical paradigm and on the spatial localisation of the doctor's professional work.

Keywords: Medical profession, heterogeneity, gender differentiation, career patterns, credentialism, territorial struggles, status hierarchies, discursive gendered demarcations.