WHEN DOES GENDER MATTER?

GENDER SEGREGATION IN THE PROFESSIONS OF MEDICINE, TEACHING
AND LAW

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Manwai Candy Ku

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I certify that I have read this dissertation and that, in my opinion, it is fully adequate in scope and quality as a dissertation for the degree of Doctor of Philosophy.

David Grusky, Primary Adviser

I certify that I have read this dissertation and that, in my opinion, it is fully adequate in scope and quality as a dissertation for the degree of Doctor of Philosophy.

Cecilia Ridgeway

I certify that I have read this dissertation and that, in my opinion, it is fully adequate in scope and quality as a dissertation for the degree of Doctor of Philosophy.

C. Snipp

Approved for the Stanford University Committee on Graduate Studies.

Patricia J. Gumport, Vice Provost Graduate Education

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ABSTRACT

This dissertation research takes on the issue of gender segregation within occupations. Using a comparative occupational approach, I investigate when and why gender segregation occurs in medicine, law and teaching. I compare the processes of gender segregation across these three occupations, and expose the significance of occupational context in delineating the forces that motivate gender differences.

There have been many advances towards gender equality in the U.S. But for each advance made, there is evidence of stalled progress. The gender gap in pay narrowed substantially in the 1970s and 1980s, but it has not narrowed much since the 1990s. Women’s participation in higher education has soared, but certain fields, such as science and engineering, remain overwhelmingly male. Women have made substantial inroads into traditionally male-dominated occupations, but the decline in gender segregation across occupations has recently slowed.

Importantly, even within occupations that have integrated, women and men continue to work along gendered lines. Such gender segregation within occupations – or intra-occupational gender segregation – forces us to inspect why gender divisions may not simply “go away” with integration, but instead may take on a more detailed, disaggregated form. The study of intra-occupational gender segregation instantly highlights the pervasiveness of gender and, relatedly, the need to develop, refine, and push forward efforts for gender equality. In this study, I assess how specific characteristics of an occupational context can help us understand why gender segregation occurs within the occupation.
The framework for this study rests on two parts. First, I draw on social psychological perspectives on gender and work to consider how occupations may vary in gender segregation processes. Specifically, I consider how the strength of gender effects on preferences may vary positively with the extent to which work settings within an occupational context are gender-typed. I hypothesize that in occupations where jobs are strongly associated with gender, women and men will tend to display different preferences for jobs even in their early careers. By contrast, in occupations where jobs are less gender-typed, women and men may be rather similar in their aspirations and choices.

At the same time, I consider occupational differences in not only the gender valence of jobs, but also how career processes are structured. In some occupations, the career pathway is highly institutionalized such that each career decision has high bearing on the next career decision. Here, we may expect initial preferences to translate into later choices, and gender segregation reflects early ideas about work. In other occupations, the career pathway is less tightly bound such that career decisions can be made more on the individual’s terms. Here, we may expect individuals to more freely move around jobs, and how gender segregation progresses may depend on gendered forces that may exist within work organizations.

To test these ideas, I compare gender segregation across the occupations of medicine, law and teaching. I argue that jobs within medicine (e.g., surgeon vs. pediatrician) and teaching (e.g., elementary school teacher vs. secondary school teacher) are highly associated with gender stereotypes, but jobs in law (e.g., law firm associate vs. government attorney) are conceivably less gendered. Presumably, early
career aspirations and choices are more gender-segregated among doctors and teachers than among lawyers. But whereas medicine has institutionalized training structures post-medical degree, law and teaching present more malleable paths after the credentialing process. Therefore, the extent of gender segregation may be more variable over time among teachers and lawyers than among doctors.

I use data from professional organizations (the Association of American Colleges, the American Medical Association, the Law School Admissions Council), foundation (the Robert Wood Johnson Foundation) and government sources (the Bureau of Labor Statistics, the National Center for Education Statistics) to analyze careers of doctors, lawyers and teachers from their entry into their professions in 1991-1994 to 10-17 years after entry. Findings are largely consistent with my hypotheses. Doctors and teachers displayed highly gender-segregated preferences during medical school and the first year of teaching, but lawyers displayed rather gender-similar aspirations and first jobs. But whereas the level of gender segregation remained fairly constant for doctors, it fluctuated somewhat for teachers and increased substantially for lawyers, particularly after the first six years of work.

To provide further insight into these occupational differences in gender segregation processes, I conducted interviews with 39 women and men in these occupations to investigate how they make and perceive their career decisions. Accounts from teachers and doctors suggest that career choices reflect gendered ideas about people and jobs, ideas that may be held even before the start of careers or confirmed by early experiences at work. But job choices among lawyers are less tied
to personal or job characteristics. Rather, they are seen as a series of adjustments to organizational contexts, adjustments that are usually different for women and men.

In total, these findings make the case for a more detailed view of intra-occupational gender segregation, one that places gender processes within the occupational context. The patterns of gender segregation are contingent on the meanings and structures within an occupation, and these dimensions clarify what institutional and organizational forces may be present to motivate gender differences. In proposing a context-driven paradigm for studying gender inequality, this study brings the occupation to the center of the investigation, and argues for a more expansive view of gender segregation that takes into account the institutions of work that delineate career decision-making and the constraints on the process.
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CHAPTER 1

INTRODUCTION

Substantial progress towards gender equality in the U.S. has been made in the past fifty years. Women’s employment increased dramatically and the gender gap in pay has narrowed (Cotter et al. 2004; Blau and Kahn 2006). Legal measures have been enacted to protect against gender discrimination in employment and education (Hirsh 2009), and gender role attitudes has become more egalitarian (Cotter, Hermsen and Vanneman 2011). Women are earning an increasingly large share of college degrees and advanced degrees (England et al. 2007), and they have made significant inroads into previously male-dominated occupations, particularly in the managerial and professional realms (Cotter et al. 2004). In addition to “becoming a teacher,” for example, “becoming a doctor” and “becoming a lawyer” are now common career aspirations among girls and young women (Saad 2005; Sax and Arms 2009).

But despite all of these changes, recent research suggests that this “gender revolution” has stalled. Gender gaps in labor force participation and in pay narrowed substantially in the 1970s and 1980s, but they have not narrowed much further since the 1990s (Cotter et al. 2009; Blau and Kahn 2006). Women’s participation in higher education has soared, but certain fields of study, especially in science and engineering, remain heavily male-dominated (Hill, Corbett and St. Rose 2010). While gender segregation between occupations has declined, it mainly reflects women’s movement into managerial and professional occupations (England 2010). Few women work in blue-collar jobs such as construction and manufacturing, and few men work in female-
typed occupations such as nursing and teaching. The devaluation of women’s work provides strong disincentives for men’s movement into “women’s work,” and essentialist beliefs that women and men are fundamentally different remain highly relevant in career choices, even as our society has seemingly become more liberal and more egalitarian (England 2010).

Importantly, gender divisions seem to play out even within occupations in which women have become well-represented. We can consider, for example, integrating occupations such as medicine and law, and also feminized occupations such as teaching. Although women have consistently comprised about half of medical school graduates in the past fifteen years, they continue to be concentrated in a few specialties that also tend to pay less and command less status (Boulis et al. 2001; Boulis and Jacobs 2008). Similarly, although half of law school graduates have been women in the past fifteen years, women continue to be under-represented in private practice, particularly as partners in large law firms (Gorman and Kay 2008). In other words, although these occupations are integrating in numbers, career outcomes within these occupations remain quite different for women and men. And even within a female-dominated occupation like teaching – where women make up over 70% of all teachers nationally – women tend to work in elementary schools, while men are over-represented in secondary education (Bank 2009; CPS 2009).

Indeed, twenty years ago, Reskin and Roos (1990) examined careers of women and men within eleven feminizing occupations, and found that women’s progress within these occupations may not necessarily be “genuine” – i.e., all else equal, women still may not experience the same career outcomes as men. Instead,
**ghettoization** may take place in that women and men may hold the same title but perform different jobs, or **resegregation** may occur in that certain specialties within the occupation switches from being predominantly male to being predominantly female. These two processes are not mutually exclusive: within an occupation, women and men may perform different jobs and certain job categories may turn over in gender composition. Since their study, a host of other studies on various occupations have emerged to demonstrate the lack of genuine integration despite women’s increased entry into them (for example, Jacobs 1992; Roth 2004; Noonan and Corcoran 2004; Frehill 2006; Snyder and Green 2008; Cohen, Huffman and Knauer 2009; Boulis and Jacobs 2008; England 2010). The overwhelming implication is that gender divisions do not simply “go away” with numerical integration, but they may instead take on a more detailed, disaggregated form.

Such gender segregation **within** occupations – or **intra-occupational gender segregation** – instantly highlights the pervasiveness of gender. It urges us to inspect why gender remains a powerful delineator of career outcomes, even within occupations where women are equally represented or even better represented than men. Further, it maintains other forms of gender inequality at work, as the jobs that women often occupy tend to pay less and connote less status and influence. Understanding why intra-occupational gender segregation occurs is therefore an unequivocally important task, one that can further elucidate why gender remains powerful in shaping labor market outcomes and, relatedly, what we can do to push beyond the stalled gender revolution.
In this study, I take on the issue of intra-occupational gender segregation through a comparison of three case studies of the careers of doctors, teachers and lawyers. I focus on the professions because they present a unique combination of outward integration and internal segregation. Compared to other traditionally male-dominated occupations, the professions have been more open to women’s entry, and they have experienced a great influx of women in the past fifty years. The professions are well-regarded in society as socially desirable occupations that offer specialized skills and services, and in turn, they also exert much influence over society’s progress. Additionally, the culture of the professions is one that emphasizes ideals of equality, as they espouse a culture of performance, success and meritocracy (Sommerlad 2007). In these ways, the professions can be seen as new frontiers where women can achieve equity with men and wield equal influence on society. Yet what we observe is that gender segregation remains prevalent in many of these professions. This study presents a comparative approach to identify the forces that motivate and sustain gender differences within an occupational realm in which women’s stymied success is clearly not a result of a lack of entry, but instead indicative of continuing gender barriers.

Using an occupational career-course approach, I examine and compare when gender segregation occurs over the career course among a particular cohort of doctors, teachers and lawyers, and argue that the occupational context plays an integral role in fostering the emergence of gender segregation. I draw on the gender and work literature, social psychological perspectives on gender, and theories about career development to consider how the meanings and structures of a profession help shape
different career choices and outcomes between women and men. Specifically, I will argue that the mechanisms that give rise to gender segregation are contingent on the degree to which job settings within an occupation are linked to gender, as well as the structure of the career process in the particular occupational context. Before developing further, I provide a brief overview of popular perspectives on gender segregation. After the overview, I discuss the framework for my current study of intra-occupational gender segregation, and make two propositions about how occupational-level characteristics may impact the emergence of gender segregation within occupations.

EXPLANATIONS FOR GENDER SEGREGATION

I. SUPPLY-SIDE AND DEMAND-SIDE EXPLANATIONS

A common approach to understanding the factors of inequality is to categorize them as supply-side factors or demand-side factors. In terms of gender segregation of occupations, supply-side explanations emphasize how women and men have different preferences and make different choices about jobs, while demand-side explanations emphasize processes within organizations and institutions that lead to a greater demand for men for more desirable jobs.

Popular supply-side explanations focus on the effects of gender socialization and gendered family roles. The socialization perspective posits that because we learn from an early age that certain tasks are linked to one sex over another, women and men develop different preferences for jobs and make different investments in jobs in
the process. Some studies show that adult figures in early childhood introduce and reinforce gender-typed behaviors, and gender-typical occupational choices among parents may contribute to gender-typical occupational choices among their children (Bandura 1986; Corcoran and Courant 1985). Moreover, a large body of literature suggests that gender socialization may lead women and men to develop different values and hence different work interests. In the U.S., widely held gender beliefs exist and hold that women are more communal and men are more agentic (Eagly, Wood and Diekman 2000). Put another way, men are usually seen as more competent, but women are “nicer.” Observing (and sometimes internalizing) these beliefs and the expectations that come with them, women may come to prefer towards jobs that are more service-oriented and offer high intrinsic and social rewards (e.g., satisfaction from helping others), while men may prefer jobs that are more instrumentally oriented and offer greater extrinsic rewards (e.g., income and prestige) (Betz and O’Connell 1989; Beutel and Marini 1995; Johnson 2001; Marini et al. 1996; Tolbert and Moen 1998).

Differences in women’s and men’s choices need not reflect just socialized differences in preferences, however. Neoclassical economists argue that women and men invest differently in their employment because they anticipate different employment patterns. Given the cultural assignment of domestic work to women and paid work to men, women anticipate intermittent employment because of their family responsibilities, while men anticipate continuous employment because of their “breadwinner” status. As such, women may choose jobs that pay less on average but depreciate less steeply over time, while men may prefer jobs that pay more on average...
although they may have riskier depreciation rates (Mincer and Polachek 1974). Another view, which may be more plausible in light of empirical evidence against the neoclassical economic perspective (see England 1982, 1984), centers around the idea of compensating differentials – that the jobs that women choose compensates for lower wages by offering more flexible hours and working conditions that are more compatible with family demands. The merit of this explanation is also arguable, however, as some find predominantly female jobs to be no more flexible than predominantly male jobs (see Glass 1990; Glass and Camarigg 1992).

Taken together, supply-side explanations argue that women and men choose different jobs because they have been socialized to have different interests and preferences, and/or because their different family roles call for different kinds of jobs. Demand-side explanations, on the other hand, focus less on the worker, but more on the processes that take place within work organizations and institutions that differentially affect women’s and men’s career possibilities. Though there are legal and social sanctions against overt discrimination, gender bias may still influence workplace processes in covert, subtle and sometimes non-conscious ways. Gender stereotypes provide efficient cognitive tools with which one can quickly make decisions about people, especially when information about them is limited (Heilman et al. 1997). Employers may rely on these stereotypes when hiring or promoting potential candidates, which may disadvantage women given gendered beliefs about competence. Moreover, women’s chances at hire or promotion may be depressed by the motherhood penalty – that is, as some women are mothers and other women are assumed to eventually become mothers, they are seen as less committed to work, less
competent and generally lower status, and therefore passed over in employment decisions such as hiring and promotion (Cuddy, Fiske and Glick 2004; Correll, Benard and Paik 2007). Further, as employers are often men, they may favor those in the in-group, i.e., other men, when deciding who to hire or promote (Brewer and Brown 1998; Fiske 1998).

Demand-side processes are not limited to employer actions and behaviors, however, as gender bias may take a more institutional form. Most workplaces are organized around the idea that paid work is the primary responsibility of workers. The “ideal worker” is one who can work long hours, arrange their outside responsibilities around paid work, and relocate or travel for work as needed (Bailyn 1993). Because women still more so than men shoulder most of the work at home, women are less likely than men to keep with the ideal worker expectations, and hence less likely to reap the rewards that come with meeting these expectations, such as getting the job or getting the promotion. The norms of the workplace thus foster gender inequality, and the lack of accommodations for family and non-work responsibilities constitute a structural disadvantage for women. Moreover, although some workplaces may initiate family-friendly policies such as alternative work schedules and flexible work arrangements, access to these policies may be uneven across and within organizations (e.g., Kelly and Kalev 2006; Kelly and Moen 2007), and the use of these policies may be limited by stigmatization and fear of negative impact on careers (Eaton 2003; Hochschild 1997). The upshot is that gender inequality reflects not only gender bias from gatekeepers of jobs, but also more generally gendered practices and cultures within organizations.
II. **Beyond Supply-Side vs. Demand-Side**

Different as they may seem, supply-side and demand-side explanations may be actually more similar than meets the eye. Social psychological perspectives clarify how supply-side and demand-side mechanisms both reflect the effects of gender beliefs on interactions and behaviors (Ridgeway and Correll 2004). In particular, we can conceptualize gender as a status characteristic, and consider how beliefs attached to this status characteristic shape our perceptions and behaviors.

In the U.S., cultural beliefs about gender assign higher status to men and lower status to women, in that men are seen as generally more competent and especially so at things that “matter” (e.g., instrumental rationality), while women are less competent though better at things that are less valued (e.g., communal tasks) (Conway, Pizzamiglio and Mount 1996; Fiske et al. 2002). Gender is thus a status characteristic, an attribute in which cultural beliefs deem one group higher status than another (Berger et al. 1977), and these beliefs are shared in that we know these beliefs and expect others to hold them as well. As a result, gender beliefs can act as rules, guiding expectations, judgments and behaviors in biased ways. Research shows that we unconsciously and automatically sex categorize one another in social relations, i.e., label one another as male or female, because gender is a simple classification and gender beliefs allow us to begin to understand one another (Blair and Banaji 1996; West and Fenstermaker 1995). Thus, in a situation where gender is salient – such as when actors are of different sex, when actors compare themselves to members of the other sex, or when gender beliefs link the task at hand to the stereotypic abilities of
one gender – individuals may expect themselves and each other to behave in ways according to gender beliefs. This perspective, known as expectation states theory, has received much empirical support. Studies find, for example, that men are expected to and participate more and evaluated more positively than women in male-typed tasks (Dovidio et al. 1988), that men’s work is better evaluated than women’s work especially when the work relates to a male-typed domain (Swim and Sanna 1996; Heilman, Block and Martell 1995), and that double standards require women to work harder to be seen as equally able as men (Foschi 2000). More specific to career choice, when exposed to the belief that men are better than women at a certain task, men develop higher aspirations for careers that require competence at the task (Correll 2001).

This perspective allows us to see how supply-side and demand-side processes are similarly reflective of the operations of gender beliefs in social relational contexts. Ridgeway and Correll (2004) made this case using well-known examples of supply-side and demand-side factors. For instance, on the demand-side, judgments made in social relational sites that are less scripted and more open to subjective interpretation (e.g., interviews, performance evaluations) are vulnerable to gender biases that ultimately steer women and men into different positions at the workplace. On the supply-side, when salient, gender beliefs can bias individuals’ expectations of their competence at a particular situation or task, thereby biasing their aspirations as well. There are other examples, of course, but the main idea is that supply-side behaviors are constrained by gender beliefs that also underlie demand-side discrimination. Individual choices are socially constructed and influenced by beliefs that emanate
from outside the individual, and in turn, they reinforce the same beliefs that introduce bias to workplace processes and structures.

Such a perspective of gender suggests a more expansive view of gender segregation that transcends the dichotomy of supply-side vs. demand-side accounts. Particularly when we think of how people make career decisions, women and men may make different choices, but these choices are constrained by biased assessments of how well one can perform a certain task, what kinds of work best suits one’s interests and abilities, or what career opportunities are possible and open to them. In the context of work and occupations, how salient gender is, and hence how strongly gender biases emerge, depends on how much gender is infused into the occupational context – for instance, how strongly certain jobs are linked to one sex over another. Following this, I argue that it is necessary to consider how individuals navigate their careers with respect to the meanings and structures specific to their occupational contexts, and why their choices may ultimately differ by gender. Before developing this further, I first consider the possible ways in which gender segregation may play out over the career course.

**DEVELOPING AN OCCUPATIONAL CAREER-COURSE APPROACH**

I. **GENDER AND THE CAREER COURSE**

I define the career course as starting at the point of entry into a particular occupation, and consider how gender segregation within that occupation may occur at that point and thereafter. Supply-side accounts suggest that women and men may
develop different interests and preferences even prior to entering paid work. Following this, we can expect that upon entry into an occupation, women and men already have different aspirations for different jobs. Specifically, given the dominant belief that women are more communal and men are more agentic, we may expect women to prefer more socially oriented jobs over other jobs, whereas men do not show such a preference. This is plausible given research showing that young women continue to attach greater importance to social, intrinsic and altruistic rewards than do young men (Marini et al. 1996; Johnson 2001). Differences in job preferences may also reflect anticipations of family constraints – for example, women may choose jobs that are more flexible than others – although this relationship may be arguably weaker in the specific case of the professions, given high rates of full-time employment even among women in historically male professions and mothers with young children (Percheski 2008).

All in all, a conventional supply-side interpretation would be that women and men enter the profession with interests in different jobs. But a more flexible view may be that, though gender socialization may have influenced ideas about work, women and men may not fully develop or realize different preferences until later in the career course, when experiences introduce or reinforce gender beliefs about individual abilities and/or compatibilities with different jobs. This is especially important when we consider the professions, as these occupations require specialized training prior to actual practice. In this context, some amount of time elapses before one begins practicing in the profession (e.g., medical school, law school), and during this period, women and men may learn about the profession in different ways. Gendered learning
can take place in informal situations: for instance, gender beliefs expressed by teachers and peers, encouragement of women and men towards different jobs, and differential access to mentors may all lead to gendered assessments of ability or gendered ideas about what jobs are possible or open to women and men. Gendered learning can also take place in formal situations: for instance, gendered materials in course curriculum, biased performance evaluations, and gendered attitudes in the classroom may cause women to feel unvalued, less confident in their abilities, and less pursuant of certain jobs that are traditionally occupied by men. The bottom line is that job choices may become constrained by gender beliefs that underlie the professional socialization process.

Another possibility, though, is that gender disparities are motivated primarily by forces beyond professional socialization that reveal themselves when women and men enter formal work and strive to move up in rank at the workplace. Demand-side views suggest that employers make biased decisions about who to hire or who to promote. Thus, even if women and men enter the workforce with similar aspirations and preferences, they may nonetheless find themselves in different positions, e.g., men get better jobs and/or promotions and women don’t. Furthermore, women may find themselves disadvantaged by workplace practices and cultures based on masculinized notions about the ideal worker. The lack of flexible work policies disadvantage especially women who become mothers, and subjectivity in promotion criteria may compound disadvantages created by bias against women and mothers in work assignments (e.g., assigning plum projects to men over women) or performance evaluations. Insofar as a workplace is dominated by men, women may lack access to
mentorship and networks that are pertinent to valuable work and advancement opportunities. As a result of these factors, women may be pushed out of jobs, or women may leave their jobs given their observations of or experiences with gender inequities. Thus, even if they have had similar motivations and interests at the outset, women and men may ultimately find themselves in different trajectories as they move through their careers.

II. OCCUPATIONAL CHARACTERISTICS AND THE CAREER PROCESS

The ideas above suggest at least three different ways in which gender segregation may unfold over the career course: 1) Gender segregation may occur at entry into the profession, as women and men may already hold different preferences for jobs; 2) Gender segregation may develop during professional education and training, as gender beliefs manifest themselves in various ways to promote differences in women’s and men’s career aspirations; 3) Gender segregation may emerge at the workplace, as women and men encounter different constraints that channel them into different jobs and tracks. Importantly, these three mechanisms need not be mutually exclusive, but can work in tandem. For example, it is possible that there is a high level of gender segregation at entry into an occupation, and the level of gender segregation widens as a result of gendered experiences during education and training. It is also possible that gender does not play much of a role in early aspirations, but gender segregation emerges much later at the workplace due to pressures and constraints from the top-down. There are therefore a myriad of possibilities as to when and thus why gender segregation occurs.
Given that there can be many combinations of processes, how can we identify when gender segregation occurs (and hence which processes are at work)? Conceivably, as occupations are very different social contexts, the dynamics underlying inequality also differ across them. Below, I consider how variations in two specific occupational-level characteristics may lead to differences in the occurrence and causes of gender segregation within occupations.

A. **Gender Valence of Job Settings within Occupations**

As I discussed earlier, gender stereotypes are activated where gender is a salient characteristic because we use gender to categorize and make sense of one another. Thus, the extent to which gender beliefs affect our thoughts and behaviors should depend on how relevant gender is to the particular situation at hand. Ridgeway’s perspective of the gender frame (2009, 2011), particularly regarding the interface between the gender frame and the institutional frame, is one way by which we can understand how gender becomes relevant in the career context. As Ridgeway explains, gender stereotypes are abstract guidelines for behaviors when they are considered in the primary person frame (e.g., gender, race, age), but they become specific rules and expectations for how to act when they are embedded in an institutional frame (e.g., a place of work), because institutional roles provide clearer instructions for behavior in a given context. Gender is a background identity that “typically acts to bias in gendered directions the performance of behaviors undertaken in the name of more concrete, foregrounded organizational roles or identities” (2009, p. 152). When institutional roles and tasks are themselves culturally gendered, this
background gender frame becomes powerfully relevant and acts to differentially shape how women and men make decisions and carry out activities and roles.

The extent to which institutional structures are gendered thus positively impacts the extent to which the gender frame operates. One illustrative example, cited by Ridgeway, is research on gender in high-tech firms (Whittington and Smith-Doerr 2008; Whittington 2007). As Whittington and Smith-Doerr found, the informal, flexible network form within organizations is only advantageous for women in the life sciences, and not for women in the physical sciences. This difference may be explained by differences between the two fields in the degree to which they are gender-typed. The life sciences are not as strongly gender-typed now as women now constitute about a third of the doctoral degree recipients in the area; by contrast, the physical sciences remain heavily male-dominated and hence heavily associated with men. Thus, in the life sciences, the background gender frame may only create modest advantages for men, and women can gain from the more flexible network organizational form. In the physical sciences, however, the background gender frame is much stronger, and so creates stronger implicit biases against women that cannot be as easily trumped by informal network forms.

The implication is that how strongly a field is associated with gender defines the background effects of the gender frame. While research by Whittington and Smith-Doerr examines how background gender effects constrain career advantages, I argue that the same line of reasoning can be used to consider how background gender effects constrain individuals’ career preferences and choices when they enter a profession. In some professions, job settings are highly associated with gender. For
example, in medicine, certain specialties (e.g., obstetrics-gynecology, pediatrics) are female-dominated and perceived to be more appropriate for women, while others (e.g., surgery) remain male-dominated and women are seen as not as capable as men to practice them (Cassel 1997; Hinze 1999). Teaching is another profession that bears highly gendered meanings of work: certain fields, such as kindergarten and elementary education, are mostly female and generally perceived to be “women’s work,” while other fields, such as secondary school-teaching, may be seen as more suitable for men (Apple 2010; Williams 1995). But in other professions, work settings are less gender-typed. For example, recent research finds no significant difference between women and men lawyers in their practice areas, e.g., corporate law versus family law (Hunter 2005; Gorman 2005). Furthermore, at least in terms of first jobs after law school, recent evidence suggests that women are found in roughly similar numbers as men in different practice settings (Dinovitzer et al. 2004). Relative to job settings in medicine and teaching, job settings in law are less clearly demarcated by gender.

Professions differ in the extent to which workplace contexts carry gendered meanings, and this may influence the level of gender segregation in early aspirations and choices. I hypothesize that in professions where jobs are highly gender-typed, the background gender frame will come to the fore to differentially influence preferences among women and men. By contrast, in professions where jobs are less gender-typed, background gender effects will be weaker, and women’s and men’s preferences will be rather similar. Thus, gender segregation should be higher at the start of careers in professions with high gender valences, but lower in professions with low gender
valences. In the contexts of medicine, teaching and law, I predict that medicine and teaching will see higher levels of gender segregation in early aspirations and choices, whereas law will see a lower degree of gender difference. I will expand on this in the next chapter, but before doing so, I consider what happens to gender segregation after the point of entry into the profession and later in the career course.

B. **The Structure of the Career Process Within Occupations**

Of course, career decision-making includes not just early ideas about work. Developing their theory of “careership,” Hodkinson and Sparkes (1997) noted that career development reflects not only personal choices and social learning, but also structural circumstances that define career opportunities and pathways. Expanding on the idea of “career trajectory,” Hodkinson and Sparkes cited Strauss’s (1962) idea that career development can be seen as a series of turning-points, or points during the career course when an individual has to “take stock, re-evaluate, revise, resee and rejudge” (p. 71). They discerned three kinds of turning-points: *structural*, i.e., turning-points are determined by external structures of the institutions involved (e.g., compulsory schooling); *self-initiated*, i.e., the individual decided to change his or her career in response to a range of factors in his or her personal life; and *forced*, i.e., external events or actions of others prompt one to change his or her career. These three kinds of turning-points need not be mutually exclusive, and Hodkinson and Sparkes suggested that career decisions may involve a combination of different kinds of turning-points.
Drawing specifically on the idea of structural turning-points, I consider differences across the professions in how much they constrain individual flexibility in career paths. As I discussed earlier, the professions are unique in that, by definition, they involve specific education and training prior to actual practice. However, professions do not all have the same education and training processes. Rather, some professions are more institutionalized in their schooling process, while other professions are less structured in their credentialing requirements. For example, medicine requires more years of education and training (medical school and postgraduate residency) than law, which requires formal education (law school) but not further training thereafter, and teaching, where certification programs are shorter and also less standardized. Variations in this occupational characteristic suggest differences in the extent to which professional education and training constrain movement across jobs and work settings. Conceivably, in professions where the education and training process is long and institutionalized, each career decision has high bearing on the next career decision. As such, decisions made at structural turning-points, such as the transition from professional education to work, may very well determine career pathways from that point forward. By contrast, in professions with less structured education and training processes, career decisions are less contingent upon one another, and individuals may more freely move from one job setting to another. Thus, decisions made at structural turning-points can be more easily amended later, and career outcomes may be more dependent on decisions made later in response to personal life events and external forces.
How does this relate to gender segregation processes? I argue that in professions where education and training are highly institutionalized, early jobs choices tend to translate into later choices. Correspondingly, gender segregation may rest on aspirations and choices made early in the career course, and therefore vary less (i.e., remain constant) over time. Meanwhile, in professions where education and training is less systematized and less structured, there will be more variation in the extent of gender segregation over the career course as careers change in response to work and life circumstances – circumstances that tend to differ for women and men.

In the next chapter, I place these propositions into the contexts of medicine, teaching and law. I will argue that gender segregation may widen somewhat after entry among doctors, but mostly in the early years during schooling before fateful decisions are made. By contrast, in the contexts of teaching and law where career pathways are more flexible, gender segregation will widen well into the years as individuals adjust to gendered experiences and constraints throughout the career course.

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Though there may be a tendency to consider gender segregation as reflective of primarily individual choices or external constraints, how individuals make choices is contingent on the context in which they understand and develop their careers. In this dissertation, I argue that the study of intra-occupational gender segregation needs to locate gender segregation processes within the occupational context. As background gender effects are most powerful when institutional frames are culturally gendered, the
extent to which jobs and settings within the occupational context are gender-typed should influence the degree to which women and men differ in their aspirations and preferences. At the same time, as career decisions reflect not only personal preferences but also structural circumstances, how the career process is structured should also affect how gender segregation plays out over the career course. In this chapter, I introduced two propositions about how the contours of gender segregation may vary across occupational contexts. First, considering the meanings attached to jobs, I posit that gender segregation is higher at entry in professions where jobs are highly gender-typed, but lower at entry in professions where jobs are less associated with gender. Second, considering the structures of the career process, I posit that gender segregation varies less over time in professions where the career process is highly institutionalized, and more in professions where the career pathway is less structured.

In the sections above, I briefly discussed these propositions in the context of medicine, teaching and law. In the next chapter, I expand on this discussion and formulate specific hypotheses about how gender segregation processes compare and contrast across these three professions. To test these hypotheses, I use a mixed methods approach that combines quantitative analysis of career data with qualitative analysis of in-depth interviews. After expanding on the theoretical framework and my hypotheses in Chapter 2, I describe the data sources and methodologies employed for this research in Chapter 3. After making note of preliminary results, I present results from quantitative and qualitative analyses of career paths of doctors, lawyers and teachers in Chapters 4, 5 and 6, respectively. As will be seen, results are largely
consistent with my hypotheses, suggesting that the causes of gender segregation are
different and dependent on the occupational context at hand. In Chapter 7, I discuss
the implications of my findings on intra-occupational gender segregation, and relate
this dissertation to current and future study of gender inequality within occupations.
CHAPTER 2
THEORY, BACKGROUND & HYPOTHESES

I made two propositions in the previous chapter. First, I posit that the extent to which early aspirations and choices differ for women and men depends on the gender valence of jobs within the particular profession. Specifically, early aspirations and choices should be more gender-segregated in professions where jobs are highly gender-typed, than in professions where jobs are less culturally gendered. Second, I posit that the emergence of gender segregation over time depends on the degree to which the career process is structured. Gender segregation may reflect primarily early differences in professions where pathways are highly institutionalized, but it may be more variable and more dependent on later career developments in professions where pathways are more flexible. In this chapter, I place these propositions into the professional contexts of medicine, teaching and law. I consider differences in gender valence of jobs and structure of career processes across the three contexts, and I formulate specific hypotheses about how gender segregation may play out over the career course differently across the three professions.

A TALE OF THREE PROFESSIONS

Putting the propositions to test requires a comparison of professions that exhibit gender segregation, but differ on two dimensions: the degree to which jobs are
gender-typed, and the degree to which the career process is structured. Medicine, teaching and law are three professions that seem ideal for such a comparison.

To start, all three professions have a strong representation of women, but gender segregation (along with other inequalities) remains obvious in all three contexts. Women have made substantial headway into medicine and law over the past four decades: between 1970 and 2009, the percentages of women graduating from medical school and law school rose from less than 10% to almost 50% (AAMC 2010; ABA 2009). And in 2009, women made up 77% of all pre-elementary, elementary and secondary school-teachers in the U.S. (CPS 2009). However, substantial gender differences are found in what people do within these professions. Research over the past four decades consistently documented gender differences in career outcomes among doctors, with women over-represented in obstetrics-gynecology and primary care specialties and under-represented in most other (and especially surgical) specialties (McGrath and Zimet 1977; Bergquist et al. 1985; Bickel and Ruffin 1995; Boulis, Jacobs and Veloski 2001; Hojat et al. 2002, 2005; Boulis and Jacobs 2008). Similarly, while women’s participation in the legal profession has soared since the 1970s, studies continue to find women to be under-represented in private practice, particularly as senior associates and partners in large law firms (Erlanger 1978; Abel 1986; Curran and Carson 1995; Hagan and Kay 1995; Hull and Nelson 2000; Noonan

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1 Women made up 28% of practicing physicians in 2006 (AMA 2008) and 31% of practicing lawyers in 2009 (ABA 2009). With the rise in the number of women entering medical school and law school, it is expected that women will make up increasing large shares of physicians and lawyers in the future.
and Corcoran 2004). And although teaching as a whole has been predominantly female, women are over-represented in early education (pre-kindergarten, kindergarten and elementary school-teaching) and under-represented in secondary education (junior high and high school-teaching) (Strober and Tyack 1980; Bank 2009; CPS 2009).

Thus, in spite of women’s high level of participation in medicine, teaching and law, women tend to work in settings that are very different from men’s. What explains gender segregation within these professions? Below, I discuss first how gender may affect early aspirations and choices in light of the meanings of work in the professions, and second how gender may affect later careers in light of institutional structures in the professions.

I. GENDER IN EARLY ASPIRATIONS

As aforementioned, cultural expectations have changed in the sense that, in addition to “becoming a teacher,” “becoming a doctor” and “becoming a lawyer” are now common aspirations for young girls and women. However, within the profession, gender beliefs remain as to what jobs are suitable for women and what jobs are suitable for men. The degree to which jobs are gender-typed varies across professions, and they may be stronger in medicine and teaching than in law.

As Ridgeway’s perspective on the gender frame (2009, 2011) explains, gender beliefs have the most effect on our thoughts and behaviors when the institutional

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2 As mentioned in Chapter 1, recent research finds no significant gender difference in practice area, e.g., corporate law vs. family law (Hunter 2005; Gorman 2005), but substantial evidence points to wide gender differences in practice setting, e.g., private practice vs. government work.
frame in question is highly gendered. In this light, I consider how medicine and teaching may provide a more gendered context than law. Specialties in medicine differ greatly in their gender composition. For instance, although women made up 48% of medical school graduates in 2010, women comprised 83% of residents in obstetrics-gynecology and 73% of residents in pediatrics, but just 35% of residents in general surgery and 14% in surgical specialties such as orthopedic and thoracic surgery. Some specialties are clearly predominantly female, while others remain heavily male-dominated. Furthermore, specialties are gendered not only in terms of composition, but also in terms of ideas about work and workers. Obstetrics-gynecology and pediatrics are not only predominantly female, but also seen as requiring more nurturance and social skills than other specialties – skills that are typically associated with women (Childers 2006; Brooks 1998). Meanwhile, the notion that women lack the leadership and decisiveness necessary for surgical practice is still a common stereotype (Cassel 1997; Hinze 1999). Further illustrating gendered ideas about who practices what, a 2008 Pew Research Center survey found that more people prefer surgeons to be men than women, whereas there is no gender preference for family doctors.

Gender thus permeates the compositions as well as characterizations of specialties in medicine. Similarly, subfields in teaching are strongly gender-typed, and perhaps even more so than specialties in medicine. Teaching is generally seen as a female-typed occupation, with women comprising 77% of K-12 teachers in 2009

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3 Percentages are found in the American Medical Association FREIDA Online Database for Training Statistics, found at http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page.
It is also one of the first professions to be seen as acceptable for women (Strober and Tyack 1980). But within teaching, elementary school-teaching is much more associated with women than are other settings. An overwhelming 98% of preschool teachers and 82% of elementary school teachers are women, versus 55% among secondary school-teachers (CPS 2009). Gendered ideas about who teaches what is also apparent; in the same 2008 Pew Research Center survey described above, over half of the people surveyed preferred their elementary school-teachers to be women than men. Stereotypes associate women with elementary school-teaching because it is seen as naturally compatible with women’s empathetic qualities and roles as mothers (Apple 2010). Because the expectation is that elementary school-teachers are women, male elementary school-teachers often face negative reactions from others and suspicion about their interest in working with young children (Williams 1992). Meanwhile, social tendencies to assume male teachers are secondary school-teachers (Coulter and McNay 1993; Apple 2010) suggest that secondary school-teaching is seen as more suitable and more appropriate for men who want to teach.

Work settings in medicine and teaching are thus highly gendered in terms of who work in them and what is assumed about them. By contrast, work settings in law seem less gender-typed. To be sure, women remain under-represented in the upper echelons of the legal profession: for instance, most partners in law firms are men (ABA 2009). However, women are not significantly under-represented in other ranks in private practice. In 2009, women comprised 46% of associates in law firms, comparable to the percentage of women graduates (46%) and greater than the percentage of all women lawyers (31%) that year (ABA 2009). Moreover, gender
differences in early careers may be slight. Forty-seven percent of law school graduates who got jobs in law firms after graduation were women in 2002, up from 29% in 1982 (NALP 2003). Women held a higher percentage of placements in government and public interest, but this percentage (52%) is not dramatically higher than the percentage of women in law firms. Additionally, a recent study (After the J.D., or AJD) by the American Bar Foundation shows only small gender differences in practice settings in a sample of 2000 graduates in the two to three years after law school (Dinovitzer et al. 2004).

The implication is that, at least in terms of early careers, practice settings may not be particularly dominated by women or men. And beyond gender composition, jobs across different settings may not be seen as particularly suitable for women or men. The skills involved in day-to-day tasks (e.g., research and writing) are rather similar across settings. Furthermore, some jobs in the public sector (e.g., working in the ACLU) are more competitive and more high-status than jobs in private firms, and working in private firms is not necessarily seen as less socially oriented given perceived pro bono opportunities and “moral causes” (e.g., environmental causes) in firms (Granfield 1994). Thus, while gender beliefs describe men as more competent and status-worthy and women as more communal, these beliefs may not be as easily applied to typecast practice settings in law as female or male.

The above comparison suggests that settings in medicine and teaching are more gender-typed than settings in law. As such, the background gender frame may more strongly bias early aspirations and choices among doctors and teachers than among lawyers. Women and men entering medicine and teaching may already see
different work settings in their professions through a gendered lens, whereas women and men entering law may not significantly differ in their perceptions about practice settings. It follows, then, that gender segregation should be greater in the early aspirations of doctors and teachers than those of lawyers.

II. GENDER IN LATER CAREERS

But how will gender segregation play out after the point of entry into the profession? Here, I consider differences across the three professions in the degree to which career pathways are structured. To start, the medical profession has a highly institutionalized education and training process. Completion of medical school and the conferral of medical degrees do not endow individuals with the license to practice. Rather, graduates must undergo and complete further post-graduate training in residency programs before they can practice. During their last year of medical school, students choose specialties that they want to practice and apply to residency programs in those specialties. After interviewing at the programs, students rank programs and programs rank students, and rankings are matched to each other to assign students to programs. In addition to residency training, which generally ranges from three to seven years, students must pass the United States Medical Licensing Exams (administered in three steps throughout medical school and residency) and specialty-specific board exams before they can be licensed to practice. Further, if students want to sub-specialize in a specialty – for example, pediatric anesthesia within anesthesiology – they must complete one- to two-year fellowships after their residencies. The institutions involved in medical education and training – medical
schools, residency programs and fellowship programs – as well as the matching of students to programs are accredited and monitored by established professional organizations that work in tandem with one another (primarily, the Association of American Medical Colleges, the Accreditation Council for Graduate Medical Education, the American Board of Medical Specialties, the National Resident Matching Program, the American Medical Association).

The process from entry into medical school to entry into medical practice is therefore highly regulated, highly regimented and long. Tight linkages from one stage to another create a structured, predictable and almost predetermined process. As such, specialty changes after the match to residency programs can be difficult and costly, and specialty decisions at the end of medical school are usually regarded as having a long and lasting impact. The last year of medical school hence presents a key structural turning-point, as individuals are required at that point to make fateful decisions about what they will do, potentially for the rest of their medical careers. Students carefully weigh their options with whatever information they can gather about different specialties, and in this way, gendered influences during medical school may substantially impact specialty choice. For instance, a woman who is interested in both pediatrics and general surgery may ultimately choose pediatrics over general surgery if she has received greater encouragement towards pediatrics, or encountered negative experiences during her general surgery rotation that make her doubt her interest in a surgical career. In other words, the urgency of specialty choice at the end of medical school may make gendered experiences really count in the decision-making process. Meanwhile, given constraints on mobility across specialties, specialty
choices may be rather stable in the years after medical school, i.e., after when the choices were made and students are matched to residencies. Thus, the extent of gender segregation may rest primarily on preferences developed prior to and during medical school. Given the rigidity inherent in specialty choice, gender segregation may not vary or widen significantly in the years after medical school.

By contrast, career processes in teaching and in law are less institutionalized. Although individuals are required to receive teaching credentials prior to practice, teacher education is less systematized in that there is no set standard for certification. Instead, how one becomes certified, what types of certification suffices for practice, and how long certification lasts all vary by state. Certification programs also vary in curriculum and length, and they are usually half the length of medical school or less (one to two years, depending on full- or part-time basis). Furthermore, depending on the state, some schools, usually charter schools and private schools, may not require that teachers be certified. And unlike the medical profession where post-graduate training is required after medical school, one can start teaching after completing an approved certification program.

Likewise, the career process in law is less structured than that in medicine. Individuals are required to attend and graduate from accredited law schools, usually three years in length, and pass state bar exams thereafter to be licensed to practice. However, lawyers are not required to undergo further training after law school before they can practice. Thus, just as teachers can begin practicing once they receive the requisite credentials, lawyers can begin practicing once they obtain their law degrees and bar licenses. Education and training is thus shorter and less rigid in teaching and
law, and furthermore, there is no nationwide matching process that matches individuals to particular jobs or settings, as there is in medicine. As such, career pathways in teaching and law are less defined by institutions, and more malleable as there is more room for individuals to revisit and change decisions about work and job settings. Following this, I expect the level of gender segregation to vary more widely over time for teachers and lawyers than for doctors. Among doctors, specialty choice may be fairly stable after medical school given the rigidity of the career process and the “stickiness” of early career choices. By contrast, for teachers and lawyers, flexibility in career pathways may mean that there is room for change due to career-changing events throughout the career course.

More specifically, while I expect gender segregation to widen over time for both teachers and lawyers, I expect the patterns of gender segregation to be somewhat different. As discussed earlier, teachers may exhibit high levels of gender difference in early preferences, as subfields within teaching are highly gender-typed. Moreover, teacher education is unique in that certification programs are specific to grade level and subject. Thus, even before they begin teaching, women and men may not only have gendered ideas about teaching, but also make different choices about specialization. Once they begin teaching, gendered influences within and outside the workplace may reinforce earlier gendered ideas about work, thereby widening differences between women’s and men’s careers. For instance, men in elementary school-teaching may receive more encouragement towards administration, while encountering discrimination for doing “women’s work” (Williams 1992). As a result,
the level of gender segregation across settings may not only be high at entry, but also increase steadily throughout the career course.

Lawyers, however, may exhibit a lower level of gender segregation at the outset, as practice settings in law are relatively less gender-typed, especially in terms of entry- and mid-level jobs. In addition, the flexibility in career pathways in law may mean that early career decisions are less bounded by gendered concerns about work. Law students may enter the profession with the expectation that they will eventually change their practice settings; for example, a common expectation is to work in law firms for the first few years after law school before moving onto other settings, to gain work experience or better financial rewards (Granfield and Koenig 1992). Moreover, given that entry- and mid-level jobs are not strongly gender-typed, gender inequities at higher levels in law firms may not necessarily factor into early decisions about first jobs. Conceivably, women are aware of gender inequities in law firms, but they may nonetheless accept jobs in firms with the idea that they can move into a different practice setting later should the law firm environment become unfavorable, or that they may not necessarily encounter gender inequities at their workplaces. Accordingly, gender segregation may not emerge until the later part of the career course, when the masculinized structures and cultures in firms limit women’s advancement (e.g., lack of effective work-family policies, Reichman and Sterling 2002; gender bias in promotion decisions, Gorman 2005).

III. SUMMARY OF HYPOTHESES
In summary, I predict different ways in which gender segregation plays out over the career course in medicine, teaching and law. Following the above discussion, I hypothesize the following:

1. *At entry into the profession, aspirations and preferences are more gender-segregated among teachers and doctors than among lawyers.* Because job settings in teaching and medicine are arguably more gender-typed than settings in law, teachers and doctors may more so than lawyers display gender-different aspirations upon entering the profession. Furthermore, given the strongly and historically gendered notion of teaching (especially elementary school-teaching) as “women’s work,” gender segregation among teachers may be even greater than gender segregation among doctors.

2. *Gender segregation will vary less over time in the careers of doctors than the careers of teachers and lawyers.* The highly institutionalized nature of medical careers makes early specialty decisions (i.e., at the end of medical school) fateful. Gender segregation may therefore emerge mainly in very early stages of the career process, i.e., before or during medical school, as specialty choices are difficult to change later on. By contrast, the more flexible nature of legal and teaching careers enables individuals to more freely move across job settings as a result of career-changing events.
As such, gender segregation may widen throughout the career course as women and men encounter different work and life circumstances.

3. **The widening of gender segregation over time may be more linear for teachers, but more concentrated in the later years of the career course among lawyers.** Given the high level of gender-typing of jobs in teaching, teachers may make highly gendered choices before and when they begin teaching, and gendered pressures throughout the career course may reaffirm gendered ideas about work and thus widen gender segregation. However, as legal settings are relatively less gender-typed and as movements across settings may be expected from the start, gender segregation among lawyers may not emerge until later careers, when gendered constraints promote or force different paths for women and men.

[Figure 2.1]

The upshot is that, given differences in the gender valence of jobs and structures of career pathways across the three professions, when and why gender segregation emerges differ across the three contexts. Figure 2.1 summarizes my hypotheses about how gender segregation plays out in each profession. In highly gendered contexts such as medicine and teaching, gender segregation may reflect gendered aspirations even prior to entry to a significant degree. However, whereas gender segregation may rest primarily on early influences in an institutionalized
context such as medicine, gender segregation may reflect a more continuous reinforcement of gendered ideas in a more flexible context such as teaching. Meanwhile, in a flexible but less gendered context such as law, early aspirations and early careers may be rather similar for women and men, and gender segregation may emerge only later when workplace constraints differentially impact women’s and men’s careers. The contours of gender segregation may therefore look very differently across the three cases: a “front-loaded” pattern in a highly gendered, highly institutionalized context (medicine); a “steady climb” pattern in a highly gendered, less structured context (teaching); and a “back-loaded” pattern in a less gendered, less structured context (law).

BACKGROUND FROM EXTANT RESEARCH

Testing the above hypotheses requires analysis that compares women’s and men’s careers in these professions over time, from entry into professional education to later years in practice. To date, relatively little research has examined women’s and men’s careers in medicine, teaching and law in such an extended temporal fashion. However, investigations have been made at different stages of the career course, and all in all, they seem to support the formulation of the hypotheses in this study. Below, I review literature on gender segregation in the three professions, and relate them to my current predictions about the patterns of gender segregation among doctors, teachers and lawyers.
I. \textbf{Gender Segregation in the Medical Profession}

Despite women’s increased entry into the medical profession, women and men remain concentrated in different specialties. Gender segregation across specialties concerns not only scholars of gender, work and inequality, but also the profession and its communities. Notably, physician gender may impact patient’s willingness to seek medical care (Roter and Hall 2004), and physician shortages are especially dire in highly gender-imbalanced fields such as primary care and general surgery (Arvantes 2007; ACS HPRI 2010). Gender segregation across specialties thus has implications on both theoretical understandings of gender inequality and pressing health care and workforce concerns.

As such, a large body of research across social science and academic medicine has emerged to investigate why women and men pursue different medical specialties. One popular explanation echoes the gender socialization perspective, and suggests that women and men choose different specialties because they are interested in different types of work. Specifically, women may prefer specialties that are more patient-oriented and offer greater intrinsic and social rewards (e.g., satisfaction from helping others), while men may prefer specialties that are more instrumentally oriented and offer greater extrinsic rewards (e.g., pay and prestige). Indeed, a number of studies on medical students find that when asked about specialty aspirations, women tend to express greater concern with patient care, but men are more concerned with income (Bergquist et al. 1985; Bickel and Ruffin 1995; McFarland and Rhoades 1998; Haidet et al. 2002). In one study, when asked if compassion or competence was more important, more women chose compassion and more men chose competence, and
women often indicated that their specialty choices reflected their inclination towards patient care (McFarland and Rhoades 1998). Women seem to prefer “people-oriented” specialties such as pediatrics, family medicine and obstetrics-gynecology, while men appear more interested in “technology-oriented” specialties such as radiology, pathology and surgical specialties (Hojat et al. 2002, 2005).

Importantly, some of the above studies (e.g., Bergquist et al. 1985; McFarland and Rhoades 1998; Hojat et al. 2005) found gender differences in specialty aspirations among first-year medical students, suggesting that women and men enter medical school with already different specialty preferences. Given that specialties are highly gender-typed in composition as well as characterization, it is likely that women and men exhibit gender-segregated preferences even before they begin medical school – as I hypothesize in this study. At the same time, gender segregation across specialties may not reflect only differences in pre-existing interests. Medical school is a critical stage in the career process during which students learn about different specialties and, at the end, decide what specialties they want to pursue. Given the knowledge that one acquires during medical school, early specialty aspirations may be highly subject to change, as some have suggested (Babbott et al. 1988; Kassebaum and Szenas 1995; Boulis et al. 2001). Furthermore, three studies on women in surgery found that women might lose interest in surgical specialties during medical school (Novielli et al. 2002; Park et al. 2005; Brundage et al. 2005), and one study of students at a medical school found that students who were at first unsure of their specialty plans may ultimately distribute themselves across specialties in gender-segregated ways (Boulis et al. 2001).
Following this, I consider how specialty preferences may become more gender-different during medical school. One idea, similar to the idea of compensating differentials, is that women may become compelled to choose specialties that are less demanding so as to maximize work-family balance. Specialties differ greatly in their time commitments: for instance, general surgery requires on average five years of residency training and 76 hours per week on duty, whereas family medicine requires on average two years of residency training and 64 hours per week on duty.\footnote{See AMA-FREIDA Online Database for Training Statistics.} Given these disparities, women may shy away from specialties such as general surgery because of their greater demands on time, and indeed, some find that women lose interest in surgical specialties partly because of work-family concerns (Baxter et al. 1996; Park et al. 2005; Sanfey et al. 2006). At the same time, primary care specialties, although requiring fewer years of training, can be more unpredictable in terms of work schedule than some other “lifestyle” specialties, particularly emergency medicine, radiology, ophthalmology, anesthesiology and dermatology – the “E-ROAD” for short (Rutecki 2005, cited in Sectish et al. 2006). Women, however, are no more likely than men to pursue lifestyle specialties, and women are still more likely to choose obstetrics-gynecology, a specialty notorious for its uncontrollable work hours (Dorsey, Jarjoura and Rutecki 2005; Lambert and Holmboe 2005; Newton, Grayson and Thompson 2005).

It remains unclear how and how much work-family concerns influence specialty choice, but work-family concerns may not be the only gendered factor in specialty choice. There is much research suggesting that women and men experience
medical school differently, which may result in different specialty choices. Persistent perceptions that surgery is still an “old boy’s club” (Garguilo, Hyman and Herber 2006) and the lack of mentoring for women in surgery (Mutha, Takayama and O’Neill 1997; Bickel 2001; Beagan 2001; Barshes et al. 2004) may play significant roles in women’s disinclination to choose surgical specialties. Women and men may also receive different types of encouragement from others about their careers. For instance, women may be rated higher in “humanistic attributes” and men in “technical competence,” even if their actual performances are similar (Martin, Arnold and Parker 1988; Pamies et al. 1992). Bias may also be expressed through expectations from patients who see women physicians as more communicative and more caring, and expectations from staff who may habitually assign primary care tasks to women (Brooks 1998). More directly, women may encounter discriminatory remarks from instructors and peers that undermine their competence (Witte, Stratton and Nora 2006), and discrimination is more likely to occur in the most male-dominated specialties (Hinze 2004; Stratton et al. 2005). The consequence is that, given gendered experiences on the “shop floor,” specialty choices at the end of medical school may be more gender-segregated than specialty aspirations at entry. In my analysis, I test this hypothesis and examine what may motivate the widening of gender differences, if it occurs. Specifically, I assess how concerns about work-family and gendered messages received during medical school may weigh into students’ specialty choices.

As was discussed earlier, I hypothesize that the level of gender segregation will not additionally rise after medical school, given the inherent rigidity of specialty
choice. Few studies have examined changes in specialty choice after medical school, and there is a general assumption that specialty changes are not common given the difficulty and costs associated with them. To be sure, a comprehensive study by Jacobs, Boulis and Messikomer (2001) found that between 1994 and 1998, about 1.1% of physicians changed specialties across 15 broad areas of practice, and about 3.4% of physicians changed specialties across 156 detailed fields. These percentages are however quite small, and furthermore, all physicians rather than a specific cohort of physicians were considered. Thus, I expect that for a given cohort, specialty choices mostly remain unchanged in the years after medical school, and the level of gender segregation remains correspondingly stable over time.

II. GENDER SEGREGATION IN THE TEACHING PROFESSION

At the turn of the last century, the demand for teachers increased as a result of population growth and heightened commitment to universal education. At the same time, young women were increasingly being educated, but many occupations and professions were closed to them. Teaching was an exception because women were seen as ideal teachers and teaching was seen as an ideal preparation for motherhood (Strober and Tyack 1980; Apple 2010). The qualities typically associated with women – nurturing, communal and warm – were seen as especially fitting for the work of teaching. Teaching thus became one of the first and few professions that were seen as respectable and acceptable for young women. By the early to mid-1900s, women outnumbered men in teaching (Apple 2010). In recent years, women have made up the majority of all teachers in the U.S.
Yet despite the feminization of teaching, gender segregation remains in terms of what women and men teach. Considering that men now comprise less than 30% of all teachers, it is remarkable that they make up about 50% of all secondary school (junior high and high school) teachers, but less than 20% of all primary school (pre-kindergarten to elementary school) teachers (CPS 2009). Early and general education tend to be taught by women, while middle and high school subjects are relatively more likely to be taught by men, particularly subjects such as science and mathematics (Dee 2006; but see Dworkin 2007). In addition, some research find that men are more likely than women to move into school management and administration, filling roles such as school principal and school superintendent (Strober and Tyack 1980; Cognard-Black 2004). Teaching thus presents another professional context in which women are well-represented but concentrated in certain realms of work. Furthermore, recent discourse about the effect of teacher’s gender on student’s performance makes gender segregation among teachers a particularly relevant issue (Dee 2006).

The more supply-side explanations for gender segregation among teachers focus on how norms of femininity and masculinity guide our behaviors and choices. Women’s entry into teaching was accompanied by ideologies that women and men were better suited for different types of teaching – women with young children because they were nurturing and warmer, and men with older students or in school management because they were more authoritative and instrumental (Bank 2009). Gender segregation may therefore reflect choices that are made in observation and accordance with these ideologies. Furthermore, recent studies reveal that gender-essentialist beliefs in our society remain strong (Ridgeway 2009; England et al. 2007),
and because “women’s work” continues to be culturally devalued, men have little
incentive to move into female occupations (England 2010). Men who are interested in
teaching may be hence more inclined to teach in secondary schools, settings that are
relatively less associated with women and more highly rewarded in prestige (Brabeck
and Weisgerber 1989).

Given the highly gendered meanings associated with the roles within teaching,
one may expect women and men entering teaching to specialize in different
educational settings – specifically, women in primary school settings (elementary
school, or lower) and men in secondary school settings (junior high and high schools).
In addition to this hypothesis, I consider how gender segregation may become wider
after entry into teaching. On the demand-side, gender beliefs that assign higher status
to men may influence how employers and decision-makers perceive candidates for
work. Empirical evidence suggests that men in female occupations do not necessarily
face discrimination in hiring, but rather enjoy career advantages that are not available
to their female peers. In her study of men in nursing, social work, librarianship and
elementary school-teaching, Williams (1992) found that men in these female
occupations rode a “glass escalator” in that they were more encouraged to pursue
higher-level positions or given more opportunities to be promoted. Men also forged
stronger connections with principals and administrators, who were often male. Thus,
over the career course, men may be tracked into certain, more prestigious jobs (e.g.,
elementary school principal) that are less female-typed than their earlier jobs (e.g.,
elementary school teacher), even if they had not intended to pursue such jobs at the
outset.
However, movement into more male-typed settings may reflect not only employer preferences and behaviors, but also the confluence of discrimination from others and internal conflicts about masculinity. While some early studies (e.g., Dworkin 1987) found that male teachers do not experience significantly more stress or alienation than female teachers, more recent studies (e.g., Murray 1996; Dworkin 2007; Sargent 2000) found that men may feel more greatly scrutinized and ambiguous about appropriate role behaviors. For example, men may feel that they need to express interest in athletics and coaching, serve as disciplinary and authority figures, or perform the more physical tasks at school. Because elementary school-teaching is generally seen as women’s work, male primary school teachers may often be assumed by others to be secondary school-teachers (Coulter and McNay 1993), and they may encounter social suspicions that they are sexually deviant (Acker 1983; Williams 1992), as well as expectations that they are not as competent or as committed to their teaching careers as women (Coulter and McNay 1993; Benton DeCorse and Vogtle 1997). In response, men may feel compelled to move into or carve out “masculine” niches such as coaching sports teams or managing a computer club – essentially “doing gender” (West and Zimmerman 1987) to address the incongruence between their occupational roles and social expectations and masculine identities.

Earlier I argued that given that career pathways in teaching are more flexible than tightly structured, individuals in the teaching profession can readily revisit and revise career decisions in reaction to events that might prompt career changes. These gender-based pressures, as described above, may play a significant role in differentiating the progressions of women’s and men’s careers. In particular, even if
male elementary school teachers may not be less interested in teaching early education than women, they may nonetheless move into settings that are less female-typed, such as secondary school-teaching or administrative jobs, due to discrimination or expectations from others. Accordingly, while women and men in teaching may be in different settings at the start of their careers, their roles in teaching may become increasingly dissimilar over time. Based on these considerations, I hypothesize that not only is gender segregation among teachers is high at entry into the profession, but it widens continually over the career course as women and men react to different experiences at the workplace. While most studies on teachers’ careers focus on movements out of teaching (e.g., Cognard-Black 2004; Ondrich, Pas and Yinger 2008; Podgursky, Monroe and Watson 2004), my analysis will also examine movements within teaching (i.e., movement into lower or higher grades), track careers over a longer time period (ten years after entry), and provide qualitative context to why women and men in teaching may ultimately develop different career paths.

III. GENDER SEGREGATION IN THE LEGAL PROFESSION

Like the medical profession, the legal profession has become more gender-balanced in numbers, but not in outcomes. Although women now comprise almost half of all law students and a third of all practicing lawyers in the U.S., women remain under-represented in high-paying, higher-status settings, particularly private firms and particularly in senior ranks in private firms (Epstein 1993; Curran and Carson 1994; Dixon and Seron 1995; Hagan and Kay 1995; Hull and Nelson 2000; Noonan and Corcoran 2004; Sandefur 2007; ABA 2009). Gender segregation across settings
among lawyers has substantial implications on other dimensions of inequality (e.g., income and status); it has also alarmed the legal professional community given an increased emphasis on equity and diversity. Growing demands for more diverse work teams (Ruff 2006) and visible rankings of law firms in terms of gender diversity (Bruck and Canter 2008) send a strong message to the profession that recruitment and retention of women is important and valued. Corresponding to a heightened focus on gender inequality, there has been much interest among both scholars and legal professionals in why women and men still work along gendered lines.

Previously, I discussed how jobs for lawyers, at least jobs in the entry- and mid-levels, are less gender-typed than those in medicine and teaching. Although gender segregation is noted among lawyers, recent studies suggest that it pertains mainly to later careers, as evidenced by similar distributions across first job settings among women and men (ABA 2009; Dinovitzer et al. 2004). Moreover, considering similarities in skills and tasks and ambiguities in the status and meanings attached to jobs across settings, gender beliefs may not be the primary frame by which practice settings are understood or defined. Instead, I hypothesize that women and men enter law school with rather similar aspirations about which settings to pursue. While some studies suggest that women are more likely than men to enter law school with public service intentions (Erlanger et al. 1996; Hagan and Kay 1995), other studies find that women and men have similar motivations – usually a sense of social justice (Teitelbaum, Lopez and Jenkins 1991) and an idea that a law degree is practical and flexible (Carroll and Brayfield 2007). Furthermore, studies suggest that aspirations tend to change during law school, and women may be even more likely than men to
become more desirous to work in law firms (Homer and Schwartz 1989; Granfield 1994; Schleef 2006).

In short, women and men may have rather similar aspirations at entry and during law school. This is interesting given the multitude of studies on the “chilly climate” in law school – women may feel less respected, be called on less in class, have fewer faculty mentors or role models, or feel alienated by the masculinized nature of the Socratic method (Banks 1988; Weiss and Melling 1988; Menkel-Meadow 1988; Schneider 1988; Homer and Schwartz 1989; Granfield 1994; Guinier et al. 1994; Garrison, Tomko and Yip 1996; Krauskopf 1994; Mertz 1998, 2007; Wilson and Taylor 2001; Schleef 2001; Rhode 2003). It is possible that the chilly climate has become less chilly in recent years; some recent studies, for instance, found no gender differences among law students in feelings of anxiety or depression (Pritchard and McIntosh 2003; Sheldon and Krieger 2004) or law school performance (Clydesdale 2004). It is also possible that gendered experiences in law school have effects on long-term goals rather than short-term aspirations. In their interviews with twenty-nine law students, Carroll and Brayfield (2007) found that women were more concerned than men about their grades, and women were more likely than men to situate their long-term career goals in the public sector because they believed that grades would not matter as much for getting jobs in the government or in non-profits. However, women and men voiced similar aspirations for first jobs, which were usually situated in private firms.

In light of extant research, I posit that while women and men may experience law school differently and have different concerns about their eventual careers, gender
may not necessarily influence early career decisions because career pathways for lawyers are relatively flexible. As I discussed earlier, the career process for lawyers is malleable in the sense that working in a particular setting after law school does not necessarily lock one into that setting thereafter. In fact, a common aspiration among law students is to work in a law firm after law school, and then move into a different setting thereafter (Granfield and Koenig 1992). Women may be more concerned about whether they are competitive enough for jobs or how they will balance work and family, but they may nonetheless expect to work in private practice at the outset (Carroll and Brayfield 2007). Furthermore, although women’s under-representation in the higher ranks of legal practice is well-known, women may not necessarily expect to encounter gender inequities themselves, especially with the prevalent notion that women’s under-representation in senior levels is a pipeline problem (see Rhode 2001). Gender segregation may not emerge until certain events happen along the way to encourage different decisions and foster different paths for women and men.

I therefore hypothesize that women and men in law have rather similar careers until the middle or later years of work, when gendered structures and practices at the workplace motivate different trajectories for women and men. Research on gender segregation among lawyers have particularly focused on gender bias in hiring and promotion, gendered cultures and environments, and masculinized notions of work and workers in law firms. Studies by Gorman (2005) and Kmec (with Gorman 2009) provide compelling evidence that gender stereotypes and in-group preferences among employers lower women’s likelihood of getting high-ranking positions or getting promoted within firms. Because senior-rank jobs in firms (e.g., partners) embody
qualities that are stereotypically masculine (e.g., aggressiveness and leadership), women may be seen as less capable at those jobs. Furthermore, because the ideal worker remains rooted in the assumption that there is a spouse who takes care of the home and supports the lawyer’s career, women, who often shoulder more family responsibilities than their male peers, may be assumed to be less committed to their careers (see Correll, Benard and Paik 2007). The lack of work-family accommodations in firms disadvantages women’s career advancement (Reichman and Sterling 2002; Thornton 1998), along with lack of mentoring for women (McManus 2005) and discriminatory behaviors such as excluding women from plum assignments (Epstein et al. 1995; Laband and Lentz 1995; Kay and Hagan 2003, 2005).

As women and men move through their life course and their career course, they may find themselves at different turning-points that lead to divergence in their initially similar careers. As they form families, women may find it more difficult to balance work and family given structural constraints at the workplace, and they may be prompted to move into other settings (e.g., government) where work hours and policies may be more flexible. At the same time, gendered employment practices may result in a lower likelihood of advancement for women, and the “up-and-out” structure of law firms may motivate women to move into other settings even if they had begun their careers in firms in similar positions as men’s. Although other studies have examined rates of exit from firms among women and men, it remains inconclusive whether and to what extent early careers may be gender-similar, and at what point in the career course are careers gender-different. My analysis will locate the point over a
16-year career course at which gender segregation emerges, and draw implications on the forces that motivate gender difference.

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Based on theories about gender and career, I hypothesize that gender segregation will play out in different ways between the professional contexts of medicine, teaching and law. Specifically, I predict that gender segregation will be mostly “front-loaded” in the highly gendered and highly structured context of medicine; a “steady climb” in the highly gendered, but less structured context of teaching; and “back-loaded” in the less gendered and less structured context of law. In the next section, I describe the methods employed in this study and provide a brief overview of the main findings of this study, before moving on to discuss in detail results from analysis of each of the three professions.
CHAPTER 3
DATA, METHODS & ANALYTIC PLAN

In hypothesizing about the pattern of gender segregation over time in the three professions, I am also hypothesizing about the factors that contribute to gender segregation. Thus, testing my hypotheses requires not only analysis of career aspirations and choices throughout the career course, but also analysis of how and why individuals make such aspirations and choices. This study employs a mixed-methods approach, using career data to assess the level of gender segregation over time, and in-depth interview data to assess women’s and men’s decision-making about their careers. In this chapter, I describe the quantitative and qualitative approaches in turn, with previews of the major findings to follow.

QUANTITATIVE APPROACH

It is suspected that the lack of examinations of aspirations and choices over time reflects the difficulty in obtaining data that follow individuals from their entry into the profession (i.e., entry into professional education) to a substantial number of years after entry, and that also have detailed information on the specific types of jobs and settings in which individuals are located. However, background research reveals several sources of data that focus on different points in the career course, and that can be used together to construct a picture of how careers may progress over time. In order to observe trends over a meaningful period of time while making inferences
about current trends, I focus on the most recent cohort of doctors, teachers and lawyers with at least ten years of work experience – i.e., those who entered medical school, teacher education and law school in the early 1990s. Below, I describe the data and methods used to examine each profession in turn. Table 3.1 also provides an overview of the data used in analysis for each profession.

[Table 3.1]

I. DATA SOURCES

A. MEDICINE

Although there are no longitudinal data that tracks physicians from entry into medical school to the years after medical school, there are three datasets that can together give a sense of what women and men aspire to practice in the outset and what specialty choices they eventually make. To “track” the extent of gender segregation, I use data from the Matriculating Student Questionnaire (MSQ: 1991), the Graduation Questionnaire (GQ: 1995), and the American Medical Association Physician Master File from years 1995, 1999, 2003, and 2007 (AMA: 1995/2007).§ Conducted by the Association of American Medical Colleges (AAMC), the MSQ and GQ are administered annually to all medical students in AMA- or state-accredited medical schools in the U.S. in the fall of the first year of medical school and in the spring of the graduating year, respectively. The MSQ and GQ data used here are chosen with a

§ This particular cohort (entry into medical school in 1991) is chosen also based on availability of data. The archiving of MSQ and GQ data only goes back to 1991.
four-year gap to approximate the four years of medical school and, hence, mimic a repeated cross-section of the same cohort of physicians. To ensure that participants represent those who entered medical school in 1991 and graduated in 1995, I selected those MSQ participants who completed their first and last MSQ in 1991 (i.e., unique entry into medical school in 1991), and those GQ participants who finished medical school in four years and graduated in 1995. I excluded those in joint degree programs (i.e., B.A./M.D., J.D./M.D., M.D./Ph.D.) in both MSQ and GQ data, as they might not have entered medical school in 1991 or finished medical school in 1995. I also excluded those who expressed that they did not plan to become board-certified for medical practice. The final sample sizes are remarkably similar: 10,508 in the MSQ and 10,502 in the GQ. The percent female is 40% in both samples, and the four-year separation in the mean ages of the samples (MSQ mean = 23, standard deviation = 3.77; GQ mean = 27, standard deviation = 3.52) gives confidence that the samples represent the same cohort of matriculating students in 1991.

Compiled by the American Medical Association (AMA), the AMA Physician Master File is an annually updated database of all practicing physicians in the U.S. The data used here were last updated in the December of each year. Thus, whereas the 1995 GQ data provide information on specialty preferences before graduation, the 1995 AMA data provide information on specialties chosen after graduation. For comparability with the MSQ and GQ data, I focus only on those who graduated from U.S. medical schools in 1995. To maximize the longitudinal data available, I include

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6 Of the 14,203 participants in the 1991 MSQ, only 43 (.30%) noted that the MSQ was not their first or not their last. Of the 13,321 participants in the 1995 GQ, a clear majority (84.08%) reported four years as the number of years between matriculation and graduation.
only those who entered residency training after medical school in 1995 and have consistent gender and age information across the four years of data chosen. The final sample size is 13,365, and reassuringly, the percent female of the AMA sample is also 40%. The one-year separation in the mean ages of the GQ sample and the AMA sample (mean = 28, standard deviation = 3.53) also corresponds to the expected one-year increase in age between the time of medical school graduation and the end of the graduating year.

Whereas respondents in the MSQ and GQ were asked to select one of twenty-four specialties that are recognized by the American Board of Medical Specialties, respondents in the AMA were asked to fill in their primary specialties, i.e., the specialties in which they spent most of their practice hours. Their responses amounted to over 200 specialties and sub-specialties. To make comparable specialty categories across the three datasets, I consolidated the specialties and sub-specialties into eight main groups (see Appendix A): 1) internal medicine, 2) family medicine, 3) pediatrics, 4) medical specialties, 5) surgical specialties, 6) psychiatry, 7) obstetrics-gynecology, 8) E-ROAD (emergency medicine, radiology, ophthalmology, anesthesiology, dermatology). Analysis will focus on assessing gender segregation across these eight specialty groups. Because analysis of gender segregation in the other two professions focuses on dichotomous divisions (as described later below), I also calculated the indices based on two broad specialty groups, 1) traditionally female

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7 A list of specialties and sub-specialties can be found at the American Board of Medical Specialties website, http://www.abms.org/Who_We_Help/Physicians/specialties.aspx. The 24 specialties in the MSQ and GQ survey correspond to the general certificates that can be obtained within each specialty board. In the AMA survey, the 200+ specialties and sub-specialties correspond respectively to the general certificates and the sub-specialty certificates that can be obtained within each specialty board.
specialties (family medicine, pediatrics, obstetrics-gynecology) and 2) all other specialties, to check that differences across the three professions are not an artifact of differences in the number of sub-occupational categories considered. As will be seen, the pattern of gender segregation remains the same with these indices (see Footnote 6 for clarification and detail). Thus, in subsequent presentation and discussion of results, I focus on the more comprehensive indices based on the eight specialty groups.

In addition to calculations of gender segregation, I also assess changes across specialty groups over time. Because the MSQ and GQ data are cross-sectional, I calculate differences between the matriculant sample and the graduate sample in terms of women’s and men’s likelihoods of preferring a given specialty group, to infer how preferences may change during medical school. Meanwhile, because the AMA data are longitudinal, I calculate actual movements across specialty groups among the AMA sample of physicians to examine how specialty choices may or may not change in the twelve years after medical school.

B. **Teaching**

As was earlier discussed, studies on teachers’ careers have been limited in terms of the regions of the schools examined (e.g., Podgursky, Monroe and Watson 2004) or the length of time in careers examined (e.g., Cognard-Black 2004). The quantitative analysis of teachers’ careers in this study presents a methodological improvement via the employment of the Baccalaureate and Beyond Longitudinal Study (B&B 1993/2003). Conducted by the National Center for Education Statistics, the Baccalaureate and Beyond Longitudinal Study drew its cohort (N~11,000) from
the National Postsecondary Student Aid Study (NPSAS), which used a nationally representative sample of postsecondary students and institutions. The B&B consists of three waves (1994, 1997, 2003), thus providing three- and ten-year outlooks on the education and work experiences of the cohort that graduated from college in 1993. The uniqueness of B&B lies in its specific focus on teacher preparation and experience, providing rich information on career histories of those who entered teaching after college. This makes the data particularly suitable for the examinations undertaken in this study.

I focus on the respondents that entered teaching after graduation from college in 1993 (N=875); about 26% of this sample are male. Though the B&B data provided information on teachers’ careers from entry into teaching to ten years after entry, the data provided no information on what respondents had aspired to teach prior to beginning their careers. However, there is information on what respondents had been certified to teach. Certification programs are grade-specific and usually short (~1 year), and most respondents (n=738, 85%) had obtained certification by 1994, only one year after their college graduation. Thus, for the majority of respondents in the sample, their certification type (i.e., grade levels certified to teach) likely reflects what they intended to teach when they entered certification programs. While it is possible that respondents had changed their preferences prior to entering certification programs, their certification type in 1994 is the best proxy available for their initial aspirations about what settings to teach.

Respondents were asked to indicate if they were certified to teach and what grade levels they were currently teaching at each wave of the study. Because of the
traditional distinction between primary grade levels (pre-kindergarten to fifth grade, i.e., “pre-K to elementary”) and secondary grade levels (sixth to twelfth grades, i.e., “junior high to high school”), and furthermore given the vastly different gender compositions between the two, I focus on gender segregation across these two levels of school-teaching. Notably, a sizable minority of respondents (n=137, 16%) were not certified by 1994 (the first wave of the study), and a substantial percentage of respondents (n=382, 44%) were certified to teach grades in both levels. As men are under-represented in primary grade levels, I calculate gender segregation based on the lowest grade level certified/taught to give conservative estimates.

I use information on the respondents’ occupational categories in 1997 and 2003 to deduce whether they were still in teaching in the second and third waves of the study. Those who did not identify themselves as “K-12 educators” were categorized as no longer in K-12 teaching. Of the 875 respondents, 310 (35%) taught continuously between 1994 and 2003, 60 (7%) had a non-teaching spell in 1997, 179 (20%) left teaching in 1997 and 326 (36%) left teaching in 2003. My calculations are based on those who were teaching at each wave: 875 in 1994, 636 in 1997, and 370 in 2003. Panel weights provided by the B&B were used in all analysis. Obviously, a large percentage of respondents left teaching at some point during this ten-year period. Thus, in addition to assessing gender segregation across grade levels, I also examine the career pathways of those who left teaching – in particular, whether they left teaching for non-teaching jobs within schools or whether they left the education field altogether. I describe this additional analysis in more detail later in this chapter.
C. Law

I use two data sources for lawyers: the National Longitudinal Bar Passage Study (BPS: 1991/1996) from the Law School Admissions Council, and the Merged Outgoing Rotation Group supplements of the Current Population Survey (MORG CPS: 1995/2007) from the U.S. Bureau of Labor Statistics. The longitudinal BPS contains four waves, one at the start of each academic year of law school (1991, 1992, 1993) and the last in the four to six months after graduation from law school (1994). Bar passage information was collected until 1996. Ninety-five of all U.S. accredited law schools participated in the study, with approximately 63% of the students participating in the first wave in 1991 (N=27,248) and about a quarter of these students participating in the follow-up waves (N=6,758). To maximize longitudinal data, I focus on those who participated in all four waves, who attended law school every year and graduated in 1994, and who provided information on their expectations about employment settings during law school and the employment settings of their first jobs (N=3,087). Sample weights were used to reconstruct the profile of the original sample given the reduction in sample size. Gender and age-at-graduation distributions are comparable across the original sample (44% female, age m=28.93, standard deviation=5.59) and my sub-sample (47% female, age m=28.27, standard deviation=5.05).

To simulate career trajectories after law school among this cohort of lawyers, I use the MORG-CPS files to infer employment outcomes in the years after graduation from law school. Other sources of career history data specific to lawyers (namely the Chicago Lawyer Survey [see Heinz et al. 1994-1995] and the ongoing After the J.D.
study (see Dinovitzer et al. 2004)) were considered, but these data either provide a small number of years of information on this particular cohort of lawyers (i.e., graduates in 1994 only had one year of career history in the Chicago Lawyer Study), or they pertain to a different cohort of lawyers (i.e., the After the J.D. study follows graduates in 2000). Thus, I turn to the CPS, a primary source of U.S. labor statistics that, though not lawyer-specific, provides relevant employment information at a high frequency. Of the basic monthly files and annual supplemental files of the CPS, I chose the MORG files because they contain all outgoing households in a particular year and hence provide larger samples than those from other files. I approximate a lawyer sample by focusing on self-identified lawyers with professional degrees who were in the labor force, and I approximate the cohort by restricting the ages of my “starting” sample in 1995 to ages 25 to 32, the inter-quartile range of ages in the BPS sample. One year is added to the age ranges in the subsequent MORG-CPS samples to simulate a repeated cross-sectional design. Appendix B lists the sample sizes, percents female, and age distributions of the MORG-CPS samples. While there is sampling variability in percent female, the mean age of the 1995 sample is similar to that in the BPS sample, and the differences in mean age across the samples correspond to a logical one-year increase from year to year.

Respondents in the BPS were asked the employment setting in which they expected to work after graduation (in the first three waves) and the employment setting of their first job after graduation (in the last wave). For both questions, responses range across thirteen categories: judge’s chamber, academic, prosecutor’s office, public defender’s office, government agency, public interest group, legislative...
office, solo practice, small private firm (<10 attorneys), medium private firm (10-50 attorneys), large private firm (>50 attorneys), business institutions, and other. Because the MORG-CPS is not targeted specifically at lawyers, I inferred employment setting from information on the industry in which the respondent is working (legal services or other) and the worker class of the individual (government, private sector, self-employed). The combinations of industry and worker class yield four categories: self-employed in legal services, working for pay in private legal services, working for pay in government industries, and working for pay in non-legal private industries. Because of the relatively small sizes of the MORG-CPS samples, I further aggregate categories into two larger groups, “private practice” and “government and other.” Private practice includes solo practice and private firms (of all sizes) in the BPS, and self-employed and working for pay in private legal services in the MORG-CPS. Government and other sectors include all non-solo practice and non-firms in the BPS (essentially, government and other private sectors), and working for pay in the government and in non-legal private industries in the MORG-CPS. Though detail is inevitably lost in such aggregation, I aim to ensure accurate estimates about gender differences at this important private practice vs. other settings divide.

II. ANALYTIC PLAN

A. ASSESSING THE EXTENT OF GENDER SEGREGATION

The methodology for assessing the extent of gender segregation is straightforward. To assess overall levels of gender segregation, I use both Charles and
Grusky’s (1995) index of association (A) and the Duncan (Duncan and Duncan 1955) index of dissimilarity (D) as my indices of segregation. For comparisons of gender segregation across the three professions, I use A because its calculations are margin-free, and the variability in sample sizes and gender distributions across the three professions, as well as across the MORG-CPS samples of lawyers, make A more appropriate especially for comparisons. However, I also report D because it may be more conventional and straightforward for interpretation. The equations for both indices are presented below:

$$A = e^{\left\{\frac{1}{J}\sum_{j}^{J}\ln\left(\frac{F_{j}}{M_{j}}\right) - \left[\frac{1}{J}\sum_{j}^{J}\ln\left(\frac{F_{j}}{M_{j}}\right)\right]^{2}\right\}^{\frac{1}{2}}}$$

$$D = \sum \left|\frac{F_{j}}{F} - \frac{M_{j}}{M}\right| \times 100 \times \frac{1}{2}$$

where $j$ represents sub-occupational category (i.e., specialty in medicine, grade level in teaching, practice setting in law), $F_{j}$ and $M_{j}$ represent respectively the numbers of women and men in the $j^{th}$ sub-occupational category, and $F$ and $M$ represent respectively the total numbers of women and men in the occupation. The index of association is interpreted as the factor by which women are over-represented in the average sub-occupational category; an $A$ of 1.00 would indicate that women or men are equally represented across sub-occupational categories. The index of dissimilarity is interpreted as the proportion of women or men who would have to change sub-occupational category in order for the distribution of women and men to be equal across sub-occupational categories.
Supplementing calculations of segregation indices, I compare percent distributions across sub-occupational categories by gender and calculate odds ratios to see how much more or less likely women are than men to be in a category. Likelihood ratio chi-square is used to ascertain the statistical significance of differences. An odds ratio of 1 indicates equal likelihood of any given two groups; an odds ratio below 1 indicates a lower likelihood for the first group (e.g., women, for a female-to-male odds ratio), and an odds ratio above 1 indicates a higher likelihood for the first group.

Of important note is that analysis of lawyers’ careers is based on calculations of moving averages. The use of moving averages reflects two concerns. First, as I used age in the MORG-CPS data to approximate the cohort of lawyers who entered law school in 1991, it is possible that the samples in my analysis include lawyers who were slightly before or after this cohort. Second, because the legal profession, particularly the private sector, has experienced dramatic spikes and dips in their employment patterns during the mid-1990s boom, the 2001-2002 and the 2008 recessions (NALP 2009), there might have been substantially irregular short-term fluctuations in gender trends. In light of these possible issues, I use moving averages of three-year intervals to highlight longer-term patterns and draw inferences about how women’s and men’s careers may differ over the career course.

**B. ADDITIONAL ANALYSIS OF GENDER SEGREGATION**

Figure 3.1 presents a preview of the findings, which shows comparisons of gender segregation over career time across the three professions, using both A and D
The patterns are largely similar to those hypothesized in Figure 2.1, suggesting support for my predictions. Specifically, as I hypothesized, doctors and teachers exhibit higher levels of gender segregation in their early aspirations than lawyers. However, with the exception of a (rather unexpected) drop during schooling, the level of gender segregation among doctors is fairly stable over time after schooling. Meanwhile, the level of gender segregation rises rather steadily among teachers, and dramatically in the later years among lawyers. Thus, as I predicted, gender segregation follows a “front-loaded” pattern for doctors, a “steady climb” pattern for teachers, and a “back-loaded” pattern for lawyers. I discuss these findings in detail in later chapters.

[Figure 3.1]

Informative as these patterns are, questions remain as to what explains these patterns. Previously, I argued that gender differences in pre-existing preferences and gendered influences during medical school contribute to the emergence of gender segregation across specialties among doctors. However, the pattern found here indicates that gender segregation may in fact decrease during medical school, suggesting that the forces behind gender segregation may be more complicated than hypothesized. The patterns found for teachers and lawyers are similar to the patterns mentioned.

8 As aforementioned, because calculations of gender segregation among teachers and lawyers are based on dichotomous divisions, I also calculated indices of segregation based on a two-group categorization for doctors – female specialties vs. all other specialties. Results remain similar: the level of gender segregation at entry for doctors \( (A=1.89, D=.28) \) is still lower than that for teachers and higher than that for lawyers, and the level of gender segregation is lower at exit from medical school \( (A=1.66, D=.23) \) and virtually the same in the years thereafter \( (A=1.64-1.66, D=.23 \) across the years).
that I predicted, but further investigation is needed to assess why men and women teachers display different career trajectories, and why gender segregation increases so sharply for lawyers in their mid-careers. To explore these questions in-depth, I conduct further quantitative analysis, as well as qualitative analysis of thirty-nine interviews with men and women in the three professions. Below, I describe the additional quantitative analysis in each profession, before detailing the qualitative methodology of this study.

1. **MEDICINE**

As medical specialties are highly gendered, I hypothesize that women and men display highly different specialty aspirations even at entry into medical school. More specifically, as specialties are typified by notions about women’s and men’s tendencies and capabilities (e.g., female-communal and male-agentic), I hypothesize that gender differences in early specialty aspirations reflect gender differences in job values and orientations towards work. Men tend to express interests in technical and extrinsic aspects of work and so prefer specialties that are more technical and specialist (e.g., medical specialties such as pathology and neurology, surgical specialties), while women tend to express interests in the social aspects of work and so prefer specialties that are more people-oriented (e.g., primary care specialties, obstetrics-gynecology). I therefore suspect that for first-year students, gender segregation in specialty aspirations primarily reflects gendered ideas and attitudes about work.
At the same time, any gendered influences during medical school may strongly and differentially impact women’s and men’s specialty choices. Heightened concerns about work-family aspects of medicine (e.g., work-hour demands) and gendered messages about work (e.g., encouragement towards different specialties) may augment pre-existing gendered notions about work. Thus, when examining specialty choice at a later stage in medical training, gender segregation may reflect not just gender differences in work orientations and values, but also work-family influences and gendered encouragement from others. As such, it may not be only the extent of gender segregation, but also the correlates of gender segregation, that differ over time.

Of course, as shown in the preview in Figure 3.1, gender segregation does not seem to widen, and may in fact drop during medical school. Still, what predicts gender segregation may be different at different points in time, and this may have implications on the drivers behind gender segregation. While the MSQ, GQ and AMA data provide perhaps the most comprehensive information on specialty aspirations and choices, they do not provide data on job values and orientations, marital or family status, or influences from others during education and training. To evaluate the correlates of specialty choice, I use data from the National Survey of Attitudes and Choices in Medical Education and Training (ACMET II: 1997). Sponsored by the Robert Wood Johnson Foundation, the ACMET II drew a national probability sample of first-year students, fourth-year students, third-year residents, residency program directors, medical school department chairs and medical school deans from the databases of the AAMC and the AMA in 1997. Because the fourth-year student data
could not be obtained,\footnote{The ACMET has a first wave, ACMET I, that was conducted in 1994. Fourth-year students in the second wave, ACMET II, were first-year students in the first wave, but gender information for these students is only present in the first wave. Unlike AMCET II, ACMET I is not publicly accessible, and upon contacting relevant personnel, I learned that the ACMET I will not be released. As I cannot perform analysis on fourth-year students without information on their gender, I pursued the best alternative and analyzed comparisons between first-year students and third-year residents in ACMET II, whose gender are provided in the data.} I am limited to the subsample of first-year students (n=287, 44% female) and third-year residents (n=480, 45% female) in my analysis. Given the much smaller sample sizes, I consolidated specialties into the dichotomy of primary care specialties and obstetrics-gynecology vs. all other specialties when making estimations of specialty choice and the correlates of specialty choice. I applied listwise deletion to cases missing information on the variables used in analysis (4% of first-years and 6% of residents); checks on percent distributions by gender, age, and race showed no substantial differences between the full sample and the reduced sample.

One concern with the use of the ACMET II is that the data on residents – in their third year after medical school – does not allow me to assess the correlates of specialty choice at the end of medical school. However, as will be seen, the examination of residents may be more interesting and equally informative as there may be gendered patterns of specialty changes during residency years after medical school. A second concern is that because the ACMET II is cross-sectional, estimates of change in the effects of job values, marriage/family and influences from others cannot be obtained. Nonetheless, the ACMET II holds much value as the only data found within the time frames of the MSQ, GQ and AMA data that also provide measures of job values, marriage/family and influences from peers and instructors.
Moreover, cross-sectional data have been used to study medical students: notably, Becker, Geer & Hughes’s (1977) *Boys in White* utilized cross-sectional data to infer how the professional socialization process may change attitudes towards medical practice. Thus, I employ the ACMET II as the data of choice in this analysis, with caution about its limitations in design. In Chapter 4, I describe in detail the measures available in ACMET II for analysis, and the logistic regression models used to estimate the correlates of specialty choice.

2. **Teaching**

In addition to providing information on what respondents who are teachers teach, the B&B also includes information on whether respondents held non-teaching jobs, and with which occupation respondents identified. Thus, for those who left teaching by the second or third wave of the study, I can assess if they occupied non-teaching jobs in schools after they left teaching, or if they left the education field altogether. Importantly, although studies on teachers’ careers have largely focused on movements out of teaching and whether propensity to leave teaching differs by gender, I also examine movements within teaching, specifically with regards to grade levels. Given the strong gender-typing of grade levels in teaching, male elementary school teachers may feel pressured to move into areas that are more associated with men.

Movement into a different grade differs from movement into non-teaching positions or other industries because it suggests a different view of male teachers. While movement into non-teaching positions or other industries instigates distance from the classroom, movement into a different grade means that the teacher is still
connected to the classroom, but interacting with a different group of students. Given the common perception that male teachers tend to leave the classroom, it will be interesting to see first just how many male teachers in a given cohort leave teaching, and how many male teachers in fact remain in teaching, but may move into higher grade levels. As the different types of movement indicate different purposes, the inferences that we make about teachers’ career choices may be different depending on if teachers are merely changing grades, moving into other positions in schools, or leaving schools altogether.

As will be seen, of the cohort of teachers examined in this study (N=875), there were only 59 men who began as elementary school-teachers, and they are far more likely than women to move into higher grades or leave for work in other occupations. Because the number of men is small, it is difficult to run informative logistic regression models to predict why men are more likely than women to move. However, descriptive statistics of potential predictors may nonetheless provide interesting perspective. Specifically, the B&B asked respondents about their interest in teaching long-term, their satisfaction with supervisors and co-workers, feelings of support from their schools, and their interest in pursuing school-related but non-teaching jobs. Because these variables could be related to my findings regarding movements across settings, I include descriptive statistics on these variables where they are relevant to the results. While descriptives of these variables cannot explain gender segregation, they provide grounds for speculation as to why men and women may navigate their careers differently.

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Of course, because the B&B does not include information on pressure and expectations from others or gender ideologies of the respondents, quantitative analysis of the data cannot assess how larger gender biases may help shape different career decisions between men and women teachers – a process that may be particularly pertinent to men in female occupations (Williams 1992). In light of the gaps in quantitative analysis and the subtly of mechanisms, I use qualitative analysis of in-depth interviews, as described in the next section, to provide insight into why women and men may make different decisions about their teaching careers.

3. **Law**

Because the MORG-CPS files are not specific to legal careers, they contain little information on the specific jobs held by lawyers. Job-level information is particularly helpful, however, because the rewards of work can differ not only across settings, but also across jobs within a setting. Within private practice, lawyers practicing in a small, regional firm may earn less than lawyers practicing in a large, national firm. Within firms, an equity partner (the most senior position that can be obtained) garners an income that is much higher than that of a junior partner (the rank below equity partner), which is in turn higher than that of an of-counsel (a non-partner but senior position). Likewise, outside of private practice, lawyers working in-house in business organizations on average earn higher salaries than lawyers working in the government and non-profits. Within these settings, those attaining leadership positions (e.g., director of a legal aid group, tax manager in an accounting firm) earn more than those working in lesser-ranked posts.
Given wide differences in jobs and their rewards within settings, analysis of only employment settings is not enough to discern gender disparities. For instance, even if the percentage of women in private practice is similar to the percentage of men in private practice, women may be working in different firms and different jobs than men. In light of extant research documenting gender differences, women may be occupying lesser-paying positions more so than men. Although the MORG-CPS files lack information on organization-level characteristics or titles of jobs held, they provide information on weekly earnings. As there are sharp disparities in payoff between organizations and jobs, I use weekly earnings in conjunction with employment setting to draw more specific inferences about the types of positions that women and men held. Because a substantial percentage in each year (14-31%) was missing information on weekly earnings, I used regression-based multiple imputation in which weekly earnings is predicted with gender, full-time/part-time status, employment setting, and usual hours worked per week. Analyses with and without the imputed values reveal essentially the same results.

As will be revealed in Chapter 6, results on weekly earnings suggest important gender differences in the careers of lawyers, particularly starting in their mid-careers. However, because the MORG-CPS files do not provide measures that can assess why women and men diverge in their mid-careers, quantitative analysis of the data employed here cannot implicate the factors that lead to gender differences in lawyers’ careers. To fill in this gap, I conducted in-depth interviews with law students and practicing lawyers to explore what gendered forces might explain the emergence of

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10 Weekly earnings are the only income-related variable included in the MORG-CPS data.
gender segregation in mid-level legal careers. In the following section, I describe my qualitative methodology, the analytical plan for the resultant data, and a preview of the findings from qualitative analysis.

QUALITATIVE APPROACH

Results from quantitative analysis provide insight into the factors that contribute to gender segregation in the three professions. Specific findings will be detailed in the next chapters, but the key implications are as follows: 1) Gender segregation among doctors seem to be “front-loaded,” but may have strong roots in very early aspirations even prior to entering medical school; 2) Gender segregation among teachers experiences a “steady climb” due to men’s exit from elementary school-teaching, but this does not necessarily reflect men’s movement out of teaching; 3) Gender segregation among lawyers may have less to do with early aspirations or even early careers, but more to do with constraints that rear their head later on to generate the “back-loaded” pattern.

These implications give rise to additional questions about the mechanisms behind gender segregation. Do women and men enter medical school with already different ideas about which specialties to pursue, and how might these ideas change or strengthen during medical school? How do women and men make decisions about what to teach, and what motivates further movements into gender-typical fields? Given that early aspirations and early careers may be similar for women and men in
law, what kinds of forces appear in later careers that encourage different circumstances or different career decisions between men and women?

These questions pertain to how individuals think about, experience and make decisions about their careers. It is hence necessary to pursue methodologies that can give insight into the more nuanced aspects of individuals’ navigations through their careers, in addition to the general pictures that quantitative analysis provides. To bring about this level of analysis, I conducted interviews with thirty-nine men and women in medicine, teaching and law. Below, I describe my sampling strategy, the process of conducting the interviews, and the topics explored and addressed in the interviews.

I. THE INTERVIEW PROCESS

I conducted semi-structured, in-depth interviews with thirty-nine women and men in medicine, teaching and law between June 2010 and December 2010. As I am interested in career experiences and decision-making across different stages of the career process, I interviewed doctors, lawyers and teachers in both early careers and late careers, as well as current students in the three professions (i.e., medical students, law students, teacher candidates). Although practitioners gave detailed histories of their careers, I wanted to get closer to actual early aspirations, and also obtain a more updated view of medical, legal and teaching careers, by speaking with women and men in the very early stages of preparing for their careers. Table 3.2 gives a detailed description of the number of interviewees interviewed in each profession and the basic
demographic background of the interviewees. In later chapters when interviewees are quotes, pseudonyms are used to maintain the interviewees’ anonymity.

[Table 3.2]

Interviewees were recruited in two main ways. To recruit current students, I approached leaders of the medical student association,\(^\text{11}\) the women law student association\(^\text{12}\) and the teacher education program at a university in California. To keep the identities of their members anonymous, I asked the leaders to disseminate a brief recruitment message to their members via their email list-serves. The recruitment message contained a brief description of my study, as well as a link to a website at which they could submit their email addresses anonymously for me to contact them, and my information if they wished to contact me directly. Similarly, to recruit practicing doctors, teachers and lawyers, I approached my personal contacts – friends and acquaintances in the three professions – and asked them to disseminate the same brief message to their colleagues. I followed up with a longer message to those who showed interest, describing the study’s purpose and the nature of the interview. The brief recruitment message and the follow-up message are included in Appendix C. The interviews were between 40 minutes to 150 minutes in length. All participation is

\(^{11}\) I approached the medical student association because all students in the medical school are automatically members of the association.

\(^{12}\) I originally approached the leader of the law student association to ask for permission to recruit the association’s members, but the leader declined and suggested that I contact other associations for recruitment. I reached out to the women law student association because, given the nature of my study, it seemed likely that the leader of the association would respond positively to my request, which was indeed the case.
anonymous and confidential, and participants were automatically entered into a raffle for one of five $100.00 Amazon.com gift cards. All interviews were audio-taped and all recordings were destroyed after transcription. The interview study was approved by the Stanford University Institutional Review Board.

Interviewees were a mixture of those directly recruited via email list-serves and personal contacts, and those who were referred to me by another interviewee. In addition, the student interviewees are all recruited from universities that are amongst the top schools in their respective professions in the U.S.¹³ Thus, the interviewee sample in this study is non-random, and one of convenience. While data from these interviews are by no means representative of the general populations of doctors, teachers and lawyers, the purpose of the data is primarily to support and supplement my quantitative findings with rich, personal accounts of career experiences and decisions. Therefore, interview data are not meant to stand alone. Instead they serve to illustrate and support the findings and implications arising from my quantitative analysis, and they are to be interpreted cautiously and in conjunction with quantitative results. Following coding techniques described by Strauss (1987), each transcript was read several times and analyzed into emergent conceptual themes and categories.

II. INTERVIEW DESIGN

Questions in the interview targeted four areas of inquiry. The first set of questions focused on the interviewees’ motivations for entering his or her profession...

¹³ While my initial recruitment message was sent to students in the medical student association, the women law student association and teacher education program at one university, students from other universities were recruited because they were referred to me by other interviewees.
(medicine, teaching, law). In addition to academic preparation and early career aspirations, I asked interviewees how their social background and educational experiences may have influenced their decisions to enter their professions, and what types of practice (i.e., medical specialty, grade level to teach, practice setting in law) they envisioned for themselves prior to beginning medical school, teacher education program and law school. Interviewees were also asked whether their early career visions matched their current aspirations (for students) and career paths (for practitioners), and why a mismatch did or did not happen. These questions aim at elucidating how one came to choose his or her profession and, more importantly, whether and why women and men may or may not differ in their early preferences about work.

The second set of questions related to the interviewees’ experiences during professional schooling (i.e., medical school, teacher education program, law school), their work experiences prior to entry into professional schooling (if applicable), and for current practitioners, their career paths and experiences. Specific focus was paid to how and why interviewees may have changed their aspirations or careers, and what factors within and outside of schooling and the workplace may have contributed to their decisions. Following these questions, I asked interviewees about their satisfaction with schooling and their careers. Questions aimed at perceptions of positive and negative aspects of their experiences, desire for change in their professions and the type of change desired, and future career plans, including the possibility of leaving their professions. Taken together, these questions targeted whether women and men experience their careers differently and are differentially
satisfied with their careers, what contributes to these differences, and whether these differences relate to observed patterns of gender segregation.

The last part of the interview pertained to the interviewees’ observations and perceptions about gender inequities and barriers in their professions, such as whether and why they agree (or disagree) with the different accounts (e.g., supply-side and demand-side) proposed to explain gender segregation, and what types of policies they think would be most effective for promoting gender balance. Because issues related to race and class often emerged in interviewees’ responses, I also asked questions related to race and class inequalities in the profession. As these questions are stated explicitly with reference to gender (and race and class), I placed these questions at the end of the interview to avoid possible priming of other responses. Interview schedules can be found in Appendix D.

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Comparisons of gender segregation across the three professions show patterns that closely mirror the patterns hypothesized based on varying levels of gender frame and differences in career structures. Adding to quantitative findings, qualitative findings from the interviews suggest different mechanisms of gender segregation across the three professions. Accounts from doctors and teachers suggest that career choices in those two contexts reflect gendered ideas about work and selves, ideas that may be held before entry into the profession and reinforced by early experiences. Career decisions by lawyers, on the other hand, are less tied to personal or job
characteristics, and instead seen as adjustments to organizational contexts, adjustments that are usually different for women and men. While gender beliefs underlie career choices and outcomes across all three professional contexts, when and how much these gender beliefs operate differ between the three cases. In the next chapters, I describe findings for each of the professions in turn, and draw inferences about the occurrence of gender segregation and the solutions for gender inequality.
CHAPTER 4
THE MEDICAL PROFESSION

Past and present research shows that, despite women’s increased participation in the medical profession, specialties remain highly gender-segregated. In particular, primary care specialties (such as pediatrics and family medicine) and obstetrics-gynecology have become female-dominated since women’s entry into the profession, whereas other specialties, especially the surgical specialties, have remained predominantly male. It is unclear, however, why women and men doctors tend to practice different specialties. I hypothesize that because specialties in medicine are culturally gendered – for example, pediatrics as requiring “female” qualities such as nurturance and social skills, surgery as requiring “male” qualities such as leadership and technical skills – the background gender frame is powerfully relevant in early aspirations, and women and men may display different specialty preferences even as they begin medical school. Furthermore, given the structured nature of the career process, specialty choices made at the end of medical school bear much weight, and gendered experiences during medical school may be heavily accounted for in specialty decisions, thus widening gender segregation. Meanwhile, given significant constraints on changing specialties, specialty choices may be rather stable in the years following medical school. The pattern of gender segregation over the career course may therefore be “front-loaded,” in that gender segregation reflects primarily early preferences developed prior to and during the professional education process.
Figure 4.1 shows the predicted pattern of gender segregation and the pattern found using the MSQ, GQ and AMA data. Consistent with my prediction, the level of gender segregation is quite stable in the years after medical school. However, an unexpected finding is that the level of gender segregation appears higher at entry into medical school than at exit from medical school. In the sections below, I use additional quantitative and qualitative analysis to dissect this pattern and mechanisms of gender segregation.

[Figure 4.1]

**THE EXTENT OF GENDER SEGREGATION**

The pattern found in Figure 4.1 suggests that contrary to my hypothesis, specialty preferences are no more gender-different at exit from medical school than at entry. The factor (the A index) by which women are over-represented in the average category of specialties is 2.14 at entry, but 1.93 at exit. Interpretation of the D index suggests that the percentage of women who would have to change their preferences to achieve a gender-equal distribution across specialties is 31% at entry, but 25% at exit. To understand why these numbers are lower (or at least not higher) at exit from medical school than at entry, I examine more closely specialty aspirations and choices, first with percent female of each specialty group and second with the percent distributions of women and men across specialty groups.
I. DURING MEDICAL SCHOOL: MIXED PATTERNS

Table 4.1 reveals that the percent female in each specialty groups is strikingly similar across the years after medical school. This corresponds to the relatively stable level of gender segregation in those years. But percent female varies more greatly between the year of matriculation and the year of graduation. For most specialty groups, percent female is similar at the two time points (internal medicine, surgical specialties, psychiatry), or less gender-imbalanced at graduation from medical school (family medicine, medical specialties, obstetrics-gynecology). Only pediatrics and the E-ROAD appear more gender-imbalanced at graduation, with a higher percent female in pediatrics and a lower percent female in the E-ROAD. Thus, the overall level of gender segregation is lower at exit from than at entry into medical school.

It is interesting that of pediatrics, family medicine and obstetrics-gynecology – the three predominantly female specialty groups – two (family medicine and obstetrics-gynecology) are less female-dominated among graduates. Pediatrics is the only one that appears more female-dominated at exit from medical school. In addition, the E-ROAD, which is more male-dominated, seems to have fewer women interested in the specialties at graduation. To explore these discrepancies between entry into and exit from medical school, I compare percent distributions of women and men across specialty groups between the two time points. Table 4.2 shows that these
distributions are very similar in the years (4th-12th years) after medical school, and further analysis of the longitudinal sample indicates that only 2.9% changed specialties in those years. This is consistent with the lack of change in the level of gender segregation in those later years of practice.

However, percent distributions are visibly different across the earlier years, and these differences help explain the discrepancies in the gender compositions of interest in specialty groups at entry into medical school vs. at exit. First, whereas the percentage who were interested in the E-ROAD at graduation is similar to that at graduation for men, it is somewhat lower (-3 points) at graduation for women. It appears that at the end of medical school, women may be less likely than men to have interested in the E-ROAD – a surprising implication, as one may have presumed women to be attracted to these lifestyle specialties. Second, although the percentage who were interested in pediatrics is lower (-3 points) at graduation than at matriculation for both men and women, the difference may be more significant for men given their lower percentage of interest in that specialty at the start. Thus, there may be less interest in pediatrics among men at the end of medical school.

However, it seems that not all female-dominated specialties experience a loss of interest from men. Though the percentage who were interested in family medicine is higher at graduation than at matriculation for both women and men, the difference

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There are also differences across the earlier years that pertain to both women and men. The percentage in internal medicine is higher post-graduation, while the percentages in the E-ROAD and medical specialties are lower post-graduation. However, these percentages return to earlier levels by the 4th year after graduation. These patterns correspond to training structures in the E-ROAD and medical specialties, where one-year internships, typically in internal medicine, are required before residency. Indeed, further analysis reveals that of those in internal medicine post-graduation, 20% were in medical specialties and 62% were in the E-ROAD by the 4th year after graduation.
for men (+5 points) may be again more significant given their lower percentage at the start. Additionally, the percentage who were interested in obstetrics-gynecology is higher at graduation than at matriculation among men. While the percentage at graduation is still low (5%), it is a significant increase from the even lower percentage at matriculation (2%). Thus, interest in family medicine and obstetrics-gynecology may be actually less gender-imbalanced at exit from medical school because more men are interested in them.

To statistically evaluate these claims, I calculated graduate-to-matriculant odds ratios of preferring a specialty group to all other specialty groups, separately for women and men, and assessed whether these odds ratios differ significantly for women and men. Table 4.3 shows that, consistent with the interpretations above, it is only among women that the likelihood of preferring the E-ROAD is significantly lower at graduation than at matriculation (OR=.79, p<.001; n.s. for men; gender difference, p<.001). Meanwhile, although the likelihood of preferring pediatrics is lower at graduation than at matriculation, the difference is greater for men (OR=.65, p<.001) than for women (OR=.84, p<.01; gender difference, p<.01). As such, the female-to-male odds ratios in these two specialty groups are more imbalanced (i.e., farther from 1.00) at graduation than at matriculation.

But as was observed, family medicine and obstetrics-gynecology appear less gender-imbalanced at exit. The likelihood of preferring family medicine to other specialties is higher at graduation than at matriculation, but this difference is greater for men (OR=1.60, p<.001) than for women (OR=1.26, p<.001; gender difference, p<.01). Furthermore, it is only among men that the likelihood of preferring obstetrics-
gynecology is significantly higher at graduation than at matriculation (OR=2.64, p,.001; n.s. for women; gender difference, p<.001). Accordingly, the female-to-male odds ratios in these two specialty groups are less imbalanced at graduation than at matriculation. The difference in obstetrics-gynecology, from 7.03 at entry to 2.75 at exit, is particularly striking.

[Table 4.3]

All in all, the analysis above suggests that not all female-dominated specialties become more women-preferred during medical school, and the level of gender segregation may in fact be lower at the end of medical school than at entry. It is especially interesting that the decrease in gender gaps in interest in family medicine and obstetrics-gynecology mainly reflects men’s preferences for them, not women’s disinclinations from them. However, it is noteworthy that at graduation, women are no less likely than before to prefer obstetrics-gynecology, an ostensibly uncontrollable specialty, and they are even less likely to prefer the E-ROAD, an ostensibly controllable specialty group. And while both women and men are less likely to prefer pediatrics at graduation, a specialty that is also often seen as uncontrollable, this is less pronounced for women than for men. Thus, while results suggest that some men gain interest in female-typed specialties (namely, family medicine and obstetrics-gynecology) during medical school, they do not suggest that women lose interest in female-typed but uncontrollable specialties, or that women gain interest in male-typed but controllable specialties.
II. AFTER MEDICAL SCHOOL: SOME GENDERED CHANGE

Although the level of gender segregation appears to be constant in the years after medical school, I additionally examined specialty changes and sub-specialization rates in those years. Examination of specialty change is especially important because percent distributions across specialty groups are visibly different between 1995 and 1999 – in the first four years after medical school (see Table 4.2). Indeed, longitudinal estimates using the AMA sample reveal that about 16% (n=2,115) changed specialties between 1995 and 1999. Specialty changes are much less common in later time periods: only 2% (n=258) and 1% (n=156) changed specialties in 1999-2003 and 2003-2007, respectively. Thus, while the majority “stayed” with their specialty decisions made upon exit from medical school, a sizable minority changed their specialties, especially in the first few years after medical school (i.e., during residency training) when specialty change is perhaps easier to execute.

[Table 4.4]

[Table 4.5]

I analyzed the percentage that changed specialties and the type of specialty changes made by women and men. Table 4.4 shows that between 1995 and 1999 – when most specialty changes took place – the percentage that changed specialties differed by gender only among those in surgical specialties (16% of men vs. 21% of women, p≈.05). In the periods 1999-2003 and 2003-2007, gender differences are also
noticeable (especially in family practice, pediatrics and surgical specialties), but relatively few people changed specialties in those years. To identify the specialties into which the “changers” moved, I additionally examined “specialties of destination,” focusing on the 1995-1999 period when most specialty changes occurred. Table 4.5 reveals that generally, women were more likely than men to move into primary care specialties & obstetrics-gynecology and less likely to move into surgical specialties and the E-ROAD. This is especially so among those who moved from internal medicine, family medicine, surgical specialties and obstetrics-gynecology. However, by count, few in family medicine and obstetrics-gynecology changed specialties, and fewer women than men changed specialties among those who started in internal medicine and surgical specialties. Thus, these gender differences in patterns of specialty change do not substantially impact the overall distribution across specialties, and the indices of segregation remain similar across the years.

**PREDICTING GENDER SEGREGATION**

Results thus far suggest that, as predicted, the overall level of gender segregation is relatively constant in the years after medical school. While a minority changed specialties in the first few years after medical school, few changed specialties thereafter. It should be noted, however, that specialty changes occurred in gendered ways, although not to an extent that would influence the average of gender segregation. More importantly, contrary to my hypothesis, gender differences are no wider at the end of medical school than at entry into medical school. Rather, early
aspirations are as gendered as, and seemingly more gendered than, later specialty choices.

What explains gender segregation across specialties? Earlier, I posited that given the highly gendered meanings attached to specialties, gender segregation in aspirations at entry may reflect gender differences in attitudes and values about work—specifically, men tend towards technical and extrinsic aspects of work and hence specialist specialties, and women tend towards social aspects of work and hence more people-oriented specialties. I hypothesized that gender segregation would be greater at later stages of medical training, and the wider gender gap reflects the additional effects of heightened work-family concerns and gendered influences during medical school. Given that gender segregation does not seem to increase during medical school, do my hypotheses about the correlates of gender segregation still hold? Or is gender segregation mainly a reflection of gender differences in work orientations, as the socialization perspective would predict? In the next section, I present results from quantitative models of specialty choice using the ACMET II data.

I. USING THE ACMET II DATA

As was discussed in Chapter 3, the ACMET II data provided much smaller sample sizes (first-year students, n=287; third-year residents, n=480). Thus, in my estimation of logistic regression models, I dichotomized the dependent variable, specialty type, into “primary care specialties & obstetrics-gynecology” and “all other specialties.” The main independent variables are gender (1=female, 0=male); job
values; marriage/family; and influences from others during education and training. I discuss the measures briefly in turn:

**Job values.** Both first-year students and residents were asked to rank the importance of high income, autonomy, job security and social responsibility in motivating their pursuits of medical careers, but first-year students responded on a 3-point scale from “not at all important” to “very important,” whereas residents responded on a 10-point scale with the same directions. To make responses comparable, I dummy-coded the variables using the median response as the cut-off point, with responses above the median indicating a relatively high level of importance (1=relatively important, 0=otherwise). Additionally, both first-year students and residents were asked if they would describe themselves as physicians who primarily attended to the “social and emotional” aspects of patient care (value 1) or “technological and scientific” aspects of patient care (value 0). Previous studies suggest that women more greatly emphasize the social aspects of medical practice while men more greatly emphasize the technical aspects. As responses to this question relate to the primary orientation (social or technical) that students and residents have towards medical practice, I include this as a fifth measure of job values.

**Marriage/family.** Though the ACMET lacks information on parental status or indicators of housework, it contains information on marital status (1=married/cohabiting, 0=not married/not cohabiting), as well as a question on whether the respondent found his/her partner’s career limiting his/her own career (1=limiting, 0=not limiting). As women may be more likely than men to perceive
marriage and family as career-limiting, I combine this information with marital status as a proxy for marriage/family constraints on work.

**Influences from others.** Residents were asked directly whether they received encouragement from faculty and from peers towards specialist specialties (1=yes, 0=no), and whether they had faculty mentors who practiced specialist specialties (1=yes, 0=no). First-year students were not asked these questions, perhaps because they were new to medical school and presumed to be less influenced by others in medical school. Nonetheless, I include two possibly relevant measures: whether residents’ opinions about sub-specialization had influenced their specialty plans (1=yes, 0=no), and whether they perceived their schools to be more specialist-oriented (1=specialist-oriented, 0=otherwise). If first-year students received gendered messages about what they should pursue, women might perceive more negative opinions from residents about sub-specialization, or they might be less likely to see their schools as specialist-oriented if they did not feel encouraged towards specialist practices.

Background characteristics such as age and race may also affect specialty plans. Because there is little variation in age in both classes, I created an indicator for those in the top 10% age bracket in their class-year (30 and over for first-years, 35 and over for residents). Under-represented minority students, in particular Black and Hispanic students, may be less likely than others to pursue specialist specialties (Medical Education Futures Study 2008). As sample sizes are small when I separated Black students from Hispanic students, I dummy-coded race into an indicator for under-represented minority students, i.e., indicating Black and Hispanic race/ethnicity.
I also include educational debt from college and medical school, which could influence specialty choice given disparities in the length of training and salary structures across specialties.

II. DESCRIPTIVE STATISTICS

[Table 4.6]

Table 4.6 presents descriptive statistics of the variables used in the analysis. As expected, for both first-year students and residents, women were significantly more likely than men to prefer primary care specialties and obstetrics-gynecology, as opposed to other specialties. Gender differences in specialty plans are not significantly greater among residents than first-year students (p>0.05). Among first-year students, women were significantly more likely than men to value autonomy, but this is not found among residents. Consistent with findings from other studies, women in both first-year students and residents were significantly more likely than men to find social responsibility important and to express a social and emotional orientation towards medical practice. However, residents are significantly less likely than first-year students to express such an orientation regardless of gender (p<0.01). This suggests possible effects of professional socialization, which may foster a more detached style of medical practice (DeBray 1997; Halpern 2001).

First-year students showed no significant gender difference in marital status or perceptions of partners’ careers. However, among residents, women were
significantly more likely than men to be married, and among those married, women were significantly more likely than men to find their partners’ careers limiting their own. Thus, work-family constraints may be more tangibly felt in later years of education and training. First-year students showed no significant gender difference in perceptions of residents’ opinions on sub-specialization or school orientation. But among residents, women were significantly less likely than men to have received encouragement from peers towards specialist specialties and to have mentors in specialist specialties. Women hence seem to receive less direction, in the form of peer encouragement and faculty mentorship, towards specialist specialties.

III. Regression results

But how much do job values, marriage/family and influences from others explain gender differences in specialty aspirations and choices? Tables 4.7 and 4.8 present results from logistic regressions of specialty aspirations among first-year students and specialty choices among third-year residents, respectively. I begin with 1) a baseline model with only gender as the predictor, and subsequently add 2) job value variables, 3) marriage/family variables, 4) influence variables, and 5) all variables including background variables. I tested for possible gender differences in predictor effects by including interactions of each predictor with gender, but not all interactions were significant or improved the model (i.e., significant \( p<.05 \) nested chi-squares). Thus, final models include only interactions that displayed significance and improved the model. All final models displayed significant likelihood ratio chi-squares. In all models, the reference category in the dependent variable is “other
specialties,” and coefficients represent log odds. Below, I discuss the results for each group (first-year students and residents) in turn.

A. **First-year students**

Model 1 reveals a positive and significant gender coefficient (b=.80, p<.01), indicating women’s greater likelihood to prefer primary care specialties and obstetrics-gynecology. The gender coefficient becomes insignificant, however, upon the addition of job value measures. Further analysis reveals that it is only the addition of the orientation variable that reduces the significance of gender. As this coefficient is positive and significant (b=2.22, p<.001), it suggests that those who express a social and emotional orientation are more likely to prefer primary care specialties and obstetrics-gynecology – specialties that are generally seen as “people-oriented” – than those who express a technical and scientific orientation. Given that women overwhelmingly expressed social and emotional orientations (80% of women vs. 50% of men, p<.001), this gender difference in orientation seems to explain much of the gender gap in specialty aspirations.

[Table 4.7]

To be sure, marital status exhibit significant effects – specifically, married women were significantly more likely than others to prefer primary care specialties and obstetrics-gynecology. But the addition of these variables did not completely or as fully reduce the significance of the gender coefficient (b=.54, p=.078).
Additionally, predicted probabilities suggest that the orientation variable is a better predictor of gender differences. The gender difference in predicted probability of preferring primary care specialties and obstetrics-gynecology is .18 in the baseline model, .07 in Model 2 and .14 in Model 3. Thus, the addition of job value variables in Model 2 significantly reduced the gender gap in predicted probabilities by .11, whereas the addition of marriage/family variables reduced the gap by only .04. The influence variables in Model 4 and the background variables in Model 5 showed no significant effects, and the additions of these variables did not reduce the significance of the gender coefficient. Results are therefore consistent with what I predicted: gender differences in first-year aspirations seem to primarily reflect different attitudes toward medical practice.

**B. THIRD-YEAR RESIDENTS**

What about residents? Model 1 in Table 4.8 shows, as expected, a positive and significant gender coefficient (b=.97, p<.001): women are more likely than men to pursue primary care specialties & obstetrics-gynecology. Model 2 also shows a positive orientation coefficient (b=1.16, p<.001): those who express social and emotional orientations are more likely than others to pursue primary care specialties & obstetrics-gynecology. However, the addition of this orientation variable does not reduce the significance of the gender coefficient, although it reduces the magnitude somewhat (b=.78, p<.001). Moreover, in terms of predicted probability of pursuing primary care specialties and obstetrics-gynecology, the addition of job value variables in Model 2 only reduced the gender gap from .24 (in the baseline) to just .19. This
contrasts with findings for first-year students, where the addition of the orientation measure provoked a much larger reduction in the gender gap in predicted probabilities.

[Table 4.8]

Thus, as hypothesized, job values alone seem inadequate in explaining gender segregation at later time points. But the additions of marriage/family and influence variables also seem inadequate in explaining gender differences in specialty choice. Married residents were significantly more likely than others to choose primary care specialties and obstetrics-gynecology, but this is not a gender-specific effect, and the addition of marriage/family variables did not reduce the gender gap in predicted probabilities. Not surprisingly, those who were encouraged towards specialist specialties, and those with mentors in specialist specialties, were significantly less likely than others to choose primary care specialties and obstetrics-gynecology. However, while women were less likely than men to have received such encouragement and mentorship, the addition of these influence variables only reduced the gender gap in predicted probabilities by .02. Similar predicted probabilities are obtained from Model 5, in which only educational debt shows a significant effect (debt increases the likelihood of pursuing primary care specialties & obstetrics-gynecology).

IV. SUMMARY OF ACMET II ANALYSIS
Taken together, results from the ACMET II analysis yield again mixed evidence for my hypotheses. Indeed, as predicted, gender segregation in early specialty aspirations (among first-year students) seem to reflect gender differences in work values that are consistent with gender-essentialist ideologies. But while this provides support to the socialization perspective, the finding that job values are poorer predictors of gender segregation at a later stage (among third-year residents) suggest that socialization is not the entire story. Yet other factors – marriage/family and encouragement and mentorship from others – do not appear to be significant predictors, either. Whereas gender segregation in first-year aspirations were relatively straightforwardly explained by gendered job values, gender segregation in residents’ choices were not easily explained by any of the factors included in this analysis.

In part, this may reflect data limitations. For one, the marriage/family measures may not have fully captured work-family constraint, and other measures, such as parental status and parental aspirations, may be better predictors especially given current research on motherhood as a basis for discrimination at the workplace (Correll, Benard and Paik 2007). Likewise, encouragement from peers and faculty and having a specialist faculty mentor may not have captured other nuances in students’ experiences during medical school. For example, everyday “micro-inequities” (Beagan 2001) – such as women being mistaken as nurses, called “Miss” instead of “Doctor,” or facing casual but sexist remarks in class – may cause women to not only feel less valued, but also avoid male-typed specialties as they seem unfriendly. As gender bias is often expressed in subtle and non-conscious ways (Glick
& Fiske 1999), experiences such as these may deliver gendering effects beyond what measures of encouragement and mentoring can assess.

But the finding that work orientations predict gender differences in first-year students’ aspirations, but not residents’ specialty choices, also suggest that how specialty choices may made may change over time. Given culturally gendered notions about specialties, the background gender frame is brought to the fore even in early stages of the career process, and women and men may express different specialty preferences even at entry into medical school. But while these preferences may be premature and amenable to change, they may be reinforced by gendered experiences on the “shop floor” and ultimately realized, even as some may swim against the current and pursue gender-atypical specialties. As such, even if there is no significant change (or even a drop) in the extent of gender segregation during medical school, the factors that contribute to gender segregation may not be as simple as pre-existing gendered notions about work.

To explore this possibility, and to bridge the gaps resulting from quantitative limitations, I conducted semi-structured in-depth interviews with five current medical students, three residents and fellows, and three practicing physicians. Given the high level of gender segregation found at entry into medical school, I considered motivations for pursuing a medical career, as well as early preferences about specialties. In addition, as perceptions and decisions about specialties may change over time, I investigated how attitudes towards specialties are developed during medical school, and whether experiences during medical school introduce gendered
ides about medical practice. Below, I discuss the themes that emerged through the interviews, focusing on gendered patterns in perceptions and choices.

**INSIGHTS FROM NARRATIVES**

I. **Motivations to Enter the Profession**

For almost all respondents, the reason for going to medical school reflected either an interest in science or a desire to help others, or more commonly, both. Matt, now a fellow in epilepsy, pursued a medical career because he had developed an interest in neuroscience in college. Zach, who has been practicing medicine for 16 years, described an early interest in psychiatry and how people think (although he later chose ophthalmology). Rachel, a third-year medical student, described her fascination with the human body as an impetus for pursuing medicine.

Most other respondents, however, cited not only an interest in science as motivation, but also an interest in helping others. Alice, a pediatrician, described her decision to enter medical school:

I, basically growing up, also liked math and science. And I pretty much always knew I wanted to be a doctor. It wasn't really like a question that made later on. You know I wanted to see patients. I wanted to help people.

Alice’s motivation was echoed by other interviewees. Jane, a neuro-oncology fellow, had attended a science- and engineering-focused university, but decided to go
to medical school because medicine gave her the “opportunity to work with live people and kind of try to help somebody directly.” Sheryl, a second-year student, also spoke of an early interest in science as a child, but left her research job for medical school because she “wanted to see people” and she “was interested in doing something related to the developing world at that time.” Bob, also a second-year student, related his decision to enter medical school to an early interest in biology, as well as his personal experiences with children with HIV and finding that he “really liked working with people and was concerned about social issues.” Like Bob, Elle spoke of her personal experiences with the Doctors of the World free clinic and her desire to offer medical care. As she described, “the idea that I’ll be spending the rest of my life helping somebody is also just – it goes well with my values in life, and that’s why I decided to pursue medicine.”

While none of the interviewees mentioned the extrinsic rewards of medicine, two interviewees did mention the “perks” of a medical career as an additional factor. Julia, a radiology resident, had initially considered pursuing a career in basic science research, but ultimately chose medical school because medicine allowed her to work in science and also “have a little more security at the same time.” Fenny, an internist, described her path to medical school as looking for stable jobs that do not depend on the “whims of the economy,” in addition to wanting to interact one-on-one with people. As medicine is a high-status and lucrative profession, the rewards of a medical career – the perception that it is stable, secure and a good job – may also weigh into decisions to pursue medicine.
II. **Gendered perceptions of specialties**

Overall, motivations to enter medical school did not seem different for the women and men in my study. While it is possible that interviewees did not want to reveal motivations that may be seen as socially undesirable, the lack of visible gender difference is consistent with studies of pre-medical and first-year students that suggest no gender divide in motivations (e.g., Kutner and Brogan 1980; Crossley and Marubik 2001; Boulis and Jacobs 2008). This seems to cast doubt over the idea that women and men enter medical school with gendered ideas about work. However, when asked about their specialty aspirations when they first started medical school, gender differences began to emerge. To be sure, most interviewees (women and men) emphasized that they did not have a real specialty preference when they began medical school.\(^{15}\) But when probed about which specialties they knew they did not want to pursue at the beginning of medical school, almost all of my female interviewees named surgical specialties as specialties about which they felt unenthusiastic, while several male interviewees had reservations about (though not necessarily a lack of interest in) obstetrics-gynecology.

Six of the seven women I interviewed expressed that they did not consider surgical specialties when they began medical school. A common perception is that women avoid surgical specialties due to their long years of residency training and uncontrollable hours, both of which can conflict with family roles. However, none of the women I spoke with cited the time demands of surgical practice as the main reason

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\(^{15}\) Some had a sense of what they wanted to do – for example, internal medicine for Elle, infectious diseases for Julia, primary care for Jane – but their preferences changed and they ultimately chose different specialties. Only one respondent, Matt, entered and left medical school with the same specialty preference (neurology).
for their disinclination for them. Rather, they felt that surgical specialties were not a
good fit because they do not afford close relationships with patients.

In fact, one interviewee felt that work-life concerns are no longer strong
deterrents for women. Julia, a radiology resident, explained:

I don’t think – I don’t know. Just maybe [my medical school] is like an anomaly. I know the
girls who wanted to go into surgery just went into surgery. They didn’t – there was no dispute
over it. They liked it. They were gonna do it, and then, you know, they’ll figure out
everything later. That’s what they’ve been doing for their whole lives. If they wanted to
[pursue surgery], they were gonna do it. But maybe there were a bunch of people who were
sort of on the fence, never really made it known that they were really interested in surgery or
something like that and then decided they weren’t gonna do it just because of – I mean, I
definitely know a lot of people were – but it’s guys and girls. It’s not just girls – were like the
hours scared them off.

Thus, to Julia, work-life is not the main reason for women do not pursue
surgery. Of course, her observations may be unique, and work-life may be an
important consideration for others. Still, while work-life may be a factor, it may not
be the primary factor. As Alice and Jane described their own reservations about a
surgical career:

Alice: You know I like surgery that you really got to do something and sorta fix something.
But you don't really follow a patient or a family… I just thought it would be a combination of
a long residency and a pretty harsh lifestyle afterwards.
Jane: (Why not surgery) Partly concern about the hours, but also more the – again, the wanting to have a different kind of relationship with my patients and just the sense I had of how the surgical specialty, sort of how it’s set up, just didn’t sound like what I wanted.

Alice’s and Jane’s responses suggest that the time demands of surgical training and surgical practice are a concern, but more importantly, surgical work does not comport with their preference for close patient care. Their views are consistent with recent research that suggests that work-life concerns may not be the main cause for women’s under-representation in surgical specialties (Dorsey et al. 2005), as well as recent studies that argue work-life factors as secondary causes of gender segregation (Boulis and Jacobs 2008). Instead, women’s lack of enthusiasm for surgery seems to stem from women’s preference for patient-physician relationship and the perception that surgery is not a patient-oriented specialty. As my earlier analysis showed, women may be more likely than men to see themselves as more socially oriented in their practice approach. The idea that surgical practice is not patient-focused – or at least not as patient-focused as other specialties – surfaced in women’s responses in the interviews. Sheryl described a story that particularly pointed to how this stereotype about surgery may be introduced or reinforced even prior to medical school:

(What she did not want to pursue) Orthopedic surgery mostly because the fact that I get out of it is that you need to be like big and strong, and I’m not. And also because my understanding of orthopedics is that it’s – I think maybe part of this comes from one of the interviews I had for med school where the guy that I interviewed with was an orthopedic surgeon, and he was asking what I was interested in. And I was telling him I’m interested in getting to know the
patients and prevention and having a long term relationship with the patient, and he was saying that yeah, that’s one of the decisions that you have to make in med school is, you know, what kind of patients do you want to see. You want to see patients who are normally healthy but just happen to be in an accident and you want to like have kind of a quick fix or do you want to see patients who are chronically ill that you’ll see for a long time and that it’s not just an accident. It’s, you know, lifestyle. It’s a lot of things. And so I think that he said that he couldn’t deal with patients who have chronic illnesses, and so I think that that kind of turned me off to the quick fix mentality of orthopedics.

Sheryl’s experience with this medical school interviewer is an example of how specialties may be characterized and perceived in subtly gendered ways even prior to entry into the profession. Surgeons, particularly those in heavily male-dominated specialties such as orthopedic surgery, are seen as big and strong with a “quick-fix” mentality, qualities usually associated with men, and not patient-oriented or warm, qualities typically associated with women. While wider cultural beliefs about gender may have influenced how women and men see themselves as physicians and approach their work (e.g., patient-oriented or technically oriented), gendered meanings and descriptions attached to specialties has specific influence on which specialties women and men match themselves to or identify with.

In contrast to what was said by women, none of the men I interviewed mentioned surgery as a specialty that they did not want to pursue from the outset. However, while there were only four men in this study, it is worth noting that three of them cited obstetrics-gynecology as a specialty that they excluded from consideration or felt ambivalent about pursuing. The time demands of obstetrics-gynecology made
it less appealing for Matt, though it is curious that obstetrics-gynecology is a strongly female-dominated specialty despite its uncontrollable work schedules. But for Dan, obstetrics-gynecology was out of the question because he “didn’t feel as comfortable in that field.” And interestingly, Bob, who expressed interest in the practice of obstetrics-gynecology, nonetheless was “on the fence about it.” Ultimately, he decided to not pursue obstetrics-gynecology due to experiences that he had in medical school – experiences that were also shared by Matt. Below, I discuss how the medical school experience may differ for women and men, and how it may reinforce or confirm pre-existing notions about specialties and gender.

III. REINFORCEMENT FROM GENDERED EXPERIENCES ON THE “SHOP FLOOR”

Women may enter medical school with reservations about surgical specialties, but preferences can change during medical school as students become familiar with the kind of work, culture and lifestyle that different specialties entail. My interviews suggest, however, that experiences during medical school may be gendered in such ways that they reinforce pre-existing gendered perceptions of specialties. Rachel, Elle and Sheryl – three female students who express interest in surgical careers – described being dissuaded from pursuing surgery in various ways. Rachel noted that others have suggested she pursue pediatrics instead even though she is not interested in that specialty. Likewise, Elle received comments from others that questioned her interest in surgery (e.g., “Don’t you think it would be easier to do other specialties”). When asked why she thought they made such comments, she responded:
There's, like, a certain personality people expect out of each person, and I guess people probably thought I would go into, like, pediatrics or emergency medicine; OB-GYN. They didn't really see me as a surgeon.

Comments such as these are reminders that gendered expectations—expectations that women will pursue certain specialties and not others—remain strong in medicine (Childers 2006). Compounding these assumptions is the idea that male-typed specialties such as surgery are not a desirable environment for women. Sheryl noted that although she is interested in surgical oncology, she has felt discouraged by what she has heard about surgery as a field:

I would say I mean even I am trying to resist saying no to surgery because everything that I’ve heard it seems like surgery is not a good profession for women. Mostly because the culture within surgery is just not women friendly, but I’m really trying to resist it because I don’t want to think that I’m – I don’t want to feel like I’m not pursuing or considering something that I don’t know a lot about just because people say that it’s, you know, not a woman friendly field.

What Sheryl has heard from others may not be unique: Bob, also a medical student, has heard “rumors like, for example, the chief of neurosurgery is just sort of a known misogynist – like he claims that woman cannot do surgery of any kind as well as a man can.” Similarly, Matt observed that in surgical specialties, “older physicians tend to have some gender stereotypes and would speak in kind of condescending tones to the female medical students and residents from time to time.” Related to this, Rachel gave the following example:
And just on a personal level, I've done some work with one of our deans where it was myself and another male student, and there was just sort of obvious constant sort of praise of this other student even though we were both doing equivalent work and just feeling like I had to be even better than him to even be noticed.

Thus, in addition to gendered perceptions about specialties, women and men may be expected to do different things, assumed to be different and treated differently. Rachel’s story is reminiscent of studies that suggest that faculty evaluate women and men students differently, with women rated as more humanistic and men rated as more technically skilled (Martin et al. 1980). Gendered treatment may also come from the “outside,” as patients may assume women and men to play different roles (see also Brooks 1998). When asked if he felt that he has seen incidents of discrimination, Bob described an instance where patients would address him as Doctor, but they would address his partners who are women as Nurse. Matt also described that patients would often look to the male doctor in the room for guidance, even if the man was not the most senior person on the medical team:

The patients oftentimes would assume that doctors would enter as a big team and they would assume that the -- any male members of the team were the doctor in charge so even if the senior person on the team was a women, they would address their questions to a man in the room, even if that man was a medical student which was a really awkward situation. Most of the women who I worked with who were in that situation said this happens all the time. It's really common. I know I saw it both in medical school and in residency couple dozen times at least. I saw it a lot.
These examples resonate with Beagan’s (2001) finding that everyday micro-inequities – e.g., women being called nurses or facing seemingly casual but sexist remarks – may cause women to not only feel less valued, but also avoid male-typed specialties that seem unfriendly.

Gender inequities, however, extend beyond interactions and observations on the micro-level. On the structural level, the cultures of surgical specialties are infused with masculine norms that can make it difficult for women to enter and thrive. As Rachel described, the ideal doctor is one who “eats, sleeps, and breathes medicine,” and women are assumed to be not a good doctor because of the societal expectation that women put family first. Rachel’s observations of work-family conflicts among women faculty make it difficult for her to see herself as a surgeon: “it’s sort of hard to see yourself in that role when you know you want other things [marriage and children] in your life.” The seeming incompatibility between expectations for women’s family roles and the ideal surgeon is also felt by Elle, who has had to encounter questions from mentors, residents and attending about whether she is certain about her interest in surgery:

Especially being a girl, a lot of times, like, ”Have you thought about a family? Have you thought about, like, all that balance? Don't you think it would be easier to do, like – pursue ENT or neurology practice?” … From a surgical perspective, like, they wanna make sure you've thought through things and you don't be – like, once you start in residency, you kinda like – you did, in fact – you’ll – they don't want their residents to be like – they signed up for something they didn't think through enough, you know? So they kinda make sure, once you've
kinda been lured into their field – they kinda start the cooling process of like, "Well, have you thought about this? This is what you're gonna have to sacrifice. Are you okay with that?"

Thus, in addition to gendered expectations and interactions with others, observations that women are disadvantaged by masculine norms at the workplace can debase women’s choice of a surgical career. It is interesting that work-life does not have a direct effect on women’s specialty choice per se: time demands may not necessarily be the reason why women shy away from surgery, and women may choose other time-intensive specialties (e.g., obstetrics-gynecology) nonetheless. Work-life, however, may have an indirect effect: women may rule out surgical careers because they observe gender inequities in the norms and expectations for surgeons, which are based in assumptions about gender roles in work and family.

In short, women may enter medical school with reservations about certain specialties, and these reservations may be compounded by information received during medical school that could discourage them from choosing those specialties. Although early notions about specialties may be gendered but premature, they are not challenged, and may instead be reinforced, by what women learn during medical school. Similarly, men may encounter situations that solidify their reservations about female-dominated fields. When asked about his early aspirations, Bob expressed that he was interested in obstetrics-gynecology. However, he has since learned that obstetrics-gynecology may not be the best specialty for him:

This is one I was on the fence about and this is gonna sound strange but actually gynecology, and it was actually nice. I was talking with another guy last night, and he actually probably
had the same dilemma I do, which is that gynecology has this — well, both obstetrics and
gynecology have this great really appealing combination of sort of medical thinking and a little
bit of surgical doing, and you can always balance that, and that was actually the initial appeal
to me. It was like, “Oh, I don’t really have to choose right away if I go into that.” And then –
but the downside to that would be me, a guy, trying to go into gynecology or oncology, and I
would — and I mean my first screen was asking my female friends like, “Would you – if I were
a gynecologist, would you see me?” And maybe the problem is that I am their friend but they
all said no.

Like Bob, Matt was also dissuaded from obstetrics-gynecology because of
discouraging comments from peers and experiences on the obstetrics-gynecology
rotation that cast doubt over whether he felt he could be successful in the specialty:

Then OBGYN actually I think a lot of that was just the culture of the specialty as a whole. I
thought -- I was kind of influenced a lot I think by female friends that I had who all sort of said
that they weren't crazy about the idea of a male OBGYN. I know that's not true, obviously for
every women, but the majority of female friends they had, the vast majority said that would
vastly prefer a doctor who was a women. Which to me seemed completely logical and
understandable. I thought knowing that the odds that I could go into that field and be really
successful and help a lot of people were lower. Then I also saw that as I was on that rotation
there were a few male residents and oftentimes they would get kicked out of the room or the
patient's preferred a women doctor so they just weren't doing as much and just weren't as
useful or helpful as a team. So that -- again I think that's completely understandable but that
also made me think that I don't know if I want to be in a specialty where I'm going to be less
desirable than other providers or be sort of the last resort for a lot of the patients.
The idea that obstetrics-gynecology is a specialty that women do, and that women think women should do, sends a signal to men that it is not a field that is appropriate for men. Moreover, just as women’s interest in surgery may be challenged by others, men’s interest in obstetrics-gynecology may be discouraged. When asked if he has ever encountered discrimination based on gender, Bob gave the following anecdote:

I mean the closest I’ve – in terms of gender discrimination against me, which is obviously – which is minimal in medicine as a guy, I mean the closest I ever came was actually in gynecology, and my – we have these people called educators for care and which is supposed to be sort of like a clinical/personal development advisor, I guess you might say, and mine is a gynecologist, and I mentioned when I was a first year here that I was interested in it, and her advice right away was, “Oh, you should consider urology.” Yeah, that’s the worst it’s ever been and that’s – It was kind of harsh ’cause she was – it was pretty much the way I said it to you was the way she said it to me. But on the other hand, it is very hard to be a guy in gynecology, and that’s sort of worked out for me.

Bob’s story suggests that female-typed specialties are not only seen as strictly “women’s work,” but also actively discouraged for men. Just as surgery is seen as a poor fit for women, obstetrics-gynecology is seen as a poor fit for men. The strong association of obstetrics-gynecology to women may explain why, in my analysis of MSQ and GQ data, only 5% of male medical graduates chose obstetrics-gynecology as their specialties. And importantly, men’s disinclination for obstetrics-gynecology may not be due to a lack of interest in the type of work entailed. Rather, it may be due to
the perception that they are not desired as gynecologists and therefore cannot be as successful. Although the basis of this perception is challenged by some (see Johnson et al. 2005), it appears that male students learn that obstetrics-gynecology, and likely other female-typed fields such as pediatrics, are not optimal areas of practice for them.

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Analysis here suggests that early specialty aspirations are just as gender-different as later specialty choices. It is remarkable that findings here reveal such highly gendered aspirations at entry into medical school. To a large degree, this reflects wider cultural beliefs about gender, but this also reflects a strong stereotyping of specialties in terms of gender. These early ideas about work can contribute to the development of gender segregation: research demonstrates, for instance, that early judgments about work in even adolescence are predictive of the types of jobs ultimately attained in adulthood (Johnson and Monserud 2010). More importantly, gendered notions about work are compounded by gendered experiences during medical school. Women and men receive signals from a myriad of sources that suggest certain specialties as good fits for them or, perhaps even more so, certain specialties as poor fits for them. What students learn in medical school is therefore crucial to the evolution and realization of specialty choice.

Although the bulk of my analysis focuses on the period from entry into medical school to exit from medical school, it should be noted that gendered pressures continue to exist beyond the education period. While it appears that most do not
change their specialties after medical school, a sizable minority does, especially in the years of residency training. Some of my interviewees suggest that women in male-dominated specialties face double standards in that they have to be more confident and more high-performing than men so as to be perceived as competent, and that it is harder for female surgeons to go through their training because they experience less camaraderie and support. Quantitative assessments here also find that, among those who change specialties, women in surgical specialties are more likely to move into primary care specialties and obstetrics-gynecology. Other studies (e.g., Boulis and Jacobs 2008) have also found a higher attrition rate among women in surgery. And though not explored in this study, women in certain types of practice settings (e.g., academic medicine) face a number of challenges that prevent them from attaining the highest positions (e.g., Bickel 2000; Hamel et al. 2006). Thus, while this study focuses on specialty choice, gender inequality in the medical profession extends past the making of the choice into later work experiences and career attainment.
CHAPTER 5

THE TEACHING PROFESSION

The teaching profession differs from the medical profession in that it is heavily female-dominated. But even within such a profession where women are the majority, gender segregation remains prominent. One of the most discussed current issues within the teaching profession is the lack of men in early education – as aforementioned, recent statistics show that men comprised only 2% of preschool teachers and 18% of elementary school-teachers in 2009 (CPS 2009). By comparison, men comprised almost half of junior high and high school teachers, and some research suggests that men are more likely than women to move up into administrative positions such as school principal or superintendent (Cognard-Black 2004). Complementing this numerical gender divide is the cultural gender-typing of work and workers in the profession. Primary school-teaching is strongly labeled as “women’s work,” while men who teach are often assumed to be teaching older students and expected to move into management – jobs that are seen as more compatible with supposed qualities of men (Apple 2010; Williams 1992). Thus, like specialties in the medical profession, settings in the teaching profession carry high gender valences, and the background gender frame may bias early preferences – that is, women and men in teaching may display highly different preferences when they enter the profession. At the same time, the career process for teachers is much less institutionalized and less structured than that for doctors. Considering the high level of gender-typing in the profession, gendered expectations and pressures from others may result in different
career changes by women and men that contribute to greater gender segregation across settings. I therefore hypothesize that the pattern of gender segregation over the career course resembles a “steady climb,” as differences reflect both early gendered preferences and later gendered choices.

Figure 5.1 shows the predicted pattern of gender segregation and the pattern found using the B&B data, with both $A$ and $D$ indices. Consistent with my prediction, the level of gender segregation is quite high in terms of certification by 1994, and the level of gender segregation is higher in each subsequent time point. In fact, the pattern found shows a steeper incline that that predicted. In the sections below, I additionally examine just how careers are different for men and women, and draw from in-depth interviews to ascertain the forces that drive gender differences.

[Figure 5.1]

THE EXTENT OF GENDER SEGREGATION

The pattern found in Figure 5.1 comports with my hypothesis that gender segregation among teachers would increase in a rather straightforward fashion. The $A$ index increased from 2.02 at certification\textsuperscript{16} to 2.10 in 1994, 2.45 in 1997, and 2.92 in 2003. Similarly, the $D$ index increased from .27 at certification to .35 in 1994, .41 in 1997 and .49 in 2003. Notably, these segregation indices are higher than that found

\textsuperscript{16} The indices for certification in Figure 4 reflect calculations based on only those who were certified to teach. The indices including the non-certified group are $A=1.79$ and $D=.27$. The overall trend is therefore similar: the level of gender segregation is lower in terms of certification than actual grade levels taught in the first year of teaching.
among doctors (see Figure 4.1). This is consistent with my hypothesis that, as settings in teaching may be even more culturally gendered than settings in medicine, the level of gender segregation may be higher among teachers than among doctors.

Two parts within this pattern of gender segregation are especially striking. First, the level of gender segregation is interestingly lower in terms of certification than what respondents actually taught in 1994. This suggests that these teachers might not have begun teaching in grade levels that they were certified to teach – and furthermore, there may be gender differences in these “mismatches.” Second, the level of gender segregation increases dramatically in this ten-year period. What accounts for this increase in gender segregation? Below, I discuss the two patterns above in turn.

The mismatch between certification and actual grade level taught may at first seem odd, as one may assume that certification straightforwardly translates into what a teacher teaches – i.e., one who is certified to teach primary grade levels (kindergarten [K] through 5) will teach those levels.\(^{17}\) However, there are two complicating factors. As Table 5.1 shows, a substantial percentage of respondents (23% men and 16% women) were not certified to teach in 1994, and an even higher percentage (38% men and 40% women) were certified to teach both primary (grades K through 5) and secondary (grades 6 through 12) levels. More importantly, men who were not certified to teach and men who were certified to teach both levels were significantly

\(^{17}\) Additionally, it may seem surprising that a substantial percentage of respondents were not certified to teach, but nonetheless taught. However, this is not unusual given that different schools may have different certification requirements. For instance, some may have been teaching through the Teach for America program (founded in 1990), which did not require teachers to certified, but helped teachers gain certification along the way. Private schools and charter schools, for instance, do not require that their teachers be certified.
more likely than women to teach secondary grade levels. Table 5.2 presents results from a binomial logistic regression model that predicts teaching secondary (as opposed to primary) levels in 1994 based on gender, certification status in 1994, and the interactions between gender and certification status. The interaction coefficients for the “not certified” and “mix certified” groups are significant and positive, in contrast to the main coefficients which are negative. Thus, although the log odds of teaching secondary rather than primary levels are lower for those who are not certified or certified to teach both levels, the log odds are less negative for men. Put in another way, among those who were not certified to teach and those certified to teach both levels, men were more likely than women to teach secondary grade levels than primary grade levels. In fact, the predicted probability of teaching secondary grade levels (not shown in tables) is .73 for men vs. .22 for women among those not certified to teach, and .51 for men vs. .09 for women among those certified to teach both.

[Table 5.1 here]

[Table 5.2 here]

These results suggest that, if not certified or if able to teach secondary grade levels, men are more likely than women to teach secondary grade levels. The level of gender segregation further increased in the years after respondents first started teaching. To understand why this may be, I examine the percent composition of each grade level and the percent distribution of men and women across the two grade levels. First, the percent male in the primary grades (K-5) dropped from 12% in 1994
(the first year of teaching) to 9% in 1997 (the fourth year after entry) and 8% in 2003 (the tenth year after entry). More tellingly, Table 5.3 shows the percent distribution of men and women across the two grade levels. Correspondingly to the drop in percent male in the primary grade levels, the percentage of men who were teaching primary levels dropped from 33% in the first year to 24% in the fourth year and 23% in the tenth year after entry into teaching. The percentage of men teaching secondary levels complementarily rose from 67% to 76% and 77%. Meanwhile, although the percentage of women teaching primary levels did not change substantially between the first and fourth years, it increased from 66% to 72% between the last two waves of the study. Accordingly, the percentage of women in secondary levels dropped from 34% to 28% during that time.

[Table 5.3]

Three important observations arise from these statistics. First, as expected, the percentage of men in primary school-teaching is much lower than the percentage of women. Second, the percentage of men in primary school-teaching dropped substantially over time, particularly in the first three years after entry into teaching (from 33% to 24%). Given that there were not many male primary school-teachers in the first year (n=59), the drop in percentage is quite significant. One possibility is that a substantial percentage of male primary school-teachers left primary school-teaching for secondary school-teaching. Third, the percentage of women in primary school-teaching increased between the first and fourth years in the period observed. Thus, it
may also be that some women in secondary school-teaching moved into lower grade levels.

Of course, calculations above are based on only those who were teaching at each time point. Notably, at each junction, a substantial percentage of teachers have dropped out of teaching. By 1997, 21% of the original 872 teachers were no longer teaching (and did not return to teaching later), and by 2003, 58% teachers had left teaching. Indeed, as one may predict based on studies on attrition rates, men were significantly more likely than women to have left teaching by 2003 (49% men vs. 37% women, p<.05). However, even if the “leavers” had continued to teach the same grades they had taught previously, the level of gender segregation is still higher in 1997 ($A=2.30$, $D=.39$) and 2003 ($A=2.41$, $D=.42$) than in 1994. Thus, gender differences in attrition rates do not completely account for the increase in gender segregation, and it is likely that both gendered attrition rates and gendered movements within teaching are contributing factors. As such, I examine in detail how movements both within and out of teaching may differ by gender.

**CAREER PATHS OVER TIME**

**I. TYPES OF CAREER MOVEMENT**

I start with five possible outcomes. The first is that teachers continued to teach the same general grade level (primary or secondary) over time. The second is that teachers changed the grade levels that they taught. Given the primary vs. secondary dichotomy considered here, this would mean that primary school-teachers moved “up”
into secondary grade levels, and secondary school-teachers moved “down” to primary grade levels. The third is that teachers moved into non-teaching positions within school (e.g., counselor, coach, librarian). The fourth is that teachers moved into administrative positions within school (e.g., principals, assistant principals, program coordinator). The fifth is that teachers left the education field altogether.

To analyze career movement, I applied these five categories to my sample of teachers and examined movements between every two waves of the study (i.e., 1994-1997, 1997-2003). Thus, I assessed where teachers in 1994 went by the fourth year of the study, and where teachers in 1997 went by the tenth year of the study. These five categories included the following respondents:

1) Same grade: respondents who were still teaching at the second time point and identified a grade level that was the same as that in the previous wave.

2) Different grade: respondents who were still teaching at the second time point, but identified a grade level that was different from that in the previous wave.

3) Non-teaching jobs: respondents who did not list any grade level taught and indicated that they held non-teaching jobs, i.e., school psychologist/counselor, coach, library/librarian, support staff, other non-teaching education jobs.

4) Administrative posts: respondents who indicated that they held administrative posts within schools, i.e., principal, assistant principal, curriculum coordinator, program administrator, department head.
5) *Not in education:* respondents who identified their occupations other than “K-12 educators.”

In addition, there were respondents who identified their occupations as “K-12 educators,” but did not identify grades taught, non-teaching jobs or administrative posts held. Thus, I include a sixth category:

6) *Other jobs in education:* respondents who identified their occupations as “K-12 educators,” but did not list grade levels taught, non-teaching jobs held or administrative posts held.

Fourteen respondents (2%) were missing information on their career status in 1997, and seven respondents (<1%) were missing career information in 2003. Because these percentages are small, I applied listwise deletion to these cases in my analysis.

To focus on movements between jobs, I excluded from analysis those who became unemployed. Just 2% (n=20) of the 872 teachers in 1994 were unemployed in 1997, but 16% (n=144) of them were unemployed in 2003. There was no gender difference in the percentage unemployed in 1997, but women were more likely than men to be unemployed in 2003 (22% women vs. 6% men, p<.05). While one may surmise that women dropped out of employment for family, further analysis shows no evidence that married women or women with children are more likely than other
women to be unemployed. However, married men and men with children are much less likely than other men to be unemployed.

[Table 5.4]

Excluding those with missing career information and those unemployed, the analytical sample size is 841 for analysis of movements between 1994 and 1997, and 724 for analysis of movements between 1997 and 2003. Table 5.4 shows unweighted frequencies for the six categories of movements for each of the two time periods considered. By 1997, the majority of respondents (66%) were teaching the same grade level as before. A small percentage (9%) had changed grade levels, and the percentages in non-teaching jobs, administrative positions, and other education-related jobs were even smaller (5%, 2% and 3%, respectively). Fourteen percent had left the education field for other employment. Because the percentages (and actual counts) in non-teaching, administrative, and other education-related jobs were relatively small, I aggregate the three groups into one category in subsequent analysis where I compared career movements by gender, so as to preserve the statistical soundness of the comparison.

By 2003, respondents who were teaching the same grade level as before were no longer the majority (44%). And in fact, whereas 75% were still teaching (same or different grades) in 1997, just 51% were still teaching (same or different grades) in 2003. The percentages in non-teaching jobs (3%) and other jobs in education (1%) were also smaller in 2003. By contrast, 26% were now in administrative positions,
and 19% were employed outside of the education field. Because the percentages (and actual counts) in non-teaching and other education-related jobs were relatively small, I aggregate the two groups into one category in later comparisons by gender. I keep the administrative category separate given the sizable percentage of respondents in administrative positions in 2003.

II. GENDERED PATTERNS IN CAREER MOVEMENTS

A. THE FIRST FOUR YEARS: 1994 TO 1997

To examine whether men and women differed in their career movements, I compared the percent distributions of men and women across the different categories of movements, for all respondents employed in 1997 and then by grade level taught in 1994. Results, in Table 5.5, show that in the aggregate, there is no substantial gender difference. However, among those who taught primary grade levels in 1994, the percentage that remained in the same grade level is much higher for women (70%) than for men (47%), whereas the percentage that changed grade levels (i.e., moved into secondary) is higher for men (21%) than for women (8%). The percentage that moved in other jobs in education is also higher for men (18%) than for women (9%). Meanwhile, among those who taught secondary grade levels in 1994, the percentage that remained in the same grade levels are fairly similar for men and women, but the percentage that changed grade levels (i.e., moved into primary) is higher for women (11%) than for men (2%). The percentage not in education is visibly higher for men (22%) than for women (10%). Likelihood ratio chi-square tests of difference show the
gender differences among primary school-teachers to be marginally significant at p=.07, and the gender differences among secondary school-teachers to be significant at p<.05.

Table 5.5
Table 5.6

Perhaps more clarifying are simple multinomial logistic regressions of career movement on gender, grade level and the interaction between gender and grade level. Table 5.6 presents results from such regression, with the coefficients representing the log odds of being in a category as opposed to “same grade.” The coding of gender and grade level is 1=male (0=female) and 1=primary level in 1994 (0=secondary level in 1994). As the results show, men were no more likely than women to move into non-teaching positions or to leave education as opposed to remaining in their previous jobs. However, the interaction coefficient in the “different grade vs. same grade” comparison is significant and positive, in contrast to the main gender coefficient which is negative. Thus, while men in secondary school-teaching were less likely than women to change grades, men in primary school-teaching were more likely than women to change grades. In fact, when looking at the likelihood of changing grades as opposed to all other possible outcomes (not presented in tables), the male-to-female odds ratio is below 1 (OR=.18, p<.01) for men teaching secondary grade levels, but far above 1 (OR=.3.23, p<.01) for men teaching primary grade levels.
These results suggest that among those teaching younger children, men are far more likely than women to move into higher grade levels within the first three years of teaching. Meanwhile, among those teaching older students, women are more likely than men to move into lower levels of teaching. As such, even within a short period of time after entry into teaching, men’s representation in primary school-teaching declines while women’s representation in secondary school-teaching declines. Interestingly, it does not appear that men of either grade level were more likely than women to leave teaching for other education jobs or for non-education jobs. Further, when asked if they expected to teach long-term in 1997, the percentage that expected to teach long-term was not significantly different for men and women, though it is somewhat lower for men (40% men vs. 50% women, p=.13). But what happens after the first three years of teaching?

B. THE NEXT SIX YEARS: 1997-2003

As was mentioned earlier, the percentage that remained in teaching is much lower by 2003, and the percentage that remained teaching the same grade level is also lower by 2003, as shown in Table 5.7. In the aggregate, by gender, the percentage that remained in the same grade level appears higher for women (47%) than for men (38%). Interestingly, the percentage in administration jobs actually seems higher for women (25%) than for men (17%), while the percentage out of education appears higher for men (33%) than for women (16%).

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18 These percentages are based on those who were teaching in 1997 and who answered this question (n=611, 489 women and 122 men; 21 women and 4 men did not respond to this question).
However, the picture is again different when we consider career movements of those teaching primary levels in 1997 vs. those teaching secondary levels in 1997. Among primary school-teachers, the percentage in the same grade level is much higher for women (59%) than for men (25%). Meanwhile, the percentage that moved to a different grade level (i.e., secondary) is much higher for men (26%) than for women (6%), and a greater share of men (19%) than women (7%) were not in education by 2003. A substantial percentage of both men (27%) and women (26%) were in administrative positions. Among secondary school-teachers, the percentage in the same grade level is actually higher for men (47%) than for women (37%). The percentage that moved to a different grade level (i.e., primary) is somewhat higher for women (11%) than for men (7%), but more strikingly, the percentage in administrative posts also seem higher for women (28%) than for men (18%). Again, the percentage not in education appears higher for men (27%) than for women (19%). Likelihood ratio chi-square tests show the gender differences among primary school-teachers to be significant at p<.01, and the gender differences among secondary school-teachers to be significant at p<.05.

[Table 5.7]

[Table 5.8]

I again estimated a simple multinomial logistic regression, with the coefficients representing the log odds of being in a category as opposed to “same grade.” The coding of gender and grade level is 1=male (0=female) and 1=primary level in 1997.
As the results in Table 5.8 show, the interaction coefficients are positive and significant across almost all comparisons (it is marginally significant, p<.10, in the “other education jobs vs. same grade” category). Meanwhile, the coefficient for “primary grade level” is negative and significant across all comparisons. Thus, whereas female primary school-teachers were less likely than female secondary school-teachers to change grades, move into other jobs in education, move into administration or leave education altogether, male primary school-teachers were more likely than male secondary school-teachers to do so. Interestingly, the gender coefficients are negative and significant in the “other education jobs” and “administrative jobs” comparisons, suggesting that among secondary school-teachers, men were less likely than women to move into these jobs. It may also be noted that, in terms of the likelihood to hold administrative jobs as opposed to all other outcomes (not presented in tables), the male-to-female odds ratio is close to 1 and not significant for primary school-teachers. Thus, results here suggest that men may not be more likely than women to move into administrative jobs. However, male teachers in lower grades continued to display a higher likelihood of moving into higher grade levels, and they were also more likely than women to have left education.

III. SUMMARY OF ANALYSIS

Taken together, results support my hypotheses that 1) the level of gender segregation among teachers is quite high (and higher than that among doctors), and 2) the level of gender segregation increases fairly linearly after entry into teaching over

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19 For those who left teaching in 1997 but came back to teaching in 2003 (n=60), I based their previous grade level taught on their grade levels taught in 1994.
this ten-year period. Although women were more likely than men to have left the labor force by the tenth year, and even if those who left teaching had not left teaching and had continued teaching their previous grade levels, the level of gender segregation would still increase over time. The implication is that it is a combination of both movements within teaching and movements out of teaching that explains the increase in gender segregation. Specifically, there is evidence that men and women approached the start of their teaching careers differently: within the sub-sample who were not certified to teach or who were certified to teach both primary and secondary levels, men were significantly more likely than women to teach secondary grade levels. Hence first jobs in teaching were more gender-segregated than certification levels prior to teaching.

Furthermore, over this ten-year period, men and women moved around jobs in gendered ways. Interestingly, notwithstanding those outside of the labor force (of which women were more likely to be a part), men were no more likely than women to have discontinued teaching by 1997 or by 2003. However, men who began their teaching careers in primary grade levels were much more likely than women to have moved into higher (secondary) grade levels, both in the first three years and in the next seven years here studied. Meanwhile, women who began their teaching careers in secondary grade levels were more likely than men to have moved into lower (primary) grade levels, especially in the first three years of teaching. As such, men’s share in primary school-teaching decreased (and their share in secondary school-teaching increased), while women’s share in secondary school-teaching decreased (and their share in primary school-teaching increased).
Perhaps not surprising is the finding that men teaching secondary grade levels were more likely than women to leave the education field by the tenth year mark. What is less expected, though, is the finding that men were no more likely than women to have moved into administrative positions within schools. Results indicate that among these secondary school-teachers, women were actually more likely than men to have moved into administrative positions. Moreover, contrary to the “glass escalator” hypothesis, there is no evidence that men in primary school-teaching were more likely than women to have moved into administrative positions, although they were more likely to have left education for jobs in other occupations.

Of course, it is possible that men do ride a “glass escalator,” but this occurs after the ten-year period examined here. However, when asked whether they planned to move into administrative positions in the future, the percentage that had such plans was not significantly different for men and women in primary school-teaching (24% vs. 20%, respectively, p=.77), and it was marginally lower for men than for women in secondary school-teaching (7% men vs. 19% women, p=.10).20 It is also possible that this is a unique sample of teachers, as they entered teaching shortly after graduation from college. Conceivably, men who enter teaching later in their work years may be more likely than the teachers here examined to move into administration or other non-teaching jobs. Still, what is interesting is that many of the male teachers moved “up” in a different way – into higher grade levels. Meanwhile, by the end of this ten-year period, most women in secondary school-teaching had either moved into administrative jobs or left education, and some moved “down” into lower grade levels.

20 These percentages are based on those who were teaching in 2003 who responded to questions about future plans (n=307, 252 women and 55 men; 41 women and 22 men did not answer this question).
What might prompt such gendered movements across jobs? Some studies suggest that men may leave elementary school-teaching because they feel marginalized at the workplace. Akin to Kanter’s (1977) tokenism perspective, which posits women in male occupations to face greater pressure and double standards because of their token status, male elementary school-teachers are tokens at their workplaces and, as such, they are more visible, their work may be more scrutinized by others, and they may feel alienated from colleagues and superiors. However, other studies have found that men enjoy advantages such as the “glass escalator,” and they may be in fact better-received than others at the workplace because they chose to work in a female occupation (Williams 1992). Additionally, the B&B data provided several measures of workplace satisfaction, and I did not find significant gender differences in reported satisfaction with co-workers and supervisors. For instance, comparing primary teachers who moved into secondary school-teaching to those who did not, the percentage who had ever felt dissatisfied with either co-workers or supervisors (as opposed to satisfied or very satisfied) was in fact lower for men who moved (4%) than for women who moved (18%) or others who did not (17% for both men and women; p=.07).\footnote{These percentages are based on all those who taught primary school in 1994 and who taught in 1997 and/or 2003, and who responded to questions regarding their satisfaction with their coworkers and supervisors in 1994 and 1997 (n=226; 4 did not answer this question).} Additionally, when asked if they felt their schools had helped them adjust to the environment, essentially all men and women responded affirmatively.

This and findings from other studies suggest that the factors that motivate men to move “up” in grade levels are likely more complicated than dissatisfaction at the workplace. To explore the mechanisms that may drive these gendered movements
across teaching settings, I conducted semi-structured in-depth interviews with seven teacher students (i.e., currently in certification programs) and six teachers. As I did with doctors, I examine their motivations for pursuing a teaching career, as well as their preferences about what (grade level) to teach and their experiences in teaching. In light of my quantitative findings, I focused specifically on career changes (made and anticipated), and whether experiences in the classroom have different effects on career decisions for men and women. Below, I discuss the themes that emerged from the interviews.

**INSIGHT FROM NARRATIVES**

I. **Motivations to enter the profession**

Almost all respondents cited an interest in helping and working with young people as contributing to their motivation to become teachers. Jill, a new teacher, knew that she wanted to teach early on through her work with programs for children during high school and, later, in low-income schools during college. Dan, a more experienced teacher, decided to make a career change into teaching (from the software industry) because he wanted to work with young people and help them develop. As he explained, “[teaching] makes you excited to get up in the morning and feel good about what you’re doing.” Linda, a current teacher candidate, is pursuing teaching because she wanted to share her joy of learning with others. She described:
I love explaining things to people, and I love -- I think teaching is very gratifying that you get to give something -- when people want an explanation and you can give that to them, that's very gratifying that you're giving them something they want and need and it's useful. I think it's really -- I think I discovered early on that teaching -- that often students don't care about learning though and sometimes they don't care about explanation that you give them, but that there's something wonderful in getting to share the joy of learning with them so helping them - - I love getting to explain things but it's also really fun to share my excitement about learning with students and to see them comfortable with learning as well.

The interpersonal component of teaching, and specifically the ability to positive influence young people, is very important to all of my respondents. For some, teaching young people also has a social justice component that is very motivating. Kate, who holds a doctoral degree in cell biology and biochemistry, decided to forgo a career in academic science because she felt that teaching can better allow her to serve others:

I love working with people and I felt that the work that I was training to do as somebody who was getting a PhD in cell biology and bio chemistry I couldn't figure out how to make that work as public service in the same way that I wanted. And I'm really passionate about social justice and this job lets me work in that arena every single day.

Likewise, Bill, also a young teacher, noted how his own upbringing made him aware of how education can empower others and motivated him to become a teacher:
And so, I just had a really clear example, growing up, of how just going through the motions at school, whether you have access to that or not, has a real impact on your outlook. So that's how – you know my parents should have had better schools and they should have gone to college, and our lives would have been really different if that was true. And I really had [to] kind of steal the cultural capital of my friends. I was in an honors program that was a pretty affluent program. So I saw what the other kids were saying and what their parents were saying, and I kind of borrowed that stuff and was able to get access. So the idea that I just – I think what it is is I want a school and a classroom to have more influence. I think, as a teacher, I can help more kids have that same opportunity that I had.

Because the teacher program from which I drew most of my interviewee sample places much emphasis on social justice in its curriculum, it is likely that this particular group of teachers and teacher candidates are especially attuned to the service aspect of teaching. It is worth noting that, despite the enthusiasm that my respondents displayed for teaching, it was not easy for many of them to decide to pursue teaching careers. For some who went to top-ranked universities for undergraduate education, there is a heavy expectation from others that they choose careers that are more prestigious, respected and rewarded. Cindy, who initially had doubts about pursuing teaching, described such expectation from others:

Like my friends are actually – like my three best friends are all in different fields and teaching is not a very high-status thing. And even now when I tell people at [teacher education program], they're like, “Oh, you're doing like a Master’s program or you're doing a Ph.D. program.” Well, I am but I’m like going into teaching. I want to be an elementary school
teacher, and it doesn’t seem like something that gets a lot of respect, and also people don’t see me as doing this based on the fact that I didn’t want to be a teacher for a long time.

Like Cindy, Bill described a less-than-positive reaction from others regarding his decision to become a teaching, mainly because expectations were high for him and many of his friends became “wealthy lawyers and doctors and researchers and scientists.” Similarly, Whitney, an elementary school-teacher, recalled her mother telling her that she thought she “could do something much better.” Even Dan, an older teacher, received criticism from his mother because of “mostly status and money” concerns. The reactions that they received suggest that the devalued nature of teaching, though not a deterrent for them, may be a significant factor in the difficulties associated with teacher recruitment.

II. GENDERED PREFERENCES: WHAT TO TEACH, WHAT NOT TO TEACH

Overall, the teachers here interviewed do not display significantly gender-different motivations for pursuing careers in teaching. However, what they chose to teach (or become certified to teach) mirrors the gender differences found in the quantitative analysis. Of the six men interviewed in this study, all were secondary school-teachers (junior high and high school) except one, who is an elementary school principal. The seven women interviewed in this study were fairly evenly distributed between primary and secondary school-teaching. What influenced their specialization decisions? When asked why they chose to specialize in secondary grade levels, men tended to describe a sense of relative unease with teaching young children, and/or a
sense of relative ease with teaching older students. Derrick, who teaches high school English, explained:

I think part of it is I don’t – not that little kids don’t like me but I think – well, little kids don’t like me. I think they have a hard time because I’m not very extroverted and smiley and stuff like that. I think little kids tend to, I don’t know, be a little… I’m not sure. I just knew that little kids don’t – I didn’t want to work with little kids. I think later on students started to get, you know, their frontal lobe developed and they can understand sarcasm. It’s a better venue for me.

For Derrick, his decision to teach secondary levels instead is linked to his belief that young children do not like him and that he cannot connect with them. Dan, who teaches high school social science, linked his decision to specialize in social science to not only his background in social science, but also his greater comfort with older students:

When I was at [college], my two degrees are in history and economics. So when I went to teach, it was kind of – well, and it’s also a style thing. I can’t – every teacher tells every other teacher that, “I can’t believe you teach that age level.” Right? So all of us high school teachers look at the elementary school teachers and say, “Oh my gosh. I can’t believe you’re teaching those little kids.” How can you do that? Wipe their noses. Eww. Gross. Right? But all the elementary school teachers look at the high school teachers and say, “Wow, those high school kids are huge. How do you keep them in line, and how do you handle them? You have so many of them.” ‘Cause we have 150 students. “And how do you do that? And I don’t get it.” And what I’ve discovered is that it always looks hard to do the other job because all
teachers put the age group that they’re most comfortable with, and so for me I was more comfortable with older students.

Donna, a speech pathologist working in elementary schools, noted a conversation with her male peers about her work and described their reaction as, “‘Why would I talk to a little kid?’ You see – they’ll talk to, say, a young adult, you know, if they’re interested.” Taken together, these responses suggest that men strongly associate working with young children with “not them” and not work that they would be comfortable with. Given the strong gender-typing of teaching – particularly elementary school-teaching – as “women’s work,” such response is not surprising. It is interesting that by contrast, female interviewees did not express the same kind of concern about working with young children. Instead, Cindy and Jill, both in elementary school-teaching, noted that they had always wanted to teach younger students, and Eve and Kate chose secondary school-teaching because they were interested in subjects (English literature and biotechnology, respectively) that are specific to curricula in high schools. Thus, the reasons that women gave for their specialization choices seem to be more straightforward reflections of their interests than the reasons given by men.

The decision to teach higher grade levels, however, is not always linked to a relative lack of comfort with teaching younger children. Bill, who teaches junior high social studies, described his decision to teach junior high as his desire to have a greater impact, a trait that he thinks is more typical of men:
The only thing I worked at for a long time was middle school learning. And so that's really where a lot of my focus was. The opportunity to teach ninth grade, if I was gonna be the higher grade, I probably wouldn't have wanted to take this job. You know that development part of developing people and learners, I've always been really – I've also – you know I think it's absolutely true that where the achievement gets to happen is the middle school years. So the idea of getting into that period and being – at least having some sort of an influence on the achievement gap, great. I mean you know what this is, I think this is that kind of an ambitious, driven – saying that why men have a hard time becoming teachers is – like I want to – like, I feel like to have these big societal goals if I'm gonna do this job well.

Bill, who had worked as a recruiter for teachers prior to returning to the classroom, felt that this desire to “do more” is the reason for men’s tendency to teach higher grade levels, because that is where teachers can in his view have the most impact. Seemingly illustrating Bill’s point, James, an elementary school-teacher-turned-principal, explained his transition to administration as motivated by a desire to “do the kind of work [he] would do with students but scale it up so that [he’s] affecting more people.” When asked a follow-up question about why he felt men tend to teach higher grade levels, Bill explained:

You also see a lot more men teaching at the higher levels, I think because there's this idea that if you are administration or you're teaching juniors or seniors, you get to think about ideas. And you get to focus on knowledge and learning. And if you teach younger kids, or you're just a teacher, then you're parenting, you're babysitting kids. And I think a lot of men feel that that is more appropriate for women.
Bill’s response, which relates men’s lesser participation in elementary school-teaching to “ambition” and not just “parenting” or “babysitting,” seems to reflect the contradiction between men’s interest in teaching and the social expectation that men do other, more “legitimate” and “status-worthy” work. Given that men’s movement into elementary teaching is often seen as a “step down” in status (Williams 1992), and given that junior high and high school teaching are not as female-dominated and often assumed to be what male teachers do (Coulter and McNay 1993), men’s tendency to teach higher grade levels seems to reflect an assumption that women and men have different capabilities and/or should do different kinds of work.

What is additionally interesting is that the male teachers in this study hinted at gendered notions of self in their explanations of their specialization choice; for instance, the expressed lack of comfort with young children, or the notion that men have difficulty becoming teachers because of their ambitions, reflects the stereotypes that men are not good with young children and the idea that men should do something more than teaching young children. As shown in last chapter, doctors, like teachers, display significant gender differences in early specialty aspirations. But whereas the interviewees in the medical field generally described their specialty preferences in terms of which specialties fit them best (or do not fit them), the teacher interviewees tended to describe their specialization choices in terms of where they fit best (or do not fit). Women in medicine generally saw surgery as a poor fit for them; men in teaching, on the other hand, saw themselves as poor fits for elementary school-teaching. While both instances reflect gendered ideas about work, the more personal manner in which male teachers described their decisions suggest that gender-
essentialist ideas – ideas that men and women are fundamentally different – may be even stronger in the context of teaching. As I earlier argued, gender segregation may be highest among teachers because teaching has been historically dominated by women and typecast as “women’s work.” The viewpoints expressed by the interviewees here suggest that for teachers, the strong gender-typing of the profession elicits a particularly strong gender frame that biases men’s decisions about work.

III. LATER CAREERS: GENDERED PRESSURES AND EXPECTATIONS

A somewhat unexpected finding from my quantitative analysis is that men are no more likely than women to discontinue teaching and move into administrative positions from their previous teaching jobs. If anything, it appears that women in secondary school-teaching are more likely than men to move into school administration. This finding contrasts with other studies (e.g., Williams 1992; Cognard-Black 2004) that suggest a higher propensity among men to move into administration, though as aforementioned, this could reflect methodological differences between this and other studies. However, in my interviews, several teachers noted no gender imbalance in the administration in their schools. Derrick, for instance, noted that all of the administrators in his high school are women, and Whitney, an elementary school teacher, noted that three out of the four principals in her school are women.

Perhaps the “women teach, men manage” phenomenon, as described by earlier studies (e.g., Strober and Tyack 1980), has become less salient in recent years. A recent study of teachers in two states (RAND 2004) shows that the percentage of
female administrators is on the rise, and there is no gender gap in promotion (e.g., assistant principal to principal) once women make the switch into administration. However, the same study shows that the gender gap in what grades men and women teach is particularly large. And as my analysis here suggests, gender segregation increases over time in large part because male elementary school-teachers tend to move into secondary school-teaching, while female secondary school-teachers may move into primary school-teaching. As most studies on teachers focus on movement out of teaching, less is known about why men may move into higher grade levels, and even less is known about women’s career pathways in teaching. As well, none of the interviewees in this study have changed the grade levels that they taught, and only one interviewee had left teaching for an administrative position. But while there is little information on why men and women may change their specialization in gendered ways, extant literature on gendered experiences in teaching and the experiences of interviewees here yield speculations as to why such gender divergence occurs.

Movement into higher grade levels is different from movement into administration: the former seems to indicate a stronger interest in teaching and working in the classroom, and it also connotes less upward mobility in terms of extrinsic rewards. As one of my interviewees commented, “how men and women move from one to [a higher grade] – I don’t know why, because there’s no real financial incentive.” However, the reasons for moving into a higher grade level may be similar to the reasons for moving into administration among men. As Williams (1992) found, for men in female-typed professions, leaving the most female-identified areas of their professions helped them resolve internal conflicts about their
masculinity. When asked why they think men avoid elementary school-teaching, several interviewees in this study brought up the idea that men are generally not seen as the type who can work with young children. Derrick, for instance, felt that men generally do not become teachers because teaching is perceived as “a mix of civil service and babysitting,” but men further shy away from elementary school-teaching because it is “a lot more babysitting – and that is seen as, for whatever reason, women’s work.” Whitney, who teaches elementary school, felt that most people perceive male elementary school-teachers to have less of the caring and nurturing personality needed to deal with younger children. Moreover, men who do work with young children face suspicions that they are inappropriate with children or sexually deviant. James, a former elementary school-teacher, spoke in detail about the conscious effort he made when interacting with his students:

Like when you’re a male teacher of young children, you have to be very conscious of the way that you hug kids if a kid wants to give a hug. You become really proficient at that little side hug and making something that might be a full hug become a side hug really fast. You – and I know other male teachers who have this same mindset that you just never make a situation where you’re alone with a kid. Like if you’re going to have a kid come in or you wanted to meet a kid at lunchtime or something because you needed to do a reading assessment with them or something like that, then you have them bring a friend or something like that. So I don’t think that female elementary school teachers think about those things as much.

More importantly, James spoke of the importance of these efforts in relation to protecting one’s reputation and career:
Well I mean, it’s a profession that doesn’t really have that many men in it. And in our society, it’s just like you don’t want to even kind of leave anything open to question because even completely unfounded questions will ruin your reputation and career. And I had these things kind of explained to me by a guy who had been teaching for 20 years… But I know from other male teachers that when they started – from other male teachers who taught elementary schools – that when they started the profession, they had another guy kind of remind them of the importance of those things too.

The need to manage interactions with students and avoid being seen as inappropriate is not only important to men’s careers, but also potentially stress-inducing. As Whitney commented, “That insecurity or apprehension, it doesn’t feel good for your parents not to trust you because you are a male and they don’t want to leave you with a little kid.” The idea that men are not well-suited for elementary school-teaching may come through not only reactions from parents, but also experiences with employment. To be sure, men in female-dominated professions do not necessarily encounter discrimination from their coworkers or supervisors. As was shown earlier, further analysis of the B&B data suggests that male teachers are no less satisfied than women with their work environment, regardless of grade level taught. However, just as men are expected to ascend to higher-status positions in administration, men are not expected to fill certain jobs that are seen as more suitable for women. An extreme example, noted by Williams (1992), came from school districts in Texas that refused to hire men to teach the youngest grades. None of my
interviewees experienced such overt discrimination, but James gave an anecdote that alluded to bias against male teacher in primary education:

I know another guy who was – he had his teaching credential a couple of years before me and he had a lot of trouble finding work. And he believed that part of that was that there a discrimination against him being a male wanting to work with young kids. I had trouble finding work as well, but I don’t know that – with getting that first job – but I don’t know that that worked against me per se.

Furthermore, although James felt that “it would have to be a lot of pressure to make a person go back to school [to get a secondary teaching credential],” he also felt that there is a general perception that men should teach higher grades, and this perception can prevent men from pursuing certain jobs. In fact, James himself tried to move down in grade level while he was teaching, but ultimately felt discouraged to do so. He explained, “There is a perception that it’s better to have men in the upper grades, I think, because of discipline issues and that kind of thing.” The idea that men have more authority and can better handle older students was also expressed by a couple of other interviewees, although one interviewee noted that there were other disciplinary figures who were women at his high school.

Negative stereotypes about men in female-typed fields, and perceptions that men are more suitable for other jobs, can push men out of certain specific areas of work (Williams 1992). Importantly, whereas men are stereotyped as not nurturing enough for elementary school-teaching, potentially inappropriate with children, and better suited for teaching higher grade levels, women who teach older students may
more so than men face questions about their legitimacy and authority. Joe, who has taught history at a high school for over twenty years, noted that parents tend to challenge female teachers more so than male teachers. As he described, “I don’t think I am a subject of the kind of challenges, direct or indirect, that a 20-something female might under the circumstances… A parent is much more likely to question you either directly or to your colleagues or to, you know, other parents. And that definitely becomes an element of your reputation and the way you’re perceived and the way you perceive yourself.”

Exactly why women may be more likely than men to move down in grade level is unclear, but Joe’s account suggests the possibility that women may find their authority as teachers less challenged at lower grade levels. It may also be that women perceive that their chances of advancement into school administration are greater in primary schools. As the aforementioned RAND report found, although the percentage of female administrators has generally increased, the probability of transitioning from teacher to principal is higher among women in elementary school-teaching than women in secondary schools. However, my findings here suggest that women secondary teachers are more likely than men to move into administration, and the percentage that moved into administration is similar for women secondary teachers and women primary teachers. All in all, further investigation is needed to understand women’s career patterns in teaching.

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Given the strong gender-typing of work in teaching, it is not surprising that teachers exhibit such highly gendered specialization choices, both at the outset of their careers and over time. A key finding, one that is relatively new, is men’s greater likelihood to move into higher grade levels – specifically, from primary levels to secondary levels. Interestingly, analysis here indicates that men are generally no more likely than women to move into administration or other non-teaching positions in schools, although male primary school teachers are somewhat more likely than women to leave the education field altogether. But overall, these results challenge the assumption that men who teach are less interested than women in teaching as a long-term career. The men in this sample do not appear more likely than women to discontinue teaching within the ten years here studied, and furthermore, almost all of the male teachers I spoke with indicated a desire to teach long-term.

Like other studies, findings here suggest that male teachers of either primary or secondary grade levels are no less satisfied with their work and their work environment than their female counterparts. It does not seem likely that men move into higher grade levels because of outward discrimination from others at the workplace. Rather, how men approach their careers in teaching appears to be deeply entrenched in what are perhaps diffuse but strong gender beliefs. Specialization choices seem to be strongly guided by gendered assumptions about selves and gendered perceptions of what is expected of and seen as appropriate for them. Men who enter teaching early on in their work years appear to be as likely as women to remain in teaching, at least in the ten-year period here studied. However, if cultural pressures continue to mold men’s careers in gender-typical ways, the exit of men from
certain sectors of teaching would only serve to strengthen gender stereotypes and the devaluation of “women’s work.”
CHAPTER 6
THE LEGAL PROFESSION

Like the medical and teaching professions, the legal profession has seen persistent gender segregation, particularly across practice settings. Although women now comprise almost half of students entering law school in the U.S., women remain under-represented in private legal practice, especially in the upper ranks such as partnership in national law firms. But unlike the medical and teaching professions, practice settings are less gender-typed in that the gender compositions of settings, at least in terms of entry and mid-level positions, are relatively more gender-balanced, and the types of work involved in different settings are not particularly associated with women or men. Accordingly, I hypothesize that women and men are rather similar in their early aspirations and first jobs, and the level of gender segregation at entry into the profession is much lower among lawyers than among doctors and teachers. Furthermore, the legal profession is more similar to teaching than medicine in that career pathways for lawyers are less institutionalized. As there are fewer structural determinants on how individuals are matched to jobs, individuals are allowed more room to decide which jobs to take and whether to change jobs. Because one can anticipate changing jobs if the work environment becomes unfavorable, early job decisions may be relatively free by gendered concerns about the workplace. Gender segregation may therefore emerge only later in the career course, when gendered cultures and practices within certain settings (i.e., law firms) differentially encourages or limits women’s and men’s advancement. The pattern of gender segregation may
therefore be “back-loaded,” in that gender segregation reflects primarily later job decisions as influenced by gendered constraints experienced at the workplace.

Figure 6.1 shows the predicted pattern of gender segregation and the pattern found using the BPS and MORG-CPS data. Consistent with my hypothesis, the level of gender segregation is fairly low at entry into law school, during law school, and in the first five years after law school, but it rises dramatically thereafter. While the level of gender segregation fluctuates in the later years, the overall pattern suggests that women’s and men’s careers are on average similar until the sixth to seventh year of the career course. In the sections below, I present additional quantitative analysis to explain this pattern, and draw inferences from in-depth interviews about the factors that may motivate gender differences.

[Figure 6.1]

**THE EXTENT OF GENDER SEGREGATION**

The pattern found in Figure 6.1 is consistent with my hypothesis that gender segregation among lawyers emerges mainly in the later years of the career course. Although the level of gender segregation seemed to have increased a bit during law school, the increase is small ($A=1.18$ in the first year to $A=1.24$ in the third year), and the level of gender segregation is even lower in the first two years after law school. The $A$ index rose somewhat during years 3-5 after law school, but the index remained close to 1, which suggests that women were not particularly under-represented in a
given practice setting. The $D$ indices during these early years further suggest that a relatively low percentage of women (or men) would have to change their aspirations or jobs in those years to achieve a gender-even distribution. Generally, $D$ ranged from 5-10% in those years, suggesting that 10% or fewer would have to change their aspirations during law school or their first jobs after law school to achieve equal representation of men and women across practice settings.

However, the picture is much different in the later years after law school. After year 5 after law school, the level of gender segregation increased to $A=1.51$ and $D=.18$ in year 6, and reached a peak of $A=1.65$ and $D=.22$ in year 7. The level of gender segregation remained around $A=1.59$-$1.63$ and $D=.19$-$1.21$ between years 8-10, before hitting another peak at $A=1.71$ and $D=.23$ in year 11. Interestingly, gender segregation became lesser in years 12 and 13, although it remained higher than the first five years after law school. Gender segregation therefore became significant mainly by the sixth and seventh years after law school, and it remained high in the years thereafter. Notably, though, the level of gender segregation found here for lawyers is consistently lower than those found for doctors (see Figure 4.1) and teachers (see Figure 5.1). This comports with my prediction that, as practice settings in law may be less gender-typed than those in medicine and teaching, the level of gender segregation would be lower among lawyers, particularly at entry into the profession and in the early years of practice.

To further understand this “back-loaded” pattern of gender segregation, I examine by gender the percentage that aspired to work in private practice during law school and the percentage that worked in private practice after law school. Figure 6.2
reveals that patterns of rise and fall in the percentages are remarkably similar during the years in law school and in the first five years after law school. Differences become statistically significant around year 6, and moving averages reveal even wider differences around year 7, when the percentage in private practice rose to 74% for men but dropped to 54% for women. Though gender differences are not significant in years 8 and 13, moving averages show that in terms of longer-term trends, similar and consistent gender gaps exist after year 6, with the percentage for men hovering around the mid-70s and the percentage of women hovering around the mid-50s.

[Figure 6.2]

I. ADDITIONAL ANALYSIS: PRACTICE SETTINGS & WEEKLY EARNINGS

The findings above suggest that early aspirations and early careers are relatively gender-similar, and that it is mainly after the first five years of work that gender differences become substantial. However, it is important to note that the percentage of women in private practice does not fall off after year 7, but instead fluctuates around the same level. Although analysis here could not examine those lawyers who might have switched to other occupations or left the labor force (as the CPS data included only those self-identified as lawyers), the fact that the percentage of women did not fall off more significantly in the later years may be surprising to those who may attribute the increase in gender segregation to women’s exit from private practice – especially as the increase in gender segregation coincides with the years on
the law firm associate track at which promotion-to-partnership decisions are considered and/or made.

But as was earlier discussed, there may be more finely grained divisions within the practice setting. For instance, within private practice, women may be less likely than men to occupy high-paying positions (e.g., junior income partners and senior equity partners), but more likely to occupy lower-paying positions (e.g., of-counsel, contract associates and flex-time attorneys). As aforementioned in Chapter 3, although the MORG-CPS did not provide information on job titles held, we can infer the types of positions that women and men occupy given that different positions within settings command widely disparate rewards. Accordingly, I examine average weekly earnings for women and men within practice settings. Results in Figure 6.3 reveal that overall, with the exception of the first year, average weekly earnings do not differ significantly by gender in the first five years after law school. However, from year 6 onwards, average weekly earnings were significantly lower among women than among men. At year 6, average weekly earnings were $1,436.28 among men, versus $1,083.58 among women (p<.001, two-tailed). The years thereafter also saw similar and significant gender gaps.

[Figure 6.3]

I further break down the analysis by practice settings in Figure 6.4 (for private practice) and Figure 6.5 (for other settings). Figure 6.4 shows patterns that mirror those in Figure 6.3: within private practice, the gender gap in weekly earnings became
pronounced and significant around year 6, and it seemed to widen somewhat in the years thereafter. Thus, after the first five years of work, women in private practice earned less on average than men. Of course, a possible explanation for the gender gap in earnings could be that women were more likely than men to work part-time and hence earned less. Analysis of work status reveals that women were more likely than men to work less than full-time in every year examined (p<.05). Averaged across the years, about 8% of men (s.d.=1.68%) and 26% of women (s.d.=2.03%) did not work full-time. However, replication of these analyses for only full-time workers reveals essentially the same patterns, suggesting that even among those who worked full-time, women in private practice earned less than men on average in the later years.

Figure 6.5 shows that by contrast, there is no clear gender trend in average weekly earnings among those working in other practice settings. In certain years (years 4, 6, and 11), the gender gap was significant (p<.05) with men out-earning women on average, but there is no significant gender gap in all the other years examined. Furthermore, gender differences actually appeared smaller in the later years (especially from year 9 onwards) than the early and middle years (especially years 4-8). Thus, unlike women in private practice, women in other sectors did not earn substantially less than men on average, even in the later years of work.
The implication is that after the first five years after law school, women are not only less likely than men to work in private practice, but women in private practice also tend to earn less than men. It appears, then, that women are less likely than men to occupy positions that typically command the highest pay and prestige rewards, i.e., partnership positions in law firms. In further analysis, I additionally estimated female-to-male odds ratios of being in the bottom earnings quartile and the top earnings quartile in private practice, shown in Table 6.1. While women appeared more likely than men to be in the bottom quartile in the first two years after law school, they are no more or less likely than men to be in the bottom quartile in the next three to four years. In the first five years after law school, women are also no less likely than men to be in the top quartile in private practice. Again, these results suggest that in the first few years after law school, women’s occupational attainment is not significantly different from men’s for the most part. However, gender differences emerged more consistently around year 7, when women are 3.02 times more likely than men to be in the bottom quartile (p<.01) and only .35 times as likely as men to be in the top quartile (p<.05). The same gender differences are found in the subsequent years to varying degrees, but they are all statistically significant at at least p<.10 (and in most years, at least p<.05). Further testing reveals that women in years 7-12 are significantly more likely than women in years 3-6 to be in the bottom quartile (p<.001) and significant less likely than women in the earlier years to be in the top quartile (p<.001).

[Table 6.1]
II. SUMMARY OF ANALYSIS

In short, results from quantitative analysis support my hypothesis that 1) the level of gender segregation among lawyers is low at entry and in the early years of practice (and lower than the among doctors and teachers), and 2) the level of gender segregation emerges mainly in the later years of practice. The finding that women’s and men’s early careers are relatively similar is consistent with recent statistics from the ABA (2009) showing no significant gender difference in the percentage of graduates with first jobs in law firms, and findings from the After the J.D. (AJD) study (see Dinovitzer et al. 2004; ABF 2009) that found similar distributions of women and men across practice settings in the first three years after law school. It also suggests that overall, women’s and men’s early aspirations and job placements may not be all too different. Thus, unlike women and men in medicine and teaching, women and men in law may not have necessarily divergent ideas about their careers when they began their careers.

However, the AJD study found that by the seventh year of practice, just 14% of women, compared to 28% of men, became equity partners in law firms. Like the AJD analysis, my analysis suggests that it is around years 6-7 after law school when gender differences in practice setting and weekly earnings become significant. As aforementioned, years 6-7 in the career process are important years because they coincide with the critical transition to promotion to partnership that characterizes upward mobility in law firms. An associate is hired into a law firm with the assumption that he or she will be considered for partnership after an average of seven years at the firm (Chambliss 1997) – although, of course, the firm may or may not
expect the associate to attain partnership. The drop-off in the percentage of women in law firms at years 6-7 comports with observations that women are less likely than men to be partners in law firms (NALP 2007; ABF 2009).

It is also notable that although analysis here suggests that women are less likely than men to work in private practice after years 6-7, the percentage of women in private practice does not continue to fall off after that point. Considering that average weekly earnings among women in private practice seem to climb less substantially than men’s, it is conceivable that women may not necessarily opt out of private practice, but they are more likely than men to occupy lower-paying positions (e.g., of-counsel, contract attorneys) and less likely than men to be partners. It is also possible that women remain in the associate level for a longer time and become partners at a later point in their careers, although longer partnership tracks might have a negative impact on promotion to partnership because women may find it more difficult to sustain their work at the expense of family for a long period of time (Chambliss 1997; Gorman and Kay 2008). Additionally, it is possible that some women do become partner at their firms, but they are nonetheless paid less than male partners (Noonan and Corcoran 2004). By contrast, at least in terms of weekly earnings, women in other practice settings appear to have a more equal footing with men. This is congruent with a comprehensive study of Chicago lawyers that found women in non-firm settings to be more likely than men to attain senior-level positions (Hull and Nelson 2000).

What contributes to gender differences in later careers? Presumably, given the gender similarity found in early aspirations and early careers, the gender segregation
that later emerged is not strongly rooted in disparities between women’s and men’s initial career plans. However, it is possible that women and men have similar short-term goals but different long-term goals: for instance, women and men may both desire to work in law firms in their early careers, but women may more so than men anticipate that they will leave law firms after a few years (Carroll and Brayfield 2007). Alternatively, gender differences in later careers may reflect cultural biases at the workplace. The traditional career model in law firms emphasizes a linear trajectory that is contingent on continuous and full-time work and the expectation that lawyers work around the clock and on-demand (Reichman and Sterling 2002). Such ideal worker norm, along with the lack of family accommodations within the law firm organization, makes it more difficult for women to advance in the partnership track.

Furthermore, recent studies by Gorman (2005, 2006) suggest that women’s chances of becoming partner are depressed by same-gender preferences among employers and stereotypically masculine characteristics in selection criteria. Because decision makers in law firms (i.e., managing partners) tend to be men and because partner positions command images of male-typed qualities such as decisiveness and leadership ability, women may be seen as not possessing the needed qualities for success. In addition to employment decisions, gender bias may surface at a more interaction level through the exclusion of women from mentorship (McManus 2005), presumptions that women lawyers are less competent than men (Rhode 2001), demeaning comments to women and assignment of women to less challenging cases (Wilder 2007; Rosenberg, Perlstadt and Phillips 1993; Epstein et al. 1995; Kay and Hagan 2003), and harassment behaviors (Brockman 2001; Laband and Lentz 1998).
Although quantitative analysis here cannot test the relative weights of individual preferences, work-family influences and gender bias in employment practices in motivating gender segregation, qualitative analysis through in-depth interviews can yield a more complete picture of why women and men may diverge so greatly in their later careers. To obtain a sense of both early ideas about work and later experiences at the workplace, I interviewed five current law students as well as four young lawyers (1-4 years into practice) and three experienced lawyers (12+ years into practice). Below, I discuss the major themes that emerged regarding early aspirations and choices and the factors that influence later career paths.

**INSIGHTS FROM NARRATIVES**

I. **Motivations to enter the profession**

Whereas most interviewees in medicine and teaching expressed certain motivations for entering their professions, most interviewees in law expressed ambiguous reasons for pursuing legal careers. To be sure, for some interviewees, pursuing a legal career was a planned career path. Albert, a first-year law student, described his interest in debate since high school as the reason for his entry into law school. Heather, a second-year student, chose to attend law school after college because she felt that a legal career will allow her to serve public interest. Likewise, Hannah, who has worked at a legal aid society since graduating from law school, had wanted to be a lawyer because she felt she could help society through law. Daniel, a
first-year student, switched from graduate studies in philosophy to law school because he wanted to have more direct impact on society.

For these four interviewees, a desire to help others and do public service serves as their motivation for pursuing legal careers. But for others, motivations for entering the profession are less defined. Some decided to pursue law school because it seemed to be a promising post-graduate plan. Bert, a second-year law student, described his decision to go to law school as one that he had not planned:

I don’t know. I think it was my senior year. I think – I don’t know that like for my whole life I always wanted to be a lawyer or anything. But it was my senior year, I had kind of – I had a couple of friends who were thinking about maybe taking the LSAT [Law School Admissions Test]. And so I said “You know what? I’ll take the LSAT.” I’ll apply, ‘cuz the worst that happens is I don’t get in anywhere, or I decide I don’t want to go or something, and then I don’t go. I just – I applied, I got in to a couple of schools; I got a full scholarship at one school. And so then kind of – again, I said “Well what’s the worst that could happen? I go for a year and I lose a year and I don’t like it or whatever.” So I went for that year, and I really loved it. And I actually ended up transferring up to a better school. And so that’s where I am now.

Like Bert, Scott, a young government lawyer, had not planned to go to law school, but his college roommate suggested law school as a next step after college. Martin, a junior partner at a large law firm, had majored in engineering in college, but decided to go to law school because an in-house attorney in an engineering firm at which he worked suggested that he might enjoy legal practice. Thus, for them, going
to law school and becoming a lawyer was more of a serendipitous decision, and not as rooted in strong motivations or reasons for practicing law.

As well, for others, entry into legal profession did not seem to reflect strong interests in law, but it seemed to be a logical path given their educational background. Jackie, a young lawyer working in a small firm, described law school as one of the few options that she perceived for herself:

I was a history major, and so I sort of saw – maybe this was narrow minded of me, but I basically saw, like, two sort of choices where I could either be – I know, history is sort of a worthless degree. It's one of those degrees where it's like you either are a teacher or you go to law school. And so I was just like, all right, I'll go to law school. I mean – I don't know, I saw that as a better living, I guess, than being a teacher.

Like Jackie, Kathleen, a young government attorney, had a general sense that being an attorney would be a good fit given her background in humanities. Joanne, a mid-level associate in a large law firm, went to law school because it seemed to match her background in accounting. And Gabe, an equity partner in a large law firm, described that he had a “typical liberal arts background” in that he “didn't necessarily know what [he] wanted to do,” and law seemed to be a good path because he felt that “lawyers were pretty smart and they did interesting things.”

II. EARLY ASPIRATIONS AND CAREERS AND THE ANTICIPATION OF CHANGE

The interviewees’ responses resonate with research suggesting that although most enter law school with a sense of public service, motivations are usually vague
and abstract (Epstein 1993), and influenced by factors such as college, peers, work
history and market trends (Schleef 2000). Furthermore, motivations appear to be more
similar than different for women and men. Importantly, when asked about their early
aspirations about work, women and men also gave similar responses. To be sure, four
of the six women interviewed discussed interests in the public sector (and one had
worked in legal aid since law school), whereas none of the male interviewees
expressed such interests. However, detailed descriptions of career aspirations suggest
that for the most part, for both women and men, early ideas about work were
ambiguous and uncertain.

Among the women interviewees, Hannah and Heather described strong
interests in the public sector, and indeed Hannah has worked in the public sector since
graduating from law school. However, although Heather expressed that she would
like to work in the public sector, she also had a summer job offer at a law firm, and
she might take the offer if she could not find a public sector job. Meanwhile,
Kathleen, who now works in the government, had worked in a large law firm prior to
her current job, and in fact had been more interested in law firms because she wanted
to get corporate experience and “build a nest egg” with the law firm salary. Jackie
stated that she “had no clue” regarding where she might have liked to work after law
school, and eventually got a job in a small firm owned by an attorney she had met in a
summer job. Likewise, Joanne did not have a strong preference for or aspiration to
work in a particular setting, although she was not inclined to practice criminal law or
family law.
Overall, it does not appear that women necessarily have strong aspirations to work in non-firm settings. At the same time, it also does not appear that men necessarily have strong aspirations to work in firms. Although Martin and Gabe have both worked in firms after law school, it did not seem that they preferred firms to other settings. Martin, for instance, thought that he should try to find jobs in firms because he had received good grades in law school, and Gabe was more interested in business and eventually worked in business before returning to law. Other male interviewees did not express a particular interest in private practice, though they also expressed uncertainty as to what they would prefer. Scott, now a government attorney, stated that he did not have specific aspirations for any practice setting, and in fact applied to jobs in large law firms but did not receive any offers. Among the students, Albert might be interested in working in a firm, but also added that he would like to clerk because he knew others who had enjoyed their clerkships. Daniel, meanwhile, did not know if he would want to work in a traditional law firm, but he also did not know if he would want to work in “a boutique firm or public interest firm or a non-profit or government, or even conceivably [work in] somewhere in business.” Bert, who is more concerned about the job market, felt that he could not be “picky” and would take any offer given to him.

It thus appears that, for the most part, women and men do not have specific aspirations about work when they enter the profession. Both quantitative and qualitative analysis suggest that, in contrast to women and men in medicine and teaching, women and men in law do not display particularly different preferences for work during law school. Furthermore, when asked about long-term career goals,
many interviewees spoke of the anticipation that practice settings will change over time. Kathleen, for example, described her time at a government agency during a summer internship and the advice from others that she should reconsider the agency after a few years at a big firm. The expectation from others, as well as from herself, was to work in a law firm for a few years before considering other options. Scott, who did not receive offers from law firms after law school, nonetheless stated that he would work at a law firm if given an offer “just to try it out,” though he would not plan to stay in the firm because he did not want to “spend 24 hours at the office.” And while Jackie is happy with her current job, she had thought about “trying a job at a bigger firm” and would leave her job if other opportunities arise. As well, the students I spoke with expressed a sense that most people change their practice settings—specifically, “there is a lot of people who work for firms for 5, 7, 10 years and then go do something else,” as Caitlin described.

The expectation that one will change practice settings suggests that even early on in their careers, lawyers anticipate that their career course will shift, although they may not necessarily know how it will shift. In terms of gender, this suggests that while gender inequities in law firms may be well-known, they may not necessarily deter women from entering them given the ability to make career changes and the anticipation of such changes—a point that I had conjectured earlier, and a point that surfaced in my interviews. To start, conversations with students in this study imply that gender is not the primary frame with which women and men experience law school and conceptualize the profession. Perhaps expectedly, the male students described the law school environment as gender-equitable, but the female students
also described the law school experience as fair and not different from men’s. Caitlin noted the presence of female speakers at new student orientation at her law school, which made her feel that her school is “very female-friendly.” None of the students interviewed felt that there is discrimination in law school based on gender.

Of course, this is not to suggest that gender is entirely irrelevant to the law school experience. Studies on gendered interactions in law school classrooms (Mertz 1998, 2007), for example, suggest that gender bias may operate at a covert level. However, the relative “invisibility” of gender in law school, coupled with women’s increased participation in law firms (at least as associates), may overwhelm issues of gender inequity in law firms in students’ ideas about work. Heather, who has been active in diversity efforts at her law school, noted the common mentality among women students regarding their future careers:

I think what is surprising to me is that I think a lot of women don't really think about [gender inequities in law firms] at all. And don't think about the fact that you know most firms have about 50/50 associates between men and women but when you get to the partner level you know it may be 80 percent men and 20 percent women. And in other firms even worse and so I think that particularly when you're at a top law school like Stanford or Harvard or Yale you have always sort of been the exception to the rule in that most people don't you know get really great college and most people don't get really great LSAT scores. And most people don't get into the really great law schools and so we're sort even taught that we're special and we're the exception to the rule. And I think that everyone then goes to their first jobs particularly at law firms, saying, "I know, that you know most women don't make partner and the women leave. But I'm going to be the exception to that rule. I'm the one who's going to make it and who's going to be partner."
Heather’s comment suggests that, at least at the start of their careers, women may not formulate their aspirations based on observed gender inequity in law firms. Additionally, Heather implied that women may believe that they can be “exceptions to the rule” (that most women do not make partner). This contrasts with others who have suggested that women students have different long-term aspirations than do men (Carroll and Brayfield 2007), although a caveat could be that this is more specific to graduates of schools with “elite” reputations. As she mentioned, this is “particularly when you’re at a top law school like Stanford or Harvard or Yale,” and as other studies have shown, students in elite schools are much more likely than others to work in law firms (Granfield 1994; Schleef 2006). Nonetheless, the main idea that has emerged, from quantitative findings here and from the interviews, is that gender may not be a primary factor in early aspirations or early careers.

III. GENDERED CONSTRAINTS IN LATER CAREERS

If women and men in law are more similar than different in their early aspirations and first jobs, what explains the gender segregation that we observe in later careers? A dominant explanation for women’s under-representation in law firms – particularly, why they do not remain or advance in law firms – is the clash between the ideal worker norm and gendered family norms (Reichman and Sterling 2002; Williams 2007). The career model in law firms follows a linear trajectory: one works as an associate for 6-7 years prior to promotion to partnership; good performance is signified by uncontested devotion to work, a willingness and ability to work around
the clock and on demand. Such an ideal worker norm almost automatically disadvantages women, who more often than men shoulder the bulk of responsibilities at home. Hannah (director of a legal aid society), who is married to Gabe (equity partner at a large law firm) and has two children, discussed how work-family conflicts led to her decision to work part-time:

Well, because it comes down to – this is where the gender inequality comes in. My husband has a corporate job, and so it’s not possible for him to have a 9:00 to 5:00 kind of job. So once we had kids, the person who had the most flexibility as far as picking up kids or doing the school activities or doing all that other stuff was me. And so I went down to part-time work. And so I’ve been part-time since I’ve had kids. And it’s hard to do a great job being a lawyer if you’re only working part time. And I think that’s true both in the corporate world and the public interest world... And at least in my case where I have a public interest job, it’s more family-friendly. I have more flexibility. But it also means that I have had to make choices about excelling in a career or trying to maintain that balance between work and family.

Gabe, on the other hand, continued to work full-time. When asked why he observed fewer women partners in law firms, he attributed the disparity to the difficulties that women face in balancing work and family. As he explained, the structure of careers in a law firm makes it impossible for women to perform as well as others:

More of the time, I guess my experience is that first, I’m not aware of very many women who stay unmarried and decide they want to be partners. It’s a general rule the women who are unmarried, my experience is that they are no different off or no less well off in terms of being
on the track to be a partner than men whether they’re married or not who want to be a partner
at a firm. For women with families, I believe it’s a self-election process, in which as I kind of

described it to you, you’re forced to make tradeoffs. And it’s very difficult for firms to,
because they hire classes in on the assumption that you will want to be a partner with your
class. And the whole structure is set that way, well, if you’re only working half time to say,
“Well, it’s going to take me instead of seven years, it’s going to take me 11 years to make
partner”, the current ___ of economics and the environment of the firm make that the
exception rather than the rule in terms of being willing or able to accommodate it.

An interesting viewpoint that Gabe expressed is that women who are not
married (and presumably without children) are no less likely than men to advance to
partnership. As will be seen, work-family balance is very well not the only challenge
that women in law firms face, and other forms of gender bias may constitute just as
strong of a disadvantage for women. But certainly, balancing work and family is an
issue with which young female lawyers are concerned. Kathleen, for instance, felt that
women will tend to leave law firm because the lifestyle associated with firms is not
conducive to having a family. When asked why she observed so few women partners,
Joanne noted that having a family “is not easy to do with a full-time job, so there are
women who drop out.” Undoubtedly, work-family conflicts remain highly
problematic within the law firm environment.

The clash between the norms of the workplace and of the family, however,
impacts women beyond the challenges associated with balancing the two. As recent
research demonstrates, a motherhood penalty exists in that women with children are
perceived to be less competent and less committed to work than others (Correll,
Benard and Paik 2007). In a workplace context, these stereotypes may negatively impact women’s attainment. As Heather observed in her research on gender bias in law firms, women with children are often seen as “not working as hard,” or they are seen as working hard but “a bad mother and a person who must be neglecting her children.” The stereotype that working mothers are warm but incompetent, or competent but cold (Cuddy, Fiske and Glick 2004), seems to pose what Heather described as a “lose/lose proposition.”

Importantly, motherhood stereotypes may be applied more generally to women. Particularly in a law firm where associates are expected to work towards partnership in 6-7 years, managing partners may anticipate women to eventually have family responsibilities that decrease their commitment to the partnership track. Furthermore, the challenges that women lawyers face extend beyond the work-family dimension. Some of my interviewees felt that women’s lesser attainment in law firms reflect other forms of gender bias. Though Joanne saw work-family conflict as one reason for women’s exit from law firms, she also felt that it is more difficult for women than for men to connect to clients:

My theory is I think that there’s – men kind of sell themselves differently than women. When guys talk to each other I think the way they talk is different than the way women connect, so I wonder whether women – like women, as they get more senior, whether it becomes harder for them to sell than men would. I wonder if there’s a connection there. And, as a result, maybe they’re not doing as well and they drop out or they get forced out.
Indeed, Hannah described situations in which clients may have biases against women lawyers. While she felt that she had not encountered discrimination from coworkers, she described encounters with clients who challenged her with “the sweetie language or the talking down to or questioning.” But Hannah also described that the clients do not have a choice regarding the gender of the attorney, as they get who they get in legal aid services. By contrast, partners in law firms may exclude women from certain work opportunities based on their ideas about clients’ preferences and prejudices. Gabe described such a situation:

I think it’s just that you’re always more comfortable working with somebody – I mean, for some people, it’s degrees. Right? For some people, it’s like the law school you went to, because it’s important to them as a validation point. Or for some people, they’re just – even in our firm, there are certain clients where we (partners) say, you know, this person is going to be better off with a male or a female associate on the team just because you just watch how your client interacts with that gender in kind of business meetings or board meetings. And you’re like, “Well, this isn’t going to be very successful.” And your associate is not going to be happy if she’s going to be asked to go get coffee. So that still exists in some companies.

Recent research by Gorman (2006) shows that in-group preferences among employers operate to disadvantage women’s chances of promotion in law firms. Specifically, Gorman found that the high degree of problem variability and strategic indeterminacy associated with professional work, particularly in high-ranked positions, lead decision-makers to feel more comfortable promoting candidates of their own sex. Because it is unclear what and how the problem at hand can be solved and
whether other actors such as clients will cooperate, decision-makers rely on social characteristics – such as gender – to infer the candidate’s ability to perform the job in question successfully. In the situation that Gabe described, partners assume that male associates will be more successful than female associates in their interactions with clients (and ultimately, getting business). Although partners may perceive their decisions to be based on realistic observations about clients’ biases, their decisions nonetheless suggest a general perception that women will be less able to connect to clients than men. Such perception has real consequences on women’s advancement in law firms: Gorman (2006) found that promotions are less likely to be awarded to women when work uncertainty is high, and other research shows supporting evidence that women are less likely than men to be awarded plum assignments (Epstein et al. 1995; Kay and Hagan 2003, 2005; Kay et al. 2006), more likely to be relegated to supportive roles (Fossum 1983), and score lower than men in their social capital including client origination and representation of corporate clients (Kay and Hagan 1998).

As well, Gorman found that the negative effect of work uncertainty on women’s chances for promotion increases as the proportion of male partners increase. The favoring of men over women thus reflects not only cultural expectations that men are more competent than women, especially in things that “count,” but also positive in-group bias, i.e., people are more comfortable with and more trusting of others who are similar to themselves along social dimensions such as gender (Brewer and Brown 1998; Fiske 1998). Women may be seen as less suitable and less capable at those jobs, and moreover, women who display assertiveness and leadership may be seen
negatively by others. As Martin described in his observations about this double bind, “a guy will be seen as tough or hard-nose or – those are the kind of adjectives, but the woman, invariably, the adjectives are unflattering, like it’s somehow bad to be that way if you’re female, and neutral, or maybe even positive, to be that way if you’re male.” Gender stereotypes thus permeate perceptions of women and men workers in ways that can reinforce gendered practice in hiring and promotion and women’s under-representation in the upper echelons of the profession.

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A timeless question, it seems, is whether women’s exit from private practice reflects women’s choice of settings or constraints on their advancement within firms. There is also a tendency to consider the constraints that women face in law firms as primarily related to work-family tensions or primarily related to bias against women. Some, such as Hull and Nelson (2000), found work-family to be better predictors of women’s exit from firms than perceptions of gender discrimination, whereas others, such as Gorman (2005, 2006), have focused more on the negative effects of gender stereotypes and same-sex preferences on women’s advancement. But the larger understanding of gender processes among lawyers may not necessarily involve conceptualizations of choice or constraint or work-family or bias. As Hull and Nelson point out, men and women lawyers face different sets of choices as a result of gender relations both exogenous to firms (such as within the family) and endogenous to firms (such as expectations about work effort). Men and women may make different
decisions about their careers, but these decisions cannot be disentangled from organizational constraints on what Hodkinson and Sparkes (1997) called “horizons for action” – the arena within which actions can be taken and decisions made. As well, fundamentally, both the forces that drive work-family constraints and gender biases in organizational practices are rooted in the perception that women do not possess the qualities needed for success. At the core, the association of high-ranked positions with men and supposedly male traits make it difficult for women to advance.

The findings on gender segregation among lawyers sharply contrast with the findings on gender segregation among doctors and teachers. In particular, whereas women and men in medicine and teaching exhibit visibly different ideas about work even at entry into their professions, women and men in law begin their careers with relatively similar aspirations and early careers. As I argued earlier, practice settings in law may be less gender-typed than specialty settings in medicine and teaching, and furthermore, the gender inequities that are observed in law firms may not necessarily influence women’s initial job choices. Results here, particularly from qualitative analysis, suggest that gender may not be the primary frame by which women and men initially conceptualize their careers. Likewise, when making new hires, partners may not necessarily apply gendered criteria to the selection process. However, when promotion decisions are incumbent and stakes become higher, gender may nonetheless become salient in the expectations and evaluations of workers. Though women and men in law may begin their careers in similar ways, they ultimately face different organizational circumstances that prompt different decisions and career paths.
CHAPTER 7

CONCLUSION

One of the most promising gender trends in recent U.S. history has been the spectacular influx of women into professional occupations. As women increasingly obtain higher education and advanced degrees, the range of occupations that women aspire to and pursue has also widened. In addition to traditionally female-dominated professions such as teaching, historically male professions such as medicine and law now find themselves attracting more women than ever before. But closer examinations of women’s and men’s attainment within these professions reveal a more complicated picture. In particular, career placements remain gender-segregated, and women are often under-represented in jobs, positions and settings that command the highest rewards, status and influence. Such intra-occupational gender segregation adds to mounting evidence that progress towards gender equality has stalled. Gender segregation within the professions evokes a worrying image of a glass half full vs. half empty, as women’s entry into these ranks, though spectacular, has not translated into gender parity in career outcomes.

In this dissertation, I took an occupation-specific approach to studying gender segregation within the professions. The primary goal was to bring the occupation into the discourse on the causes of intra-occupational gender segregation. Though myriad theories have been proposed to comprehend why women and men work along gendered lines, I argued for a more detailed analysis of gender segregation that takes into account the meanings and structures within an occupational context – specifically,
how these meanings and structures differentially delineate women’s and men’s careers. Taking a career-course approach, I considered the different ways in which gender segregation may arise. By identifying when gender segregation emerges, I sought to identify why gender segregation occurs, and how this may differ across occupational contexts.

The comparison of medicine, teaching and law in this study affords us a view of how the contour of gender segregation may vary by occupational characteristics. The extent of gender-typing of jobs and the structure of the career process impact the way women and men understand their professions, make decisions about work and navigate their careers. Analysis of career data highlights differences across occupational contexts in gender similarities and differences over the career course, and interviews provide insight into how occupational-level factors affect women’s and men’s career choices and trajectories. On balance, this study proposes a context-driven paradigm for studying gender inequality within occupations, one that locates gender processes within the occupational frame and takes into account the interplay between individual behaviors and structural circumstances. In this concluding chapter, I summarize my major findings, discuss their implications on theory, and outline possibilities for future research that arise from this study.

**SUMMARY AND DISCUSSION**

I began this study with two observations: first, gender segregation remains profound even within the professions where women’s participation has matched or
surpassed that of men’s; and second, the causes of intra-occupational gender segregation remains unclear. Though a tremendous amount of research has identified a list of “usual suspects” – supply-side factors such as socialization and family, demand-side factors such as employer bias and gendered work norms – we have yet to identify which of these usual suspects is the dominant force behind gender segregation. Conceivably, the cause of gender segregation is specific to the occupational context, and we can imagine a variety of ways in which gender segregation could play out for women and men in a profession – for instance, women and men may have different preferences and choices from the start of their careers, or their careers may diverge over time. Moreover, the mechanisms behind gender segregation result from a complex interplay between individual-level and structural-level factors. The cultural meanings attached to an occupational context can impact how women and men approach their careers, and career trajectories may furthermore be dependent on the extent to which career decisions are contingent upon one another.

Drawing from theories on gender, work and the career course, I hypothesized that variations in two occupational characteristics would lead to variations in how gender segregation emerges. First, the degree to which jobs are gender-typed should matter, as gender beliefs are most salient when institutional roles are culturally gendered. Second, the extent to which the career process is structured should also matter, as career decision-making may depend on the perceived rigidity or flexibility of choices. Applying these propositions to the professions of medicine, teaching and law, I argued that medicine and teaching are more gendered contexts than law, and should therefore see higher levels of gender segregation in early aspirations and
choices. Meanwhile, as the career process is more institutionalized in medicine than in teaching and law, the level of gender segregation should vary less over time in medicine than in teaching and law. Gender segregation among doctors reflects primarily early choices that translate into later careers, whereas gender segregation among teachers and lawyers widens over time as careers conform to emerging gendered constraints and circumstances.

Analysis of quantitative and qualitative data yields results that closely mapped onto my hypotheses. As hypothesized, gender segregation is apparent in early preferences among doctors and teachers but not among lawyers; and as hypothesized, gender segregation is fairly constant over time among doctors, but widens sharply among teachers and lawyers. Overall, gender segregation has what I call a “front-loaded” pattern in the highly gendered, structured context of medicine; a “steady climb” pattern in the highly gendered, less structured context of teaching; and a “back-loaded” pattern in the less gendered, less structured context of law. Interviews with students and practitioners in the three professions further implicate occupational-level differences in how women and men understand and construct their careers. Women and men in medicine and teaching expressed very different preferences for what they would like to do in practice, even in early stages of their careers. By contrast, women and men in law expressed similar preferences (or a similar lack of preferences) for work settings in their early careers.

To be sure, this is not to suggest that gender matters only at certain points within the career course in these professions. For doctors, early preferences do not tell the entire story, as what they learn during education and training plays a role in
reinforcing gendered notions about work. Among teachers, gender segregation reflects not only early specialization choices, but also later experiences that may encourage further movement into gender-typical fields. And while women and men lawyers generally exhibit similar aspirations and early careers, young women lawyers seem to be more concerned about how work-family issues will affect their later careers. But what my findings suggest is that how and when gender has force on career choice is contingent on the meanings and structures within the occupational context. In the contexts of medicine and teaching, gender is foregrounded by gendered meanings of work. Stereotypes about work in medicine and teaching elicit gendered ideas and preferences for work, laying the foundation for gender segregation. In the context of law, gender is foregrounded not so much by gendered categorizations of work settings, but more so by gendered cultures within specific organizations of work. Here, gender segregation rests more on the confluence of work and life circumstances that reveal themselves over time, than on preferences and expectations that women and men developed at the outset. Taken together, these differences suggest a need for a more detailed view of gender segregation that examines gender processes within the occupational context. How gender guides behaviors and choices is contingent on the organizational and institutional contexts in which careers are developed.

The contrast between medicine, teaching and law in the study provide further evidence that the background gender frame is most potent when the institutional frame is itself culturally gendered (Ridgeway 2009). Additionally, a more subtle contrast between medicine and teaching yields further implications on the contextual aspect of
gender segregation. While both professions represent the more gendered context in this study, results here indicate that gender segregation is also greater in teaching than in medicine. Moreover, whereas descriptions of specialty choice in medicine are more focused on perceptions about the work setting – e.g., surgery is not a good specialty for women – descriptions of specialization choice in teaching appear more grounded in perceptions about the workers – e.g., men are not good with children or should do more than teaching children. Though this is a preliminary result, I believe this alludes to how and how much the gender-typing of an occupation influences career decision-making. An important difference between medicine and teaching is that medicine is more gender-balanced in its workforce composition, while teaching has been and continues to be overwhelmingly female-dominated. In this sense, teaching is a “hyper-gendered” context because gendered meanings of work are associated with not only the subfields within the profession, but also the profession as a whole. Though we may see certain specialties in medicine as more female-typed or more male-typed, there is relatively less of a perception that medicine is a profession for men or for women. By contrast, in addition to the labeling of certain settings (e.g., elementary school-teaching) as “women’s work,” teaching as a profession is seen as “women’s work.” As such, background gender effects may be even stronger in this type of context. Women and men may be especially influenced by gender-essentialist notions about their “true selves,” beyond and in addition to gendered notions about what kinds of work would fit them best.

On the other end of the spectrum, gender beliefs may have less hold on individual preferences about work when the settings in an occupational context are
less gendered. As findings here illustrate, women and men lawyers exhibit strikingly similar aspirations in their early careers, and moreover, the apparent flexibility of career pathways may play an additional role in encouraging gender similarity in early careers. Interviews with law students and lawyers suggest that observations about gender inequities within certain settings (e.g., law firms) may not necessarily figure into early career decisions. Further, as most anticipate changes in their careers, career decisions may not necessarily involve concerns that do not seem immediate to the point in time at which those decisions are made. Instead, gender segregation emerges mainly in later careers, suggesting that the mechanisms behind segregation rest mainly within organizations of work rather than individual preferences. While it may be that women and men eventually choose to work in different settings, such gendered preferences are firmly rooted in workplace constraints that reveal themselves over time. In particular, as gender segregation emerge mainly during the years at which promotion decisions in law firms are made, the divergence in women’s and men’s careers appears to reflect primarily women’s lack of advancement in firms. Interviews echo studies suggesting that women’s advancement is limited by a dominant masculine culture in law firms, in which norms about the ideal worker, in-group preferences among decision-makers and stereotypes about women and mothers disadvantage women’s career opportunities and mobility. While women may decide to leave firms themselves, women’s choices are constrained by a gendered reality that tends to favor men.

In summary, findings from the comparison of medicine, teaching and law suggest that the processes that give rise to gender segregation at the intra-occupational
are highly context-dependent; considerations of occupational characteristics are important to our understanding of what maintains the salience of gender and enables gender beliefs to come into play. To identify the complex mechanisms that foster gender differences, we need a more complex approach that encompasses the contextual factors that delineate supply-side and demand-side influences on choices and outcomes. As well, such an approach may help fine-tune our understanding of the causes of gender inequality and the strategies for gender equality within specific occupational contexts. In the contexts of medicine and teaching, for example, we may need to focus more on perceptions and preferences about work that individuals already have at entry into the professions. Meanwhile, in the context of law, efforts may be better directed on the development of careers in later stages of the career course.

**FURTHER IMPLICATIONS**

As such, in addition to broader implications on the theoretical study of gender segregation, findings here have implications on our understanding of gender segregation within the specific context of medicine, teaching and law. Additionally, as is often the case, limitations in this study suggest possible ways in which future research on gender inequality can expand. I discuss these two sets of further implications below.

I. **IMPLICATIONS FOR THE PROFESSIONS OF MEDICINE, TEACHING AND LAW**
A. MEDICINE

What may be the most surprising finding in this analysis of medical careers is that gender segregation at entry into medical school is wider than gender segregation at exit from medical school and thereafter. It is remarkable that we see such highly gendered aspirations in such an early stage of the career process. One may interpret this as evidence of socialization, especially given the gender differences found here in terms of orientation toward medical practice. But the strong linkage between these orientations and specialty choice reflects not just background gender beliefs, but also specific stereotypes about specialties that allow for connections of gender to specialty choice. In addition to continuing differences in the gender compositions of specialties, public perceptions of physicians still associate certain specialties with one sex over another; a recent nationwide survey shows, for instance, that there is a stronger preference that a surgeon is a man rather than a woman, but there is no such preference in a more gender-balanced specialty such as family medicine (Pew 2008). As specialties are widely gender-typed, it is not shocking that women and men enter the profession with already different views of what specialties to pursue.

Just as important, however, is that experiences during medical education and training often reinforce these stereotypes. As findings here and elsewhere suggest, women medical students still encounter expectations from others that they should pursue traditionally female specialties such as pediatrics (Childers 2006), or that they might want to “think twice” about male-dominated specialties such as surgery. Similarly, men may be discouraged by others from female-typed practices such as obstetrics-gynecology (Emmons et al. 2004; Chang, Odrobina and McIntyre-Seltman
2010). If what students learn confirm prevailing gendered notions about specialties, early gendered aspirations, however premature, may translate into gender differences in eventual specialty choices. A practical implication is that change needs to occur within the professional culture of medicine to promote more balanced views of specialties and, hence, more balanced specialty choices. Developing a patient-oriented approach is important regardless of the specialty, and generalist practices can be as technically complex as specialist practices. Moreover, some recent research suggests that contrary to popular belief, patients seeking care in traditionally female specialties (e.g., obstetrics-gynecology) may not be more satisfied with female physicians than male physicians (Johnson et al. 2005), and female surgeons may not be less satisfied with their careers than their male counterparts (Troppmann et al. 2009). Thus, along with diversity initiatives that promote women in academic medicine, directly challenging extant stereotypes about specialties is a critical step towards encouraging gender balance in the profession.

B. Teaching

Similar to the case in medicine, gender segregation is apparent in early careers of teachers as women and men enter the profession with highly different specialization choices. What is different is that the level of gender difference increases significantly over time, but this is not necessarily because men are leaving teaching for other kinds of jobs. Rather, the largest gender difference seems to lie in men’s greater likelihood of moving into different – higher – grade levels of teaching. Contrary to other studies, findings here do not show that men overwhelmingly move into administrative or other
non-teaching positions, or that they are more likely than women to do so. Thus, male teachers may not be as inclined to leave teaching and ride the “glass escalator” as one may assume. However, though male teachers may be as interested in remaining in teaching as women, they may feel pressured to move into certain niches within teaching that are typically more associated with or seen as more appropriate for men.

Changes in the way different settings in teaching are perceived may help recruit and retain men in gender-atypical fields. However, findings here also strike a chord with Williams’s (1992) argument that promoting positive images of male teachers, or raising teachers’ salaries and rewards, may not be enough to dismantle barriers to men’s entry into female occupations. As aforementioned, in a “hyper-gendered” context such as teaching, job preferences and choices may reflect even more deeply rooted essentialist notions about gender. Further, a key implication that emerged from this study is that men’s career paths in teaching are not necessarily driven by considerations about extrinsic rewards as some may think. Transitions into higher grade levels do not confer the same increases in pay and prestige as do transitions into administrative jobs, but as findings here suggest, men may make these transitions nonetheless, perhaps even more so than the latter. Material incentives may therefore take a backseat to cultural incentives – or more accurately, cultural disincentives that strongly undermine men’s pursuit of gender-atypical careers. As behaviors and perceptions are deeply entrenched in gender beliefs, broad-scale transformations in cultural definitions of gender, beyond changes at the occupational level, will ultimately be necessary for successful integration in such highly gendered contexts.
C. **Law**

In comparison to medicine and teaching, law seems to be a better candidate for gender integration. But despite the low level of gender segregation in early careers, gender similarities eventually give way to emerging differences over time. A key finding in this study of lawyers’ careers is that the gender divergence in careers seems to begin in mid-careers, specifically corresponding to the years during which partnership decisions in law firms are often considered and made. This implies that gender segregation across practice settings reflects primarily gender differences in career mobility, particularly with reference to advancement in the domain of private practice. Indeed, in their review of women in the legal profession, Gorman and Kay (2008) noted that gender imbalance is most striking in women’s and men’s attainment of partnership in law firms and promotions in various settings. Thus, gender-segregating processes seem to arise primarily within organizations of work, where workplace practices differentially impact women’s and men’s career attainment and trajectories.

The strategies to promote gender balance in the legal profession may therefore differ from those in the professions of medicine and teaching. Whereas the latter may focus more on eliminating bias from the institutional frame of the profession, the former may focus more on eliminating bias within specific organizational contexts. Findings here comport with recent claims that efforts to recruit women at the entry level are not enough for promoting women’s representation in law firms (Gorman and Kmec 2009). The overwhelming evidence is that gender segregation among lawyers
reflects an accumulation of disadvantages that women face as a result of organizational constraints. Women and men may be more similar than we think in their early preferences and choices, and changes, such as instituting gender-neutral hiring criteria and increasing the number of women partners, may not be effective at reducing gender bias at upper-level hires where work uncertainty promotes a reliance on gender stereotypes for decision-making about workers (Gorman 2005, 2006). To bring about gender equality in the legal profession, bolder changes within organizations, such as changing the traditional career model and workplace norms, will be needed to counteract beliefs that hold women as less legitimate for positions at the top. As gender biases are stronger as women rise in ranks, efforts to bring about gender equality may be most effective when focused on organizational practices that determine mobility and advancement.

II. IMPLICATIONS FOR FUTURE RESEARCH

Differences in the findings and implications for gender segregation between these three professions underscore the importance of occupational context in gender segregation processes. This dissertation presents an attempt at incorporating this element of context into the study of intra-occupational gender segregation; an important line of inquiry for future research will be whether there exists a systematic relationship between occupational characteristics and the mechanisms that give rise to gender differences. This study focused on two dimensions of an occupation – the gender-typing of jobs and the structure of the career process – but future research can expand on other occupational characteristics that may come into play, such as
institutional, organizational, and/or public policies that outline employment practices within an occupation. Further, while findings here suggest a possible typology of gender segregation patterns based on these two dimensions, it is ultimately necessary to analyze at once a great many occupations to understand the effects of these contextual variables (and others as well) on gender processes.

This study thus brings us to the tip of an iceberg; more occupational case studies will be needed to build a solid framework in this regard. A possible area for further investigation, for instance, is to expand the comparison here to include professions in which women are under-represented, such as occupations in engineering and physical sciences. An implication from the findings on teachers is that gender segregation may be strongest when the profession is gender-typed in both composition and characterization. However, as the teaching profession is heavily female-typed, it may be interesting to see whether gender segregation is also stronger when the profession is heavily male-typed. Research suggests a gender asymmetry in that there is relatively less stigma attached to women in masculine domains than to men in feminine domains (Martin 1995; Thorne 1993). Conceivably, highly male-typed professions differ from highly female-typed professions in the degree and mechanisms of intra-occupational gender segregation.

The limitations in this study also give rise to possibilities for future research. First, as this study focuses on careers within the professions, findings cannot be exactly generalized to other careers in other types of occupations. Moreover, not all of the data here can speak to possible gender differences in transitions out of careers – for instance, the data used here on doctors and lawyers contained only those who self-
identified as practitioners in those professions. The same principles in this study, however, may be applied to understand gender differences in other occupational types and other dimensions of careers. For instance, we can posit that the types of work that women and men choose to do, within any given occupation, are influenced by the degree to which that occupation is gendered. We may also posit that transitions out of an occupation occur less frequently or earlier in highly structured contexts where job changes are less amenable, but they occur more frequently or later in less structured contexts where changes are more viable. Thus, future research can explore how occupational characteristics delineate other types of gender processes that give rise to inequality.

Second, as this study focuses on a particular cohort of professionals, examinations of recent cohorts and comparisons across cohorts may help elucidate what kinds of changes in the institutions and organizations of an occupation influence patterns of gender differences in career outcomes. For instance, compared to those who entered medical school in 1990s (the cohort studied here), those who entered medical school in 2000s are in a different landscape. Work-hour restrictions during residency training have made some specialties such as surgery more attractive (Arnold, Patterson and Tang 2004), and efforts to address gender bias in medical education have also increased in recent years (Bickel 2001). Women’s representation in medical school and some historically male specialties (e.g., emergency medicine, ophthalmology), though still not comparable to men’s, has risen in the past decade. Similarly, in the legal profession, recent grassroots movements, such as Building a Better Legal Profession, are actively pushing for more diversity in law firms by
tracking their diversity efforts, particularly pertaining to partnership. Law firms are also increasingly breaking away from the traditional “up-and-out” career model, opting for instead a “lattice” model with more intermediate positions (e.g., junior partner) or other senior-level positions (e.g., of-counsel). It will therefore be interesting to see whether the level and pattern of gender segregation differ across cohorts as a result of these occupational changes.

Lastly, though not fully explored in this study, intersections of gender, race and class came up in a number of interviews. Some lawyers discussed how lawyers who are racial and ethnic minorities face even more biased expectations and stronger double standards, and a few teachers mentioned the severe lack of minority men in teaching. Indeed, research shows that minority women and men are particularly under-represented in the professions, often more so than other demographic groups (see, for instance, Butler, Longaker and Britt 2008; NALP 2007). Furthermore, other research notes that the gender revolution is not even across class lines; for instance, the incentives to enter managerial and professional occupations are stronger for women with middle-class backgrounds who often have college and advanced degrees (England 2010). As well, some interviewees noted that men from lower class backgrounds may be even less likely than other men to consider female-typed occupations because they are not only culturally devalued, but also less profitable than other, more male-typed occupations. Thus, how gender, race and class interact to produce different occupational attainment and outcomes is an important topic for investigation.
A pressing question in current scholarship on gender is why the gender revolution has been, as England (2010) described, uneven and stalled. In this study, I focus the attention on a particular inequality that illustrates limitations in even the more promising occupational contexts in the labor market. The goal of this study, however, is not just to point out the extent to which gender segregation remains problematic within the professions. Rather, I hope that this dissertation contributes to a better understanding of why gender inequality remains prevalent even as a profession has integrated or feminized. In bringing the occupation itself to the front and center of the investigation, this study challenges scholars and policy makers to consider not only the supply-side and demand-side factors that are linked to gender inequality, but also occupational factors that may foster or attenuate differences. To seriously address gender disparities at the workplace, we need to consider all facets of work – workers, workplaces, and also the meanings and structures that define occupations – that continue to differentially influence women’s and men’s career paths.
Figure 2.1. Summary of Hypotheses on the Patterns of Gender Segregation across the Contexts of Medicine, Teaching and Law.
Table 3.1. Summary of Quantitative Data Used in Analysis by Profession.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Data Sources</th>
</tr>
</thead>
</table>
| Medicine   | - Matriculating Student Questionnaire (MSQ) 1991  
              - Graduating Student Questionnaire (GQ) 1995  
              - National Survey of Attitudes and Choices in Medical Education and Training (ACMET II), 1997 |
| Teaching   | - Baccalaureate and Beyond Longitudinal Study (B&B) 1993/2003 |
| Law        | - National Longitudinal Bar Passage Study (BPS) 1991/1996  
Figure 3.1. Summary of Findings on the Patterns of Gender Segregation (Index of Association [A] and Index of Dissimilarity [D]) across the Contexts of Medicine, Teaching and Law.


Note: There is no index calculated for at entry into schooling for teaching because the B&B does not provide data on specialization preferences at entry or upon exit into teacher education. The index calculated for at exit from schooling is based on information on certification status by 1993 (before the first full year of teaching), excluding those who were not certified at that point. See Chapter 5 for further information on the methodology used for analysis.
Table 3.2. Summary of Interviewees.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of interviewees</th>
<th>Basic profile of interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Total: 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 current medical students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 current residents/fellows</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 practicing physicians</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>7 women, 4 men</td>
</tr>
<tr>
<td></td>
<td>Location in the career course</td>
<td>Students: year 1 to year 5 in medical school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residents/fellows: year 3 and beyond after medical school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Practicing physicians: 7 years and beyond post-residency and fellowship training</td>
</tr>
<tr>
<td>Teaching</td>
<td>Total: 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 teacher students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 teachers/former teachers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>9 women, 7 men</td>
</tr>
<tr>
<td></td>
<td>Location in the career course</td>
<td>Students: all in the same one-year program at a university</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teachers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 6 are “new” teachers (within 1-4 years after teacher program)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 3 are “experienced” teachers (have taught for 7 or more years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 1 left teaching to become a school principal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 1 left teaching for higher education</td>
</tr>
<tr>
<td>Law</td>
<td>Total: 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 law students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 lawyers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>6 women, 6 men</td>
</tr>
<tr>
<td></td>
<td>Location in the career course</td>
<td>Students: years 1-2 in law school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lawyers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 3 are “young” lawyers (years 1-4 after law school)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 3 are “experienced” lawyers (have practiced for more than 12 years)</td>
</tr>
</tbody>
</table>
Figure 4.1. Pattern of Gender Segregation (Indices of Association and Dissimilarity) among Doctors who Entered Medical School in 1991.
Table 4.1. Percent Female by Specialty Aspirations and Choices among Doctors who Entered Medical School in 1991.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% female</th>
<th>Years in medical school</th>
<th>Years after medical school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(MSQ, GQ)</td>
<td>(AMA)</td>
</tr>
<tr>
<td>Internal medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical specialties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical specialties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB/GYN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EROAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sample sizes (total)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• MSQ: N=10,508</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GQ: N=10,502</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AMA: N=13,365</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sample sizes (by specialty)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MSQ</td>
<td>GQ</td>
<td>AMA 95</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>1,222</td>
<td>2,141</td>
<td>4,378</td>
</tr>
<tr>
<td>Family medicine</td>
<td>1,253</td>
<td>1,694</td>
<td>2,193</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1,468</td>
<td>1,151</td>
<td>1,521</td>
</tr>
<tr>
<td>Medical specialties</td>
<td>726</td>
<td>273</td>
<td>340</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>2,692</td>
<td>1,845</td>
<td>2,404</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>241</td>
<td>334</td>
<td>469</td>
</tr>
<tr>
<td>Obstetrics-gynecology</td>
<td>644</td>
<td>846</td>
<td>1,018</td>
</tr>
<tr>
<td>E-ROAD</td>
<td>1,946</td>
<td>1,861</td>
<td>1,042</td>
</tr>
<tr>
<td>Undecided</td>
<td>46</td>
<td>357</td>
<td></td>
</tr>
</tbody>
</table>
Table 4.2. Percent Distribution Across Specialty Aspirations and Choices by gender among Doctors who Entered Medical School in 1991.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Men</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal medicine</td>
<td>12</td>
<td>21</td>
<td>34</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>11</td>
<td>20</td>
<td>30</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Family medicine</td>
<td>10</td>
<td>15</td>
<td>15</td>
<td>16</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>18</td>
<td>18</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>9</td>
<td>6</td>
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<tr>
<td>Medical specialties</td>
<td>6</td>
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<td>5</td>
<td>5</td>
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<td>3</td>
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<td>Surgical specialties</td>
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<td>24</td>
<td>25</td>
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<td>21</td>
<td>20</td>
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<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>OB/GYN</td>
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<td>5</td>
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<td>12</td>
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<td>12</td>
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<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;1</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>N</td>
<td>6526</td>
<td>6334</td>
<td>8039</td>
<td>4252</td>
<td>4168</td>
<td>5326</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

Note: Gender differences are significant in all years (p<.001, two-tailed).
Table 4.3. Graduates-to-Matriculants Odds Ratio by Specialty Aspirations by Gender, and Female-to-Male Odds Ratios by Year in Medical School, among Doctors who Entered Medical School in 1991

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Graduate-to-matriculant odds ratio</th>
<th>Female-to-male odds ratio</th>
<th>Matriculants</th>
<th>Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal medicine</td>
<td>1.92†††</td>
<td>1.99†††</td>
<td>.94</td>
<td>.97</td>
</tr>
<tr>
<td>Family medicine</td>
<td>1.60††*</td>
<td>1.26††**</td>
<td>1.60§§§</td>
<td>1.26§§§</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>.65††*</td>
<td>.84†**</td>
<td>2.72§§§</td>
<td>3.49§§§</td>
</tr>
<tr>
<td>Medical specialties</td>
<td>.46††***</td>
<td>.26††***</td>
<td>1.45§§§</td>
<td>.81</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>.50†††</td>
<td>.57†††</td>
<td>.22§§§</td>
<td>.25§§§</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1.43†</td>
<td>1.38†</td>
<td>1.49§§</td>
<td>1.43§§</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>2.64††***</td>
<td>1.04***</td>
<td>7.03§§§</td>
<td>2.75§§§</td>
</tr>
<tr>
<td>EROAD</td>
<td>1.04***</td>
<td>.79†††***</td>
<td>.79§§§</td>
<td>.60§</td>
</tr>
<tr>
<td>Undecided</td>
<td>7.24†††</td>
<td>9.12†††</td>
<td>1.03</td>
<td>1.30§</td>
</tr>
</tbody>
</table>

MSQ sample size: 6,526 men & 4,252 women (total 10,508)
GQ sample size: 6,334 men & 4,168 women (total 10,502).
†, ††, ††† refer to p-values associated with tests of differences between graduates and matriculants.
*, **, *** refer to p-values associated with tests of differences in graduate-to-matriculants odds ratios between women and men.
§, §§, §§§ refer to p-values associated with tests of differences between women and men.
† p<.05, †† p<.01, ††† p<.001
* p<.05, ** p<.01, *** p<.001
§ p<.05, §§ p<.01, §§§ p<.001
Table 4.4. Percentage that Changed Specialty after Medical School among Doctors who Entered Medical School in 1991.

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>LR $\chi^2$</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>31</td>
<td>30</td>
<td>.76</td>
</tr>
<tr>
<td>Family medicine</td>
<td>3</td>
<td>3</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>9</td>
<td>6</td>
<td>2.30</td>
</tr>
<tr>
<td>Medical specialties</td>
<td>14</td>
<td>14</td>
<td>.02</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>16</td>
<td>21</td>
<td>3.80</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6</td>
<td>5</td>
<td>.19</td>
</tr>
<tr>
<td>Obstetrics-gynecology</td>
<td>4</td>
<td>6</td>
<td>.75</td>
</tr>
<tr>
<td>E-ROAD</td>
<td>4</td>
<td>4</td>
<td>.05</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>14</td>
<td>22.70</td>
</tr>
</tbody>
</table>

Note: “LR $\chi^2$” stands for “likelihood ratio $\chi^2$.” Data are from AMA 1995/2007; sample sizes are as follows:

<table>
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<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Internal medicine</td>
<td>2762</td>
<td>1616</td>
<td>1954</td>
<td>1171</td>
<td>1936</td>
<td>1159</td>
</tr>
<tr>
<td>2. Family medicine</td>
<td>1216</td>
<td>977</td>
<td>1247</td>
<td>993</td>
<td>1244</td>
<td>998</td>
</tr>
<tr>
<td>3. Pediatrics</td>
<td>512</td>
<td>1009</td>
<td>557</td>
<td>1025</td>
<td>547</td>
<td>1023</td>
</tr>
<tr>
<td>4. Medical specialties</td>
<td>188</td>
<td>152</td>
<td>389</td>
<td>284</td>
<td>409</td>
<td>296</td>
</tr>
<tr>
<td>5. Surgical specialties</td>
<td>2005</td>
<td>399</td>
<td>1681</td>
<td>322</td>
<td>1649</td>
<td>302</td>
</tr>
<tr>
<td>6. Psychiatry</td>
<td>243</td>
<td>226</td>
<td>272</td>
<td>261</td>
<td>271</td>
<td>265</td>
</tr>
<tr>
<td>7. Obstetrics-gynecology</td>
<td>370</td>
<td>648</td>
<td>363</td>
<td>630</td>
<td>363</td>
<td>630</td>
</tr>
<tr>
<td>8. EROAD</td>
<td>743</td>
<td>299</td>
<td>1576</td>
<td>640</td>
<td>1620</td>
<td>653</td>
</tr>
</tbody>
</table>
Table 4.5. Type of Specialty Changes between 1995 and 1999 among Doctors who Entered Medical School in 1991.

<table>
<thead>
<tr>
<th>&quot;Specialty of origin&quot;</th>
<th>Primary care &amp; obstetrics-gynecology</th>
<th>Other medical specialties</th>
<th>Surgical specialties</th>
<th>E-ROAD</th>
<th>LR χ²</th>
<th>p-value</th>
<th>N (male)</th>
<th>N (female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Internal medicine</td>
<td>12</td>
<td>18</td>
<td>21</td>
<td>22</td>
<td>1</td>
<td>&lt;1</td>
<td>66</td>
<td>59</td>
</tr>
<tr>
<td>Family medicine</td>
<td>29</td>
<td>53</td>
<td>17</td>
<td>33</td>
<td>3</td>
<td>0</td>
<td>51</td>
<td>13</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>8</td>
<td>8</td>
<td>63</td>
<td>61</td>
<td>0</td>
<td>2</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Medical specialties</td>
<td>42</td>
<td>41</td>
<td>29</td>
<td>29</td>
<td>8</td>
<td>6</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Surgical specialties</td>
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<td>33</td>
<td>6</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>76</td>
<td>54</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>77</td>
<td>64</td>
<td>23</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
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<tr>
<td>Obstetrics-gynecology</td>
<td>31</td>
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<td>19</td>
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<td>3</td>
<td>50</td>
<td>14</td>
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<tr>
<td>E-ROAD</td>
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<td>60</td>
<td>30</td>
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<td>10</td>
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</tr>
<tr>
<td>Total</td>
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<td>25</td>
<td>19</td>
<td>25</td>
<td>1</td>
<td>1</td>
<td>64</td>
<td>49</td>
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</tbody>
</table>

Note: “LR χ²” stands for “likelihood ratio χ².” Data are from AMA 1995/2007.
Table 4.6. Descriptive Statistics of Variables Used in Logistic Regression Models of Specialty Choice among First-Year Students and Third-Year Residents in the National Survey of Attitudes and Choices in Medical Education and Training (ACMET II: 1997).

<table>
<thead>
<tr>
<th>Specialty plans</th>
<th>First-year students</th>
<th>Third-year residents</th>
<th>p-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>p-value</td>
<td>Men</td>
</tr>
<tr>
<td>Primary care &amp; obstetrics-gyn.</td>
<td>26</td>
<td>44</td>
<td>.007</td>
<td>36</td>
</tr>
<tr>
<td>Other specialties &amp; sub-specialties</td>
<td>62</td>
<td>47</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>Undecided</td>
<td>12</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job values</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Important: high income</td>
<td>77</td>
<td>65</td>
<td>.027</td>
<td>35</td>
</tr>
<tr>
<td>Important: autonomy</td>
<td>37</td>
<td>50</td>
<td>.029</td>
<td>30</td>
</tr>
<tr>
<td>Important: job security</td>
<td>38</td>
<td>37</td>
<td>.896</td>
<td>33</td>
</tr>
<tr>
<td>Important: social responsibility</td>
<td>39</td>
<td>61</td>
<td>.000</td>
<td>33</td>
</tr>
<tr>
<td>Orientation towards practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical and scientific</td>
<td>50</td>
<td>20</td>
<td>.000</td>
<td>65</td>
</tr>
<tr>
<td>Social and emotional</td>
<td>50</td>
<td>80</td>
<td></td>
<td>35</td>
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<tr>
<td>Marriage/family</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Not married</td>
<td>77</td>
<td>81</td>
<td>.35</td>
<td>26</td>
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<tr>
<td>Married</td>
<td>23</td>
<td>19</td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>Partner's career not limiting career</td>
<td>74</td>
<td>91</td>
<td>.10</td>
<td>89</td>
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<tr>
<td>Partner's career limiting career</td>
<td>26</td>
<td>9</td>
<td></td>
<td>11</td>
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<tr>
<td>Influences from others (first-years)</td>
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<td></td>
<td></td>
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<tr>
<td>Residents – sub-specialization</td>
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<td>14</td>
<td>.960</td>
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<tr>
<td>School oriented towards specialties</td>
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<td>8</td>
<td>.441</td>
<td></td>
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<tr>
<td>Influences from others (residents)</td>
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<tr>
<td>Faculty encourage towards specialties</td>
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<tr>
<td>Peers encourage towards specialties</td>
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<tr>
<td>Mentor: in specialties</td>
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<tr>
<td>Control variables</td>
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<td></td>
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<tr>
<td>Under-represented minority</td>
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<td>21</td>
<td>.013</td>
<td>10</td>
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<td>Top 10% of age group in class</td>
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<td>8</td>
<td>.406</td>
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<tr>
<td>Educational debt (in $10,000 USD)</td>
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<td>5.87</td>
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<td>(5.31)</td>
<td>(5.03)</td>
<td>(4.79)</td>
<td>(4.56)</td>
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<tr>
<td>N</td>
<td>155</td>
<td>118</td>
<td>253</td>
<td>193</td>
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</table>

Note: p-values are associated with likelihood ratio chi-square tests of gender differences.
Table 4.7. Multinomial Logistic Regression of Specialty Plans on Selected Predictor Variables for First-Year Students in the National Survey of Attitudes and Choices in Medical Education and Training (ACMET II: 1997, N=273).

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
<th>Model 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary care &amp;</td>
<td>Un-decided</td>
<td>Primary care &amp;</td>
<td>Un-decided</td>
<td>Primary care &amp;</td>
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<tr>
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<td>OBGYN</td>
<td></td>
<td>OBGYN</td>
<td></td>
<td>OBGYN</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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</tr>
<tr>
<td>Female</td>
<td>.80**</td>
<td>-.10</td>
<td>.34</td>
<td>-.12</td>
<td>.54†</td>
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<td><strong>Job values</strong></td>
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</tr>
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<td></td>
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<tr>
<td>Important: autonomy</td>
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<td>-.32</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Important: job security</td>
<td>.27</td>
<td>.56</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Important: social responsibility</td>
<td>-.12</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation: social-emotional</td>
<td>2.22***</td>
<td>.26</td>
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</tr>
<tr>
<td><strong>Marriage/family</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td></td>
<td>-.05</td>
<td>1.85</td>
<td>-.14</td>
</tr>
<tr>
<td>Female*married</td>
<td></td>
<td></td>
<td>1.47*</td>
<td>2.78*</td>
<td>1.77*</td>
</tr>
<tr>
<td><strong>Influences from others</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents on sub-specialization</td>
<td></td>
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<td>-.71</td>
<td>-.63</td>
<td>-.51</td>
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<td>School oriented towards specialties</td>
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<td>-.19</td>
<td>.08</td>
<td>.19</td>
</tr>
<tr>
<td><strong>Background variables</strong></td>
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</tr>
<tr>
<td>Under-represented minority</td>
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<td></td>
</tr>
<tr>
<td>Top 10% of age group in class</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Educational debt (in $10,000)</td>
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</tr>
<tr>
<td>Constant</td>
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<td>-1.62</td>
<td>-2.35</td>
<td>-2.23</td>
<td>-.86</td>
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<tr>
<td>Likelihood ratio $\chi^2$</td>
<td>10.03**</td>
<td>56.92***</td>
<td>22.45***</td>
<td>13.83*</td>
<td>76.74***</td>
</tr>
<tr>
<td>Df</td>
<td>2</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Nested $\chi^2$ (vs. Model 1)</td>
<td>46.89***</td>
<td>12.42*</td>
<td>3.80</td>
<td>4.57</td>
<td></td>
</tr>
<tr>
<td>Df</td>
<td>10</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

† p<.10   * p<.05   ** p<.01   *** p<.001

Note: the reference category in the dependent variable is “other specialties & sub-specialties.”

Note: In Model 2, the gender coefficient becomes insignificant only with the addition of the orientation measure (“social and emotional”) (likelihood ratio chi-square [df=4] = 52.88, p<.001, nested chi-square [df=2] = 42.85, p<.001).
Table 4.8. Binomial Logistic Regression of Specialty Plans on Selected Predictor Variables for Third-Year Residents in the National Survey of Attitudes and Choices in Medical Education and Training (ACMET II: 1997, N=446).

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
<th>Model 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary care &amp; OBGYN</td>
<td>Primary care &amp; OBGYN</td>
<td>Primary care &amp; OBGYN</td>
<td>Primary care &amp; OBGYN</td>
<td>Primary care &amp; OBGYN</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>.97***</td>
<td>.78***</td>
<td>1.11***</td>
<td>.88***</td>
<td>.99***</td>
</tr>
<tr>
<td><strong>Job values</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Important: high income</td>
<td>-.11</td>
<td></td>
<td></td>
<td>-.16</td>
<td></td>
</tr>
<tr>
<td>Important: autonomy</td>
<td>-.42</td>
<td></td>
<td></td>
<td>-.36</td>
<td></td>
</tr>
<tr>
<td>Important: job security</td>
<td>-.07</td>
<td></td>
<td></td>
<td>-.17</td>
<td></td>
</tr>
<tr>
<td>Important: social responsibility</td>
<td>.12</td>
<td></td>
<td></td>
<td>.21</td>
<td></td>
</tr>
<tr>
<td>Orientation: social and emotional</td>
<td>1.16***</td>
<td></td>
<td></td>
<td>.52*</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage/family</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td>.54*</td>
<td></td>
<td>.58*</td>
<td></td>
</tr>
<tr>
<td>Married*partners’ careers limiting</td>
<td></td>
<td>-.40</td>
<td></td>
<td>-.50</td>
<td></td>
</tr>
<tr>
<td><strong>Influences from others</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty: encouraged towards specialties</td>
<td></td>
<td>-.48*</td>
<td></td>
<td>-.52*</td>
<td></td>
</tr>
<tr>
<td>Peers: encouraged towards specialties</td>
<td></td>
<td>-1.23***</td>
<td></td>
<td>-1.16***</td>
<td></td>
</tr>
<tr>
<td>Mentor: in specialties</td>
<td></td>
<td>-1.47***</td>
<td></td>
<td>-1.36***</td>
<td></td>
</tr>
<tr>
<td><strong>Background variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-represented minority</td>
<td></td>
<td></td>
<td>-.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Top 10% of age group in class</td>
<td></td>
<td></td>
<td>-.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational debt (in $10,000)</td>
<td></td>
<td></td>
<td></td>
<td>.06*</td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>-.56</td>
<td>-86</td>
<td>-.93</td>
<td>.94</td>
<td>12</td>
</tr>
<tr>
<td>Likelihood ratio $\chi^2$</td>
<td>24.97***</td>
<td>64.74***</td>
<td>31.11***</td>
<td>141.68***</td>
<td>165.59***</td>
</tr>
<tr>
<td>Df</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Nested $\chi^2$ (vs. Model 1)</td>
<td>39.76***</td>
<td>6.14*</td>
<td>116.71***</td>
<td>140.62***</td>
<td></td>
</tr>
<tr>
<td>Df</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

† p<.10  * p<.05  ** p<.01  *** p<.001
Note: the reference category in the dependent variable is "other specialties and sub-specialties."
Figure 5.1. Pattern of Gender Segregation (Indices of Association and Dissimilarity) among Teachers who Entered Teaching in 1994.

Source: Baccalaureate and Beyond (B&B) 1993/2003.
Table 5.1. Percent Distribution of Men and Women by Certification Type in 1994 among Teachers who Entered Teaching in 1994.

<table>
<thead>
<tr>
<th>Certification Type in 1994</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not certified to teach</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>Certified to teach grades K-5</td>
<td>6</td>
<td>31</td>
</tr>
<tr>
<td>Certified to teach grades K-5 &amp; 6-12</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>Certified to teach grades 6-12</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>N</td>
<td>181</td>
<td>691</td>
</tr>
</tbody>
</table>

Note: Likelihood ratio chi-square indicates that gender differences in distributions are significant at p<.001.
Table 5.2. Binomial Logistic Regression of Grade Level Taught (Secondary [grades 6 through 12] vs. Primary [grades K through 5]) by Gender and Certification Type in 1994 among Teachers who Entered Teaching in 1994.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Teaching Secondary Grade Levels (Grades 6-12) in 1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>-.58</td>
</tr>
</tbody>
</table>

**Certification type in 1994**

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not certified to teach</td>
<td>-3.61***</td>
</tr>
<tr>
<td>Certified to teach grades K-5</td>
<td>-4.68***</td>
</tr>
<tr>
<td>Certified to teach grades K-5 and 6-12</td>
<td>-3.06***</td>
</tr>
</tbody>
</table>

**Gender * Certification type in 1994**

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male * Not certified to teach</td>
<td>2.84**</td>
</tr>
<tr>
<td>Male * Certified to teach grades K through 5</td>
<td>2.55*</td>
</tr>
<tr>
<td>Male * Certified to teach grades K-5 and 6-12</td>
<td>1.33</td>
</tr>
</tbody>
</table>

**Constant**

<table>
<thead>
<tr>
<th>Constant</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.36</td>
<td></td>
</tr>
</tbody>
</table>

**F (df=7)**

<table>
<thead>
<tr>
<th>F (df=7)</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.07***</td>
<td></td>
</tr>
</tbody>
</table>

**Weighted N**

<table>
<thead>
<tr>
<th>Weighted N</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>97493</td>
<td></td>
</tr>
</tbody>
</table>

**N**

<table>
<thead>
<tr>
<th>N</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>871</td>
<td></td>
</tr>
</tbody>
</table>

† p<.10  * p<.05  ** p<.01  *** p<.001


Note: The reference category in the dependent variable is “Teaching Primary (Grades K-5) in 1994.” The reference category in the independent variables are “Female” for gender and “Certified to teach grades 6 through 12” for certification type in 1994.
Table 5.3. Percent Distribution across Grade Levels (Primary [K-5] vs. Secondary [6-12]) by Gender among Teachers who Entered Teaching in 1994.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary grade level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Grades K-5)</td>
<td>33</td>
<td>68</td>
<td>24</td>
<td>66</td>
<td>23</td>
<td>72</td>
</tr>
<tr>
<td>Secondary grade level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Grades 6-12)</td>
<td>67</td>
<td>32</td>
<td>76</td>
<td>34</td>
<td>77</td>
<td>28</td>
</tr>
<tr>
<td>N</td>
<td>181</td>
<td>691</td>
<td>126</td>
<td>510</td>
<td>77</td>
<td>293</td>
</tr>
</tbody>
</table>

Note: Likelihood ratio chi-squares indicate gender differences in each year are significant at p<.001.
<table>
<thead>
<tr>
<th>Status</th>
<th>1997</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching the same grade level as before</td>
<td>66</td>
<td>43</td>
</tr>
<tr>
<td>Teaching a different grade level</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Have moved into non-teaching jobs</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Have moved into administrative positions</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>Have other jobs in education</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Have moved out of education</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>N</td>
<td>841</td>
<td>724</td>
</tr>
</tbody>
</table>


Note: These numbers exclude those with missing career information and those who were unemployed in 1997 and 2003. Non-teaching jobs include those who identified their jobs as school psychologist/counselor, coach, library/librarian, support staff, other non-teaching education jobs. Administrative positions include those who identified their jobs as principal, assistant principal, curriculum coordinator, program administrator, and department head. Other jobs in education include those who identified their occupation as K-12 education, but did not list grade levels taught, non-teaching jobs held or administrative positions held.
Table 5.5. Movement across Job Settings in the First Four Years after Entry into Teaching (1994-1997) by Gender and Grade Level Taught in 1994.

<table>
<thead>
<tr>
<th></th>
<th>All teachers in 1994</th>
<th>Taught primary grade level (K-5) in 1994</th>
<th>Taught secondary grade level (6-12) in 1994</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Teaching the same grade level as before in 1997</td>
<td>60</td>
<td>68</td>
<td>47</td>
</tr>
<tr>
<td>Teaching a different grade level in 1997</td>
<td>8</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>Have moved into non-teaching, administrative, and other jobs in education by 1997</td>
<td>12</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Have moved out of education by 1997</td>
<td>20</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>N</td>
<td>177</td>
<td>664</td>
<td>59</td>
</tr>
<tr>
<td>Likelihood ratio chi-square of gender difference</td>
<td>p=.357</td>
<td>p=.071</td>
<td>p=.003</td>
</tr>
</tbody>
</table>

Note: These numbers exclude those with missing career information and those who were unemployed in 1997. Non-teaching jobs, administration positions and other jobs in education are aggregated into one category due to small percentages.
Table 5.6. Multinomial Logistic Regression of Movement across Job Settings in the First Four Years after Entry into Teaching (1994-1997) on Gender and Grade Level Taught in 1994.

<table>
<thead>
<tr>
<th></th>
<th>Have moved into non-teaching, administrative, other jobs in education by 1997</th>
<th>Have moved out of education by 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching a different grade level in 1997</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>-1.91**</td>
<td>-.27</td>
</tr>
<tr>
<td>Primary (K-5)</td>
<td>.43</td>
<td>-.38</td>
</tr>
<tr>
<td>Gender * grade level taught in 1994</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male * Primary (K-5)</td>
<td>3.33***</td>
<td>1.39</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.79</td>
<td>-1.71</td>
</tr>
<tr>
<td>F (df=3)</td>
<td></td>
<td>2.82**</td>
</tr>
</tbody>
</table>

† p<.10   * p<.05   ** p<.01   *** p<.001


Note: Analysis excludes those with missing career information and those who were unemployed in 1997. The reference category in the dependent variable is “Teaching the same grade level as before.” The reference categories in the independent variables are “Female” for gender and “Secondary (6-12)” for grade level taught in 1994.
Table 5.7. Movement across Job Settings in the Next Six Years after Entry into Teaching (1997-2003) by Gender and Grade Level Taught in 1997.

<table>
<thead>
<tr>
<th></th>
<th>All teachers in 1997</th>
<th>Taught primary grade level (K-5) in 1997</th>
<th>Taught secondary grade level (6-12) in 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Teaching the same grade level as before in 2003</td>
<td>38</td>
<td>47</td>
<td>25</td>
</tr>
<tr>
<td>Teaching a different grade level in 2003</td>
<td>10</td>
<td>7</td>
<td>26</td>
</tr>
<tr>
<td>Have moved into non-teaching and other jobs in Education by 2003</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Have moved into administrative positions by 2003</td>
<td>17</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Have moved out of education by 2003</td>
<td>33</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>N</td>
<td>175</td>
<td>549</td>
<td>41</td>
</tr>
<tr>
<td>Likelihood ratio chi-square of gender difference</td>
<td>p=.002</td>
<td>p=.001</td>
<td></td>
</tr>
</tbody>
</table>

Note: These numbers exclude those with missing career information and those who were unemployed in 2003. Non-teaching jobs and other jobs in education are aggregated into one category due to small percentages.
Table 5.8. Multinomial Logistic Regression of Movement across Job Settings in the Next Six Years after Entry into Teaching (1997-2003) on Gender and Grade Level Taught in 1997.

<table>
<thead>
<tr>
<th></th>
<th>Teaching a different grade level in 2003</th>
<th>Have moved into non-teaching and other jobs in education by 2003</th>
<th>Have moved into administrative positions by 2003</th>
<th>Have moved out of education by 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>-.70</td>
<td>-1.88*</td>
<td>-.68†</td>
<td>.11</td>
</tr>
<tr>
<td>Grade level taught in 1997</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary (K-5)</td>
<td>-1.11*</td>
<td>-1.38*</td>
<td>-.55*</td>
<td>-1.48***</td>
</tr>
<tr>
<td>Gender * grade level taught in 1997</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male * Primary (K-5)</td>
<td>3.10**</td>
<td>2.46†</td>
<td>1.57**</td>
<td>1.76*</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.24</td>
<td>-1.80</td>
<td>-.29</td>
<td>-.66</td>
</tr>
<tr>
<td>F (df=3)</td>
<td></td>
<td></td>
<td>3.79***</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>623</td>
<td></td>
</tr>
</tbody>
</table>

† p<.10   * p<.05   ** p<.01   *** p<.001
Note: Analysis excludes those with missing career information and those who were unemployed in 1997. The reference category in the dependent variable is “Teaching the same grade level as before.” The reference categories in the independent variables are “Female” for gender and “Secondary (6-12)” for grade level taught in 1997.
Figure 6.1. Pattern of Gender Segregation (Indices of Association and Dissimilarity) among Lawyers who Entered Law School in 1991.
Figure 6.2. Percent Aspiring To or Working In Private Practice by Gender among Lawyers who Entered Law School in 1991.

Notes: N=3,088 for the BPS; see Appendix B for sample sizes for the MORG-CPS files. Moving averages (intervals of 3 years) are calculated and presented for the years after law school; original values (shaded in grey) are presented for years 1 and 2 because moving averages could not be calculated. The shadowed areas indicate the years after law school during which original values significantly differ by gender (at least p<.05, two-tailed). Exceptions are year 8 (p=.120, two-tailed) and year 13 (p=.304, two-tailed).
Figure 6.3. Average Weekly Earnings by Employment Setting in the Years after Law School by Gender among Lawyers who Entered Law School in 1991.

Notes: See Appendix B for sample sizes. Moving averages (intervals of 3 years) are calculated and presented for the years after law school; original values (shaded in grey) are presented for years 1 and 2 because moving averages could not be calculated. The shadowed areas indicate the years during which original values significantly differ by gender (at least $p<.05$, two-tailed). Original values reflect average weekly earnings averaged across five iterations of multiple imputations (see Chapter 3, Quantitative Approach, Analytic Plan, Additional Analysis of Gender Segregation, Law).
Figure 6.4. Average Weekly Earnings by Employment Setting in the Years after Law School by Gender in Private Practice among Lawyers who Entered Law School in 1991.

Notes: See Appendix B for sample sizes. Moving averages (intervals of 3 years) are calculated and presented for the years after law school; original values (shaded in grey) are presented for years 1 and 2 because moving averages could not be calculated. The shadowed areas indicate the years during which original values significantly differ by gender (at least p<.05, two-tailed). Original values reflect average weekly earnings averaged across five iterations of multiple imputations (see Chapter 3, Quantitative Approach, Analytic Plan, Additional Analysis of Gender Segregation, Law).
Figure 6.5. Average Weekly Earnings by Employment Setting in the Years after Law School by Gender Non-Private Practice (Other) Settings among Lawyers who Entered Law School in 1991.

Notes: See Appendix B for sample sizes. Moving averages (intervals of 3 years) are calculated and presented for the years after law school; original values (shaded in grey) are presented for years 1 and 2 because moving averages could not be calculated. The shadowed areas indicate the years during which original values significantly differ by gender (at least p<.05, two-tailed). Original values reflect average weekly earnings averaged across five iterations of multiple imputations (see Chapter 3, Quantitative Approach, Analytic Plan, Additional Analysis of Gender Segregation, Law).
Table 6.1. Female-to-Male Odds Ratios of Being in the Bottom and Top Earning Quartiles in Private Practice in the Approximate Years after Law School among Lawyers who Entered Law School in 1991.

<table>
<thead>
<tr>
<th>CPS year</th>
<th>Approximate year after law school</th>
<th>Bottom quartile</th>
<th>Top quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>1</td>
<td>2.43*</td>
<td>.71</td>
</tr>
<tr>
<td>1996</td>
<td>2</td>
<td>1.86†</td>
<td>.95</td>
</tr>
<tr>
<td>1997</td>
<td>3</td>
<td>1.10</td>
<td>1.02</td>
</tr>
<tr>
<td>1998</td>
<td>4</td>
<td>1.07</td>
<td>1.55</td>
</tr>
<tr>
<td>1999</td>
<td>5</td>
<td>1.48</td>
<td>.81</td>
</tr>
<tr>
<td>2000</td>
<td>6</td>
<td>1.20</td>
<td>.43†</td>
</tr>
<tr>
<td>2001</td>
<td>7</td>
<td>3.02**</td>
<td>.35*</td>
</tr>
<tr>
<td>2002</td>
<td>8</td>
<td>1.84†</td>
<td>.48†</td>
</tr>
<tr>
<td>2003</td>
<td>9</td>
<td>2.62*</td>
<td>.45*</td>
</tr>
<tr>
<td>2004</td>
<td>10</td>
<td>3.08**</td>
<td>.36*</td>
</tr>
<tr>
<td>2005</td>
<td>11</td>
<td>2.83**</td>
<td>.22***</td>
</tr>
<tr>
<td>2006</td>
<td>12</td>
<td>2.75*</td>
<td>.29*</td>
</tr>
<tr>
<td>2007</td>
<td>13</td>
<td>3.31**</td>
<td>.44†</td>
</tr>
</tbody>
</table>

† p<.10 * p<.05 ** p<.01 *** p<.001
Note: See Table 1 for sample sizes. Weekly earnings are imputed where missing (see section "Analytic Plan" under "Data and Methods").
Appendix A. Categorization of Specialties in Medicine.

The MSQ and GQ surveys asked respondents to choose one of twenty-four specialties. The twenty-four specialties are grouped into eight categories as follows:

1. **Internal medicine**  
   - Internal medicine

2. **Family medicine**  
   - Family medicine

3. **Pediatrics**  
   - Pediatrics

4. **Medical specialties**  
   - Allergy & immunology
   - Preventive medicine
   - Pathology

5. **Surgical specialties**  
   - Colon & rectal surgery
   - Neurological surgery
   - Orthopedic surgery
   - Otolaryngology

6. **Psychiatry**  
   - Psychiatry

7. **Obstetrics-gynecology**  
   - Obstetrics-gynecology

8. **E-ROAD**  
   - Anesthesiology
   - Dermatology
   - Emergency medicine

The AMA survey allowed respondents to enter their specialties or sub-specialties. Based on the sub-specialty certificates approved by member boards in the American Board of Medical Specialties, and based on the FREIDA database maintained by the Accreditation Council for Graduate Medical Education, I categorize sub-specialties as follows:

1. **Internal medicine**  
   - Critical care medicine
   - Cardiovascular disease
   - Diabetes
   - Endocrinology
   - Gastroenterology
   - Hematology
   - Hepatology
   - Hematology/ oncology
   - Interventional cardiology
   - Rheumatology
   - Infectious diseases
   - Sleep medicine

2. **Family medicine**  
   - Family practice/ sports med.
   - Family practice/ geriatrics

3. **Pediatrics**  
   - Pediatrics/ emergency med.
   - Pediatric gastroenterology
   - Critical care pediatrics
   - Neonatal/ perinatal med.
   - Pediatric cardiology
   - Pediatric endocrinology
   - Pediatric rheumatology

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   - Hepatology
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   - Interventional cardiology
   - Rheumatology
   - Infectious diseases
   - Sleep medicine

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   - Family practice/ geriatrics

3. **Pediatrics**  
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   - Critical care pediatrics
   - Neonatal/ perinatal med.
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   - Pediatric endocrinology
   - Pediatric rheumatology

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   - Interventional cardiology
   - Rheumatology
   - Infectious diseases
   - Sleep medicine

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   - Neonatal/ perinatal med.
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   - Pediatric rheumatology

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   - Hepatology
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   - Interventional cardiology
   - Rheumatology
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   - Sleep medicine

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   - Pediatric gastroenterology
   - Critical care pediatrics
   - Neonatal/ perinatal med.
   - Pediatric cardiology
   - Pediatric endocrinology
   - Pediatric rheumatology

214
4. **Medical specialties**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric pulmonology</td>
<td>Pediatric medical toxicology</td>
</tr>
<tr>
<td>Pediatric/sports med.</td>
<td></td>
</tr>
<tr>
<td>Blood banking</td>
<td>Neurology-physical med. rehab.</td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>Neuroradiology</td>
</tr>
<tr>
<td>Hematology/pathology</td>
<td>Vascular neurology</td>
</tr>
<tr>
<td>Pathology-chemical</td>
<td>Pathology-cytologypathology</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>Pharmaceutical medicine</td>
</tr>
<tr>
<td>Selective pathology</td>
<td>Peds-physical med. rehab.</td>
</tr>
<tr>
<td>Clinical neurophysiology</td>
<td>Preventive medical toxicology</td>
</tr>
<tr>
<td>Spinal cord injury</td>
<td>Neurodevelopmental disabilities</td>
</tr>
<tr>
<td>Neuropathology</td>
<td>Undersea medicine</td>
</tr>
</tbody>
</table>

5. **Surgical specialties**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal surgery</td>
<td>Orthopedic pediatric surgery</td>
</tr>
<tr>
<td>Critical care surgery</td>
<td>Orthopedic surgery of spine</td>
</tr>
<tr>
<td>Craniofacial surgery</td>
<td>Orthopedic sports medicine</td>
</tr>
<tr>
<td>Cosmetic surgery</td>
<td>Orthopedic surgery – trauma</td>
</tr>
<tr>
<td>Facial plastic surgery</td>
<td>Endovascular surg. neuroradiology</td>
</tr>
<tr>
<td>Pediatric otolaryngology</td>
<td>Pediatric cardiothoracic surgery</td>
</tr>
<tr>
<td>Head &amp; neck surgery</td>
<td>Pediatric surgery</td>
</tr>
<tr>
<td>Hand surgery</td>
<td>Pediatric urology</td>
</tr>
<tr>
<td>Phlebology</td>
<td>Pediatric neurological surgery</td>
</tr>
<tr>
<td>Plastic - head &amp; neck</td>
<td>Orthopedic adult recon. surgery</td>
</tr>
<tr>
<td>Orthopedics (foot &amp; ankle)</td>
<td>Traumatic surgery</td>
</tr>
<tr>
<td>Transplant surgery</td>
<td>Oral and maxillofacial surgery</td>
</tr>
<tr>
<td>Orthopedic muscolooncology</td>
<td></td>
</tr>
</tbody>
</table>

6. **Psychiatry**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction medicine</td>
<td>Geriatric psychiatry</td>
</tr>
<tr>
<td>Child psychiatry</td>
<td>Psychoanalysis</td>
</tr>
<tr>
<td>Pediatric psychiatry</td>
<td>Psychosomatic medicine</td>
</tr>
<tr>
<td>Psychiatry – pain medicine</td>
<td></td>
</tr>
</tbody>
</table>

7. **OB-GYN**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecological oncology</td>
<td>Ob-gyn critical care</td>
</tr>
<tr>
<td>Maternal &amp; fetal medicine</td>
<td>Reproductive endocrinology</td>
</tr>
</tbody>
</table>

8. **E-ROAD**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology-pain mgmt.</td>
<td>Vascular interventional radiology</td>
</tr>
<tr>
<td>Anesthesiology-critical care</td>
<td>Dermatology immunology</td>
</tr>
<tr>
<td>Pediatric anesthesiology</td>
<td>Dermatologic surgery</td>
</tr>
<tr>
<td>Abdominal radiology</td>
<td>Pediatric dermatology</td>
</tr>
<tr>
<td>Cardiothoracic radiology</td>
<td>Procedural dermatology</td>
</tr>
<tr>
<td>Musculoskeletal radiology</td>
<td>Emergency medicine-pediatrics</td>
</tr>
<tr>
<td>Nuclear radiology</td>
<td>Emergency sports medicine</td>
</tr>
<tr>
<td>Pediatric radiology</td>
<td>Undersea &amp; hyperbaric medicine</td>
</tr>
<tr>
<td>Neuroradiology</td>
<td>Pediatric ophthalmology</td>
</tr>
</tbody>
</table>

The ACMET survey already grouped responses into the 8 aggregate categories. Primary care specialties (internal medicine, family medicine, pediatrics) and obstetrics-gynecology are grouped together, vs. the other specialty groups (including subspecialties), in logistic regression analysis.
### Appendix B. Characteristics of Data Samples, MORG-CPS 1995-2007 Files.

<table>
<thead>
<tr>
<th>Year</th>
<th>Approximate year after law school</th>
<th>N</th>
<th>% female</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>All</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>1995</td>
<td>1</td>
<td>242</td>
<td>141</td>
<td>101</td>
</tr>
<tr>
<td>1996</td>
<td>2</td>
<td>264</td>
<td>146</td>
<td>118</td>
</tr>
<tr>
<td>1997</td>
<td>3</td>
<td>210</td>
<td>135</td>
<td>75</td>
</tr>
<tr>
<td>1998</td>
<td>4</td>
<td>253</td>
<td>150</td>
<td>103</td>
</tr>
<tr>
<td>1999</td>
<td>5</td>
<td>240</td>
<td>143</td>
<td>97</td>
</tr>
<tr>
<td>2000</td>
<td>6</td>
<td>206</td>
<td>131</td>
<td>75</td>
</tr>
<tr>
<td>2001</td>
<td>7</td>
<td>228</td>
<td>140</td>
<td>88</td>
</tr>
<tr>
<td>2002</td>
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<td>84</td>
</tr>
<tr>
<td>2003</td>
<td>9</td>
<td>241</td>
<td>151</td>
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<td>2004</td>
<td>10</td>
<td>262</td>
<td>152</td>
<td>110</td>
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<td>2005</td>
<td>11</td>
<td>347</td>
<td>217</td>
<td>130</td>
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<tr>
<td>2006</td>
<td>12</td>
<td>231</td>
<td>139</td>
<td>92</td>
</tr>
<tr>
<td>2007</td>
<td>13</td>
<td>227</td>
<td>150</td>
<td>77</td>
</tr>
</tbody>
</table>
Appendix C. Messages Used to Recruit Interviewees.

Brief recruitment message

Share your thoughts on careers in (medicine, law, teaching)! I am conducting a study on (doctors’, lawyers’, teachers’) careers, with particular interests in gender issues, job choices and satisfaction, career paths, and perceptions about barriers. Interviews (~45 minutes) can be done over the phone, and all information is confidential and anonymous. As a token of appreciation, you will be entered into a raffle for one of five $100.00 Amazon.com gift cards. This study is funded by the National Science Foundation and approved by the Stanford University Institutional Review Board. If you are interested and want to know more, please contact me directly or follow the link below to provide an email address, and I will contact you shortly with more information. Thank you so much for your consideration!

Link: https://opinio.stanford.edu:443/opinio/s?s=kucareerstudy
Contact: Manwai Candy Ku, mcku@stanford.edu

Sincerely,
Manwai C. Ku
Ph.D. Candidate in Sociology, Stanford University
mcku@stanford.edu

Follow-up message

Hello [name of potential interviewee],

Thank you for your interest in my study! I am writing to follow up and formally invite you to the interview. As you know, the interview includes topics such as career experiences, career goals and choices, and perceptions about barriers. This is a part of a larger study, titled “Gender Segregation and Integration in Select Professions,” that examines and compares the careers of men and women in law, medicine and teaching. Your participation will contribute to developing scholarship and policies related to career and gender issues in your profession and beyond.

The interview is approximately 45 minutes in length and can be done over the phone or in person. Any and all travel expenses will be reimbursed. As a token of appreciation, you will be entered into a raffle for one of five $100.00 Amazon.com gift cards. Participation or interview completion is not required for entry into the raffle. The drawing will take place at the conclusion of the study (est. Sept.-Oct. 2010). Please note that if you win,
you will need to provide your name, mailing address, social security number and signature in order to receive the prize. This information will be kept in a secure location and destroyed as soon as the financial office allows me to do so.

To work out the interview logistics, please respond to this email with the following information:

1) Would you like to be interviewed over the phone, at my office at Stanford University, or at a public location of your choice (please specify)?
2) If over the phone, at what phone number can I best reach you?
3) What are some times (e.g., early morning, after 6 pm) and/or days (e.g., any weekday, Wednesdays) that generally work for you and that you prefer?

Once I receive this information, I will suggest several dates and times for the interview and send you a consent form to review. The consent form details your rights as a participant and relevant contact information. Please feel free to contact me at any time if you have any questions. Thank you so much again for your interest, and I look forward to hearing from you!

Sincerely,

Manwai Candy Ku
Ph.D. candidate in Sociology, Stanford University
mcku@stanford.edu
Building 120, Room 133, 450 Serra Mall, Stanford, CA 94303
**Appendix D. Interview Schedules.**

Interview schedule for medical students, residents, fellows, doctors

<table>
<thead>
<tr>
<th>BACKGROUND</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Race / ethnicity</td>
<td></td>
</tr>
<tr>
<td>Education history</td>
<td></td>
</tr>
<tr>
<td>1) Degrees obtained</td>
<td></td>
</tr>
<tr>
<td>2) Highest degree obtained</td>
<td></td>
</tr>
<tr>
<td>3) Any degrees to further pursue</td>
<td></td>
</tr>
<tr>
<td>Career history</td>
<td>[MEDICAL STUDENTS]</td>
</tr>
<tr>
<td>1) Previous occupation/jobs held</td>
<td>1) Specialty interests at the start of medical school</td>
</tr>
<tr>
<td>2) Specialties ever considered</td>
<td>2) Specialty interests now</td>
</tr>
<tr>
<td>3) Specialty practiced now</td>
<td>[RESIDENTS, PHYSICIANS]</td>
</tr>
<tr>
<td>4) Specialty (sub-specialization) plans</td>
<td>1) Specialty interests at the start of medical school</td>
</tr>
<tr>
<td></td>
<td>2) Specialties ever considered</td>
</tr>
<tr>
<td></td>
<td>3) Specialty practiced now</td>
</tr>
<tr>
<td></td>
<td>4) Any plans to sub-specialize or change specialties?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENTRY INTO THE PROFESSION &amp; EXPERIENCES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you decide on going to medical school?</td>
<td>[PROBES]</td>
</tr>
<tr>
<td>1) Family and friends?</td>
<td>1) When did you know that you want to practice medicine?</td>
</tr>
<tr>
<td>2) Teachers?</td>
<td>2) Did anyone influence your decision, or</td>
</tr>
<tr>
<td>3) Role models?</td>
<td>3) Did anything happen to lead to this decision?</td>
</tr>
<tr>
<td>4) Personal experiences (e.g., volunteering)?</td>
<td></td>
</tr>
<tr>
<td>5) Etc.</td>
<td></td>
</tr>
<tr>
<td>When you first entered medical school, what kind of career did you envision for yourself?</td>
<td>[MEDICAL STUDENTS]</td>
</tr>
<tr>
<td>1) What kind of specialty did you want to pursue?</td>
<td>1) Has this changed at all since you first started?</td>
</tr>
<tr>
<td>2) What kind of practice setting (e.g., academics, private practice, health care organization) did you want to go into?</td>
<td>[RESIDENTS, PHYSICIANS]</td>
</tr>
<tr>
<td></td>
<td>1) How have these initial goals and plans changed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What prompted changes in your goals and plans?</th>
<th>[MEDICAL STUDENTS – 1-4 ONLY]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Family and friends?</td>
<td>[RESIDENTS, PHYSICIANS – ALL]</td>
</tr>
<tr>
<td>2) Professors, role models, mentors?</td>
<td></td>
</tr>
<tr>
<td>3) Peers and colleagues?</td>
<td></td>
</tr>
<tr>
<td>4) Experiences in medical school?</td>
<td></td>
</tr>
<tr>
<td>Questions</td>
<td>[MEDICAL STUDENTS AND RESIDENTS]</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Experiences during residency?                                            | In general, would you say that your experiences in medical school [have been / were] positive, not so positive?  
  1) Was it what you expected?  
  2) Were there any good surprises?  
  3) Were there any barriers that you encountered?  
    a) Support from others – staff, colleagues, instructors?  
    b) Experiences during rotations?  
    c) The curriculum?  | 1) Are there any specific positive experiences?  
  2) What about specific not-so-great experiences?  
  3) Has this led to changes in what specialties you want to pursue?  | 1) Are there any specific positive experiences?  
  2) What about specific not-so-great experiences?  
  3) Has this led to thoughts about changing specialties, practice settings, etc.?  |
| Experiences at the workplace?                                            | What about your experiences during residency?  
  1) Is it what you expected?  
  2) Were there any good surprises?  
  3) Were there any barriers that you encountered?  
    d) Support from others – staff, colleagues, instructors?  
    e) Experiences during training?  | 1) Are you satisfied with your work environment? Why or why not?  
  2) What would you change about it?  
  3) Would you consider leaving? Why or why not?  | 1) Are you satisfied with your work environment? Why or why not?  
  2) What would you change about it?  
  3) Would you consider leaving? Why or why not?  |

**SPECIFIC ISSUES**

<table>
<thead>
<tr>
<th>Questions</th>
<th>[PROBE FOR GENDER]</th>
<th>1) Why / why not?</th>
</tr>
</thead>
</table>
| Work-life issues have become much more prominent in discussions about medical careers. What are your experiences with work-life balance and what is your take on this issue? | Do you think work-life issues affect men and women differently?  
| What are the most important factors (e.g., family, school experiences, mentors) that led to your specialty pursuits and your changes in specialty pursuits? |                                                                                                                                                                                                                                                                                                                                                                          |                    |
| Overall, are you happy with your career?                                 | Overall, are you happy with your career?  
  1) [IF YES] What contributes to your career satisfaction?  
  2) [IF NO] Why not?  | 1) If you were to start over again, would you pick medicine and the specialty that you have chosen?  
  2) What are some things that you would have changed about your career path?  
  3) How can things (the profession, |
We also continue to see substantial differences in men’s and women’s careers.

1) From your experiences and in your opinion, what are the main factors that contribute to these gender differences?
   a) Preference-based?
   b) Constraints on preferences?

2) There is continued discussion on gender issues (harassment, discrimination) in medicine, especially in terms of women’s experiences in male-dominated specialties.
   a) What do you think about this?

3) What types of policies do you think would most effectively achieve gender balance?
   a) Why?

4) If you were to give advice to women aspiring to become doctors, what would it be and why?

<table>
<thead>
<tr>
<th>Interview schedule for teacher students, teachers, former teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACKGROUND INFORMATION</strong></td>
</tr>
<tr>
<td>1. Gender</td>
</tr>
<tr>
<td>2. Age</td>
</tr>
<tr>
<td>3. Race / ethnicity (optional)</td>
</tr>
<tr>
<td>4. Education history</td>
</tr>
<tr>
<td>a. Degrees obtained &amp; institutions (optional)</td>
</tr>
<tr>
<td>b. Teaching credentials</td>
</tr>
<tr>
<td>i. Subject(s) or field(s)</td>
</tr>
<tr>
<td>ii. Grade level(s)</td>
</tr>
<tr>
<td>c. Plans to pursue more degrees</td>
</tr>
<tr>
<td>5. Career history</td>
</tr>
<tr>
<td>a. Previous occupation or job held (before teaching)</td>
</tr>
<tr>
<td>i. Subject(s)/grade(s) taught</td>
</tr>
<tr>
<td>i. Subject(s)/grade(s) planned to teach</td>
</tr>
<tr>
<td>1. Subject(s)/grade(s) planned to teach</td>
</tr>
</tbody>
</table>
**ENTRY INTO TEACHING & INITIAL CAREER PLANS**

1. How did you decide on going into teaching?
   a. Family & friends?
   b. Teachers & other role models?
   c. Personal experiences?
   d. Other?

2. When you first began pursuing a teaching career (e.g., entered a teacher education program), what kind of teaching career did you envision for yourself?
   a. What subjects and grade levels were you initially interested in?
   b. Did you have any preference in terms of the kind of setting (e.g., public vs. private, urban vs. rural) in which the school is situated?
   c. Did you plan to teach long-term?

**FOLLOW-UP OR PROBE**

1. When did you know that you want to go into teaching?
2. Did anyone or any experience influence your decision?
3. What part of teaching attracted you most?

**ENTRY INTO TEACHING & CAREER CHANGES**

1. How would you describe your experiences as a teacher?
   a. Was it what you expected when you first started teacher preparation and teaching?
   b. Did you feel any outside pressure (e.g., from schools, from colleagues, from family and friends) in terms of the directions you were taking with your career?
   c. Did you feel supported in your work (e.g., by schools, by colleagues, by family and friends)?
   d. What are some challenges in teaching that particularly stood out to you (e.g., with students, with curriculum, with the school, with colleagues, with outside pressure)?

2. [IF CHANGED POSITIONS, SUBJECTS OR WORK]

**STUDENTS – previous teaching experiences or experiences so far in student-teaching**

**TEACHERS ONLY – students if they had**
**GRADES TAUGHT, ETC.** What prompted the career changes that you mentioned earlier?

- a. Experiences at work?
- b. Related to colleagues or the school?
- c. Outside pressure?
- d. Other reason?

**CAREER SATISFACTION & CAREER PLANS**

1. What are the most important factors that led to your pursuit of a teaching career and changes in your career path since then?

2. Overall, how satisfied are you with your career?
   - a. [If not very satisfied] What contributed to dissatisfaction (e.g., school environment, colleagues, work conditions, outside pressure, family and friends)?
   - b. [If very satisfied] What contributed to satisfaction (e.g., working with students, school and colleagues, support from others, lifestyle)?

3. What are your current/future career goals?
   - a. [Students] Describe your short-term goals and your long-term goals – what do you envision for yourself in the immediate future and in the long run?
   - b. [Teachers] Do you have any plans to change careers in the future? [Teachers and students] For example, would you consider changing subject/grade taught or changing schools, or moving into a higher administrative position?
     - i. If no, why not?
     - ii. If yes, why?
   - c. What motivates you to stay in teaching?
     - i. [If left teaching] Why did you leave, and what would have motivated you to stay in teaching?
     - ii. [If left teaching] Did you consider changing subjects/grades or schools or position in the school?

**SPECIFIC ISSUES**
1. Work-life issues have become much more prominent in discussions about teaching careers. What are your experiences with work-life balance? [FOLLOW-UP]
   1. Has this influenced your career (and if so, how)?

2. Studies document that men tend to teach secondary school or work in administration, but not elementary school.
   2. In your opinion/from your experiences, what are the main factors that explain these differences?

3. There is some discussion about recruiting more men into teaching – what do you think about this? What strategies would be effective?

4. In general, what policies or changes in the profession do you think are necessary to recruit and retain teachers?

5. If you were to start over again, would you pick teaching as a career and the subjects/grades/schools/etc. that you have chosen?
   a. What are some things that you would have done differently?
   b. How can the profession change to improve teachers’ careers and experiences?

   [STUDENTS – ask parts (b) and (c)]

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**Interview schedule for law students and lawyers**

<table>
<thead>
<tr>
<th><strong>BACKGROUND INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
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<tr>
<td>Age</td>
</tr>
<tr>
<td>Race / ethnicity</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Education history</strong></th>
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<tbody>
<tr>
<td>4) Degrees obtained</td>
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<tr>
<td>5) Highest degree obtained</td>
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<tr>
<td>6) Bars passed</td>
</tr>
<tr>
<td>7) Any degrees to further pursue</td>
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<table>
<thead>
<tr>
<th><strong>Career history</strong></th>
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</thead>
<tbody>
<tr>
<td>5) Previous occupation/jobs held</td>
</tr>
<tr>
<td>6) Practice settings (firms, government, non-profit, in-house) ever considered</td>
</tr>
<tr>
<td>7) Summer job settings</td>
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<tr>
<td>8) First job setting (LAWYERS)</td>
</tr>
<tr>
<td>9) Current job setting (LAWYERS)</td>
</tr>
<tr>
<td>10) Future career goals (LAWYERS)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>[LAW STUDENTS]</th>
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<tbody>
<tr>
<td>3) Settings ideally preferred</td>
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<tr>
<td>4) Settings expected after law school</td>
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<table>
<thead>
<tr>
<th>[LAWYERS]</th>
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</thead>
<tbody>
<tr>
<td>5) Settings initially preferred</td>
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<tr>
<td>6) Settings expected in law school</td>
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<tr>
<td>7) Settings desired for the future</td>
</tr>
<tr>
<td>ENTRY INTO THE PROFESSION &amp; EXPERIENCES</td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td><strong>How did you decide on going to law school?</strong></td>
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<tr>
<td>6) Family and friends?</td>
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<tr>
<td>7) Teachers?</td>
</tr>
<tr>
<td>8) Role models?</td>
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<tr>
<td>9) Personal experiences (e.g., legal aid volunteer, mock trial in high school)?</td>
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<tr>
<td>10) Etc.</td>
</tr>
<tr>
<td><strong>[PROBES]</strong></td>
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<tr>
<td>4) When did you know that you want to become a lawyer?</td>
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<tr>
<td>5) Did anyone influence your decision, or</td>
</tr>
<tr>
<td>6) Did anything happen to lead to this decision?</td>
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<tr>
<td><strong>When you first entered law school, what kind of career did you envision for yourself?</strong></td>
</tr>
<tr>
<td>3) What kind of law (tax, property) were you first interested in?</td>
</tr>
<tr>
<td>4) What kind of setting (firm, government, public interest, business) did you want to go into?</td>
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<tr>
<td><strong>[LAW STUDENTS]</strong></td>
</tr>
<tr>
<td>2) Has this changed at all since you first started?</td>
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<tr>
<td><strong>[LAWYERS]</strong></td>
</tr>
<tr>
<td>2) How have these initial goals and plans changed?</td>
</tr>
<tr>
<td><strong>What prompted changes in your goals and plans?</strong></td>
</tr>
<tr>
<td>7) Family and friends?</td>
</tr>
<tr>
<td>8) Professors, role models, mentors?</td>
</tr>
<tr>
<td>9) Peers and colleagues?</td>
</tr>
<tr>
<td>10) Experiences in law school?</td>
</tr>
<tr>
<td>11) Summer job experiences?</td>
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<tr>
<td>12) Experiences at the workplace?</td>
</tr>
<tr>
<td><strong>[LAW STUDENTS – 1-4 ONLY]</strong></td>
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<tr>
<td><strong>[LAWYERS – ALL]</strong></td>
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<tr>
<td><strong>In general, would you say that your experiences in law school [have been / were] positive, not so positive?</strong></td>
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<tr>
<td>4) Was it what you expected?</td>
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<td>5) Were there any good surprises?</td>
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<tr>
<td>6) Were there any barriers that you encountered?</td>
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<tr>
<td>f) Support from others – staff, colleagues, instructors?</td>
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<tr>
<td>g) The curriculum?</td>
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<tr>
<td>h) Job placement help and counseling?</td>
</tr>
<tr>
<td><strong>[EVERYONE]</strong></td>
</tr>
<tr>
<td>4) Are there any specific positive experiences?</td>
</tr>
<tr>
<td>5) What about specific not-so-great experiences?</td>
</tr>
<tr>
<td>6) Has this led to changes in what kind of settings you want to eventually work in / what kind of career you want?</td>
</tr>
<tr>
<td><strong>What about experiences during the summer?</strong></td>
</tr>
<tr>
<td>1) Where did you work during your law school summers?</td>
</tr>
<tr>
<td>2) Were you satisfied with your experiences?</td>
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<tr>
<td>3) How did these experiences influence your career goals and plans?</td>
</tr>
<tr>
<td><strong>[LAW STUDENTS]</strong></td>
</tr>
<tr>
<td><strong>How about now at the workplace?</strong></td>
</tr>
<tr>
<td>4) Are you satisfied with your work environment? Why or why not?</td>
</tr>
<tr>
<td>5) What would you change about it?</td>
</tr>
<tr>
<td><strong>[LAW STUDENTS]</strong></td>
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<tr>
<td>1) What are your perceptions about the different kinds of settings that you can go into?</td>
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<td>6)</td>
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<tr>
<td>7)</td>
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<td>(LAWYERS)</td>
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<td>2)</td>
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### SPECIFIC ISSUES

**Work-life issues** have become much more prominent in discussions about legal careers. What are your experiences with work-life balance and what is your take on this issue?

**[PROBE FOR GENDER]**

Do you think work-life issues affect men and women differently?

2) Why / why not?

What are the most important factors (e.g., family, school experiences, mentors) that led to your career goals/decisions and your changes in your goals/decisions?

Overall, are you happy with your career?

3) [IF YES] What contributes to your career satisfaction?

4) [IF NO] Why not?

**[PROBES]**

5) If you were to start over again, would you pick law and the setting that you have chosen?

6) What are some things that you would have changed about your career path?

7) How can things (the profession, societal views, workplace policies) change to improve your career satisfaction?

8) If you can change just one thing about your profession, what would it be?

We also continue to see substantial differences in men’s and women’s careers.

5) From your experiences and in your opinion, what are the main factors that contribute to these gender differences?

   c) Preference-based?

   d) Constraints on preferences?

6) There is continued discussion on gender issues (harassment,
discrimination) in law, especially in terms of women’s experiences in private firms.

b) What do you think about this?

7) What types of policies do you think would most effectively achieve gender balance?
   b) Why?

8) If you were to give advice to women aspiring to become lawyers, what would it be and why?
LIST OF REFERENCES


Graduating Student Questionnaire 1995 [computer file]. Conducted by the Association of American Medical Colleges [producer and distributor].


Matriculating Student Questionnaire 1991 [computer file]. Conducted by the Association of American Medical Colleges [producer and distributor].


Stratton, Terry D., Margaret A. McLaughlin, Florence M. Witte, Sue E. Fosson, and Lois Margaret Nora. 2005. “Does Students’ Exposure to Gender Discrimination and Sexual Harassment in Medical School Affect Specialty Choice and Residency Program Selection?” Academic Medicine 80(4): 400-408.


