

How to acquire a scientific degree in the field of medical science in Lithuania: women physician-scientists' personal experience-based strategies

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Introduction. In the context of rapid trends of feminization in the Lithuanian academic community, the field of medical sciences is rather an interesting case in terms of gender distribution. That is, women are the majority among practicing physicians in Lithuania and, as the aggregated statistical data demonstrate, women composed more than half of all the researchers with a scientific degree or academic title in the field in mid 2000s. However, detailed analysis of newly acquired scientific degrees in the field evidences that the number of women who acquired a degree in medical sciences outgrew the corresponding number of men only after 2000. Thus, it is the personal women's experiences lurking behind these numbers that are the focal issues of the paper.

Materials and methods. The paper is based on the materials of sociological research project *Women Physicians in Post-communist Society*, which was based on a series (N = 36) of semi-structured interviews with Lithuanian physicians in winter–spring 2005. Materials of only 7 interviews with women physician-scientists were selected for analysis in the paper (other 14 interviewed women-physicians had no degrees in science). The thematic discourse analysis was conducted using inductive research strategy and basing on the principal assumptions of discourse analysis.

Results. Analysis of the interviews with women physician-scientists revealed three general patterns of women's behaviour in professional medical establishments. They are as follows: extremely hard work and selfless devotion to work hoping that someone will recognize her efforts; absolute reliance upon a person, who has higher credentials; retreat from the field of professional competition using stereotypical feminine argumentation.

Conclusions. Women physician-scientists' career strategies are not identical, but rather similar to the ones which are used by women in other fields of science or professional activity in Lithuania as well as in other societies. The main conclusion is that, even recognizing the necessity to continue abyssal investigations of the phenomena, the recovered aspects of dominant gender order in the field of medical practice and research are supplementary features of institutions which "were created for and by men".

Key words: gender, women, career strategy, medical sciences

INTRODUCTION

Since the very beginning of the 1990s the number of women among Lithuanian scientists started growing very rapidly. During the period between 1990 and 2000, women's portion among the newly established PhDs increased from 30% (till the end of 1980s) to 50% (the beginning of 2000s) and even more. Statistical data indicates that feminization ratio in the Lithuanian academic community was higher than in any other EU country in 2000 (the indicator in Lithuania was 90.3, while the EU average was 53.6) (1); in 2003, Lithuania was the second

(after Latvia) by the proportion of female researchers among the EU countries (2). Hence, if to use Dahlia's Moore's terms (3), the threshold for women's participation in the science in Lithuania was overcome by the end of the 20th century.

The threshold of women's participation in the Lithuanian academic (scientific) community was overcome without any special interventions and efforts, though. That is, for example, despite the fact that the discourse on gender equality started being formulated both in private and public spheres and, in general, on political, academic etc. levels of social life, the discourse was mostly of general content, and not focused on any particular issue. Regardless of the newly established legal regulations on gender equality issues on the state level, they all were of rather general content; furthermore, there was no concern related with

gender issues on the institutional level in academic / scientific organizations. Taking into account these trends, we should follow contingent explanation of gender inclusion into organizations and consider academic institutions to be gender-neutral. Hence, the alterations of gender proportions should be reduced to "contingent outcome of specific historical circumstances and not an intrinsic feature of bureaucratic organizations" (4).

Indeed, the process of feminization started after 1990 and, in general, associates with drastic changes in economical, political, socio-cultural life of the country. In academic environment, the phenomenon manifests decreasing prestige of science, altering work conditions in academic / scientific organizations (5), and, virtually, men's retreat from the field (6). The idea of "shrinking organizations" suggests a logical explanation: as the number of men decreases in a particular sector, the space available for women expands. However, increasing portions of women among scientists do not mean that the general order of power distribution changes simultaneously; in fact, traditional hierarchies with men at the top remain stable in the Lithuanian academic society. This body of evidence makes us reject the above mentioned contingent explanations and draw our attention to another one: i. e. embedded approach which "conceptualizes any organization as socially situated practice and sees gender as embedded in any organization of society" (7). Following this, academic organizations should be treated as formal, but inherently gendered structures where various gendered processes and gendered practices (8) obtain their shape and content through everyday interactions.

The field of medical sciences is rather an interesting case in terms of gender distribution. That is, on the one hand, women are the majority among practicing physicians in Lithuania. Considering close interrelation between medical practice and medical research, it would be logical to expect, that proportions of women and men scientists should be approximately similar in the field. The aggregated statistical data demonstrate that women composed almost 54% of all the researchers with a scientific degree or academic title in medical sciences in 2006 (9). However, detailed analysis of the newly acquired scientific degrees in the field provides evidence that the number of women who acquired degrees in medical sciences outgrew the corresponding number of men only after 2000 (10). Despite the tendency of altering gender distribution in the field, it is very similar to the ones discovered in other fields of science and denotes men's retreat from the field (11); therefore, the questions – what forces drive a woman-physician to strive for a degree and how these forces drive her intentions – are of particular interest. Thus, the focal point of this paper is women physicians-scientists' personal experiences and, specifically, the strategies women use while seeking for scientific degrees in medical sciences.

MATERIALS AND METHODS

The paper is based on materials of sociological research project *Women Physicians in Post-communist Society* (see e. g. 12, 13, 14, 15). The project was based on an empirical study, i. e. a series of semi-structured interviews with Lithuanian physicians, who practiced in public and private hospitals and clinics in Vilnius and Kaunas in winter–spring 2005. Snow-ball sampling (16: 175–176) was used as a method for selecting 36 interviewees in the study. Original interview schedule contained 18 ques-

tions about physicians' choice of profession and medical specialty, professional identity, changes in medicine, gender-related aspects of medical practice and career in medicine, migration, and family. All the interviews were transcribed verbatim, and textual materials were used for the analysis.

Materials of interviews demonstrate that scientific degree in medical science is an indicator of success of one's career in the field. That is, following interviewees' statements, a degree opens one's possibilities for advancement in the organizations. Citing one of the interviewees, "you can study a lot; nevertheless, if you have no degree, nobody will ever believe that you [are] here". Preliminary analysis of interview materials demonstrates that the attitude of women and men physicians' towards the degree is slightly different. However, this paper is aimed at revealing exclusively women's experiences, and not exploring gender-related peculiarities. Evading analysis of the question why 14 (out of 21) interviewed women decided not to strive for a degree, materials of only 7 interviews with women physician-scientists¹ (i. e. women interviewees who already had a degree) were selected for the following analysis in the paper. Furthermore, using inductive research strategy (17: 102–104, ff.) and relying on principal assumptions of discourse analysis (18: 4–7, ff.) only the discourse-related scientific degrees acquired were selected for analysis in this paper. Hence, exclusively women's experiences are reflected in the paper; corresponding (and different, indeed) men's accounts are not considered here.

RESULTS

Preliminary analysis of selected interview materials demonstrated that the interviewed women physician-scientists tended to use different rhetoric and expressions while talking about their personal experiences both in their private and public (professional) lives. Concretely, some of them used such rhetoric as "I have just decided", "I wanted and I did that", "you have to choose" more frequently and said that "I will not die because of modesty". Meanwhile other women suggested, that "one must be suggested/chosen", "one should be patient and wait till his / her time", and alike. In other words, some women were more inclined to use active rhetoric, while others used mostly passive expressions.

Indeed, accounts given by each woman cannot be unambiguously treated as active or passive ones and attributed to one or another type of discourse, as the terms and expressions used were various and dependant on the interview question. However, in general, the interviewed women were using passive terms more frequently than the active ones. This evidence once again illustrates traditional understanding of passivity as a more typical feminine feature than activity.

Following M. Foucault, who saw discourse as a "system of ideas or knowledge, inscribed in a specific vocabulary" (19), Katila and Einen (20) suggest that the discourse we use is both a background for and a verbal expression of our everyday practices simultaneously. Thus, the recorded women's stories not

¹ Seeking to preserve interviewees' anonymity, detailed information about their professional background and social status is not provided in this paper.

only describe their personal experiences, actions, attitudes etc.; the rhetoric used in the stories also reflects the dominant discourse which predetermines possible ways of woman's (as social actor's) behaviour in a particular social setting. Hence, provisory schematization of dichotomy of the terms used by women is useful for starting a more detailed discussion on women's strategies (since these are based on the discourse they use).

Thematic discourse analysis of the interviewed women physicians-scientists' accounts concerning their scientific careers denotes three dominant types of strategies, which have been used by the women in their professional environments. The strategies, which were reported most frequently and most openly during the interviews, may be easily positioned on a straight line with extreme activity at one end and total passivity at the other one. The people could be grouped as follows: (a) independent initiators who were / are actively building their careers in the field of medical sciences, (b) dependent followers, who preferred to wait till someone's suggestion to pursue a career, and (c) contented stayers who have chosen an absolutely passive way of working in academic surroundings.

1. Independent initiator

The first typical feature of the independent initiator – as it appeared in the interviewed women's reports – is extraordinary activity. That is, a woman, who might be called an independent initiator in the context of this paper, was very active since the very beginning of her career in academic surrounding. She was the best student, the most evident activist in students' social activities etc. As one of them told:

I was a good student, one of the best in my course. And my reports were on a rather high level at scientific conferences. The reports were serious. [...] My professors paid attention to me, during the exams, as well. Maybe I used to answer not very traditionally, but well. [...] I started getting involved in science in my third year at university. Or maybe even earlier, I'd say. [...] And maybe since my second university year I was reading the specialty literature in [the field]. And I started to experiment [in the field] since my third year. In my fifth year I won a prize at a "real" [...] conference, i.e. at which people maintaining dissertations were making reports, not ordinary students. [...] I showed initiative. And just after the graduation I won the top prize at the [Soviet] Union [scientific...] conference.

In general, the main focuses of women's self-realization during the early years in academic surroundings were slightly different. However, the most obvious and, probably, the most significant feature of the woman – independent initiator – is her clear vision of what she is striving for. In women's words:

I had my aim: I wanted to study. Well, simply, maybe I am just that kind of personality, created to be a scientist. [...] For example, I am even being called "a professor" (laughing). Well, I do not know, but somehow it is just like this. For example, I like reading; I could do that endlessly, all day long.

I had my own ideas. I wanted to realize them. Later I saw that it was impossible to realize them because there were no conditions for that. [...] I wanted to solve the [scientific problem]. I thought, I was able to do this and that is why I went there. [After graduation], I was offered to stay at three university departments at once... [But] I wanted the [particular field of medical science] and I received scholarship [in that field].

The above excerpts suggest that motivations for starting a scientific career can be rather different and vary from clearly defined goals (i.e. to solve actual scientific problems) to blurred aspirations formally defined as one's self-predilections (i.e. to become "a scientist"). Regardless of the content of the striving, actual realization of it is grounded on hard, scrupulous, exhausting work. Self-devotion to arduous work is the main feature of an independent initiator. For example, some astounding stories, which were told during interviews:

Well, when I was expecting [a child], I just completed my PhD paper. [During the birth] I lost very much blood. And I knew that I should defend the work now or never. I could not go myself more than 100 meters, so I sat in a wheel-chair by the bed of my sleeping baby and I was working on the proofs of my dissertation. And when I was defending my habilitation, [a child] was dying [...]. So I stayed with my child at nights, I just went out to my private work, to earn money for the family, and sometimes I went to work with proofs of my habilitation dissertation. When I used to lose my consciousness, (smiling) [somebody] poured cold water on me and I just stood... My child survived; I received [the degree].

In fact, it was a nightmare, there. [...] And later on, all my other tasks, all my science, all night long. All my scientific activities, all my exams, sessions – I have learned everything during the night time and at the expense of my health, for sure. And it used to be – for several weeks – I slept just a couple of hours per night. And I used to just fall down on the floor and think: "that is the end. I can not make it; I do not want it anymore". But later on, you recover and you start it anew. But that period was really complicated for me.

The first evidence which comes from the cited stories is obviously excellent health of a woman who is able to work strenuously and overcoming fatigue. Indeed, traditional thinking here suggests that it was a woman's choice to act in such a way. However, it must be noted, that both above cited women were married, and the same traditional discourse draws attention to a man's absence from the story. Symptomatically (?), a man is absent even in the case (the first excerpt) where the woman is retelling her mother-scientist's experiences.

Surprisingly or not, but independent initiator remains active during whole period of her professional life. That is, she continuously develops new medical methods and tries to introduce them into practice; she strives to expand her medical practice and actively participates in academic activities. It is a rhetorical question, how much the active professional life costs for an independent initiator? The fact is that a man (a husband, a colleague, a patient etc.) appears as a very fragmentary actor in the stories.

2. Dependent follower

A relatively more passive strategy of a dependent follower is realized by arduous and exhausting work as well. However, initiatives to start working arise temporarily and are based not only on women's personal decisions. For example, as the interviewee told:

And my research issue came from the field of [PhD mentor's field of interest] He supported me [...] well, of course, when you are just starting the doctoral studies, you do not know [anything] [...] and you need some supervisor, who will bring you to the right way, into all the system. [...] One needs certain directives;

there must be some plan to follow [...] He [the supervisor] himself conducted a lot of research in this field, later on, branches, narrow areas of science, I was assigned to research one of them and he supported me a lot.

Differently from an independent initiator, a dependent follower accepts suggestion and supervision. She does not feel herself independent to develop her own field, to explore unique niches in the field, to find original way for developing dissertation. Instead, she obediently accepts the suggested "narrow area" and is passively waiting till someone (a man supervisor, indeed), will "bring her to the right way".

Institutional establishment is not the only sphere where a stimulus for a dependent follower may come from, though. As it is narrated in the next excerpt, an incentive could originate in woman's private surroundings as well. More concretely:

Practically our family friend was a professor in Vilnius. He started new research. [...] And, therefore, I took over that experience from the [colleagues from] Vilnius. [...] My dissertation has come from that [work].

Hence, private family ties (or, if to use widely accepted sociological terms, social capital which might be defined as "the good-will that is engendered by the fabric of social relations and that can be mobilized to facilitate action") (21: 17)) appear as a presumption of a woman's career in science. Furthermore, in case of a dependent follower, available social capital in a form of social relations replaces arduous efforts of an independent initiator. For example, as it happened in this case:

Practically my consultant from Vilnius was my supervisor officially. But at those times that was not acceptable, that in Kaunas – here's Vilnius. So, the [male] academician N appeared there [...] – I had to pass all those formalities somewhere [...] My husband was working in that department, same as the [male] academician N. I passed all the formalities to that department.

And she finishes by acknowledging that "practically that work [dissertation] has stemmed out by itself".

Overpowering man's role appears in other stories also. For example:

To write that work [habilitation], it was my husband who forced me to write it then. [He] said: "You must [do it]". [...] But later, the second time, my husband forced me much already [...], and now I'm grateful to him – that he, as the saying goes, pressed me to all that, finally. There were official ways [to formalize defence of the second dissertation] [...] Of course, [male] academician K helped me [...], he arranged for me exactly to come there and so on. This was his merit.

In general, a dependent follower just waits for the right time, for the right person etc. Indeed, the main prerequisite here is to be "in the right place in due time". However, without active intervention from outside (a person from private surrounding, like a husband or family friend, or somebody from professional establishment, like a senior colleague) it is difficult to imagine any individual woman's actions. A man is the main figure in a dependent follower's narrations and, following the discourse, in such a strategy employing woman's professional career.

3. Contented stayer

Finally, contented stayers remain almost absolutely passive in terms of scientific work and career in general. A contented stay-

er is certain that she "has completed the program maximum by obtaining a PhD". The confidence appears as unchallengeable argument for a woman's retreat from the field of professional competition. For example:

I am thinking [about habilitation], here, as for a woman to defend a doctoral thesis is a great achievement. For sure, a professor here means a lot, it is very important, but I did enough, I did what I could, I did it.

Thus, a contented stayer feels she "did what she could". However, the career ladder does not end at PhD. Moreover, a contented stayer acknowledges that "a professor means a lot" and confesses that she wants "to contribute to science". The only argument which was underlying behind the woman's decision to stop pursuing scientific career and contributing to science significantly was her wish "to raise her children now". Symptomatically, a man is absent from the discourse again; an institutional order is not questionable.

Indeed, contented stayer's arguments for withdrawal from the field of professional competition may be various. For example, as it comes from the following excerpt, she may demonstrate indistinct reservation. That is:

Interviewer: Are you thinking about habilitation?

Interviewee: (pause) I could do that. I could. Yet, I am not sure, if I will.

Interviewer: Why?

Interviewee: Well, because, I am thinking, that anyway, I got old, (laughing), but [...] I do not know, I am not sure, if I need this.

In this case, in addition to reiteration of earlier latent suggestion that a woman might not need a higher degree, a woman in her forties suggests unbelievable reason: she is too old for the second degree in science. The interview materials suggest that a woman tries to find reliable argumentation for resigning to develop her scientific career even when she feels she would have potency to seek for it. In other words, the materials imply that a woman seems to be inclined to believe successful career to be supererogatory and, thus, an unwanted thing in her life. Probably, an explanation of contented stayer's strenuous attempts to find justification for her retreat from professional competition might be found in the following story, which depicts an independent initiator's experience. In original words:

Interviewee: I haven't received professor's epaulets, although I was reading 70 hours and even a longer course for many years, for free – and I was promised to be granted the epaulets for that at least. But I haven't. Then I stopped reading.

Interviewer: Why haven't you got it?

Interviewee: Well... Not the right person. When I will be recognized abroad and become a professor abroad, maybe then Lithuania will give it to me also.

An independent initiator concludes in a very similar manner as a contented stayer: "Do you think that's something to go mad for?"

IN LOCO DISCUSSION

All the above discussed women physicians-scientists' strategies led women to a more or less successful career in Lithuanian academic medicine. If to follow Tobio's (22) classification of women's (and more specifically, Spanish working mothers') strategies, the three identified strategies – independent initiator,

dependent follower, and contented stayer – should be treated as the main ones, which were used by the women interviewees while seeking for a degree (i. e. career) in medicine. The complementary and not so frequently used strategy, which was not discussed in the paper, was adaptation to one's biological clock, i. e. a woman's decision to postpone her career till her husband's career entrenches and her children grow up. However, Tobio's classification is based on analysis of work responsibilities and family demands reconciliation, which were just fragmentarily mentioned in this paper.

Indeed, the strategies cannot be defined as a way of professional life in strict and unambiguous terms. For example, usually the interviewed women reported to be using strategy of an independent initiator only in the very early stages of their scientific career; just some of women remained strong enough to follow the strategy later. The strategy of a dependent follower is not quite passive, as a woman consciously decided to postpone her career for an unlimited period of time. However, most frequently a woman became a dependent follower or, in other words, "waiter"² and used the strategy of obedient waiting till receiving someone's (man's!) suggestion to develop proposed field obediently in later stages of her career. Finally, the third strategy of a contented stayer is not unambiguous. On the one hand, the strategy is very closely associated with the strategy of a dependent follower, i. e. it is likely that a woman who used to say that "I have done enough", might be still waiting for her chance (as the statement "I have done enough..." always can be extended by "... for this time period"). Besides, on the other hand, there is no clear support from our data that these women are really "contented" with their current positions. Thus, the strategies are mixed in different periods of a woman's life.

Success of each strategy cannot be evaluated unambiguously here either, as formal positions always are associated with a particular personality. Hence, comparison of achievements of these women in terms of their positions would give only partial picture of their success. Secondly, all the women interviewed reported that they "like their work", "they are interested" and they have some projects related to their lives. Hence, one should believe, the interviewed women feel they are more or less successful in their life. And, obviously, none of them would agree with the statements that "I will be working till I die" or "I will be waiting till I die".

Analysis of the interview materials provide possibility to identify only three (but not, for example, five or seven) women's strategies. Interestingly, man is a key figure in dependent follower's professional life, but (almost) absent from independent initiator's and contented stayer's stories. Contrariwise, woman-mother's role remains untouched in dependent follower's stories, but is highlighted in independent initiator's and contented stayer's career strategy-related contexts. However, relying on interview materials, it is not possible to ascertain how these strategies would be successful for all the women scientists in general. It is obvious, that all the discussed strategies are entirely individual. As it is reported in other studies, such individual strategies – even very aggressive and competitive over the years – might be "extremely successful on a short-term, individual basis, served only

to reinforce the gendered system, leaving little hope for long-term change" (23: 158).

CONCLUSIONS

Thematic discourse analysis of interviews with women physician-scientists demonstrates that the interviewed women followed three general patterns of behaviour in professional medical establishments. These are as follows: (a) extraordinary hard work, devotion to work, and hope, that someone (most probably, a man) will recognize her efforts; (b) absolute reliance upon a person, who has higher credentials (usually a man); and (c) retreat from the field of professional competition using stereotypical feminine argumentation. Women physician-scientists' strategies are not identical, but rather similar to these, which are used by women in other fields of science (24) or professional activity (25) in Lithuania. Nor women physician-scientist's projects, which reflect their career ambitions, differ significantly from these which dominate among women in other societies (see e. g. 26, 27, 28). Hence, it must be concluded, that the patterns, which are described in the paper, might be typical for many women acting on various social levels in different societies. In other words, even recognizing the necessity to continue abyssal investigations of the phenomenon, it must be acknowledged, that recovered aspects of dominant gender order in the field of medical practice and research are just supplementary features of institutions, which "were created for and by men" (29). Indeed, more detailed and large-scale surveys are necessary for supporting (or rejecting) these conclusions.

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² The term should be understood as derived from word "to wait", if to translate following Lithuanian language logics.

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AR LENGVA ĮGYTI MEDICINOS MOKSLŲ LAIPSNĮ LIETUVOJE? MOTERŲ GYDYTOJŲ IR MOKSLININKŲ ASMENINE PATIRTIMI PAREMTOS STRATEGIJOS

Santrauka

Įvadas. Gana greitos Lietuvos akademinės bendruomenės feminizacijos kontekste medicinos mokslų sritis yra įdomus atvejis analizuojant lyčių pasiskirstymą šioje srityje. Moterys sudaro daugumą tarp praktikuojančių gydytojų Lietuvoje ir, kaip rodo apibendrinti statistikos duomenys, daugiau nei pusę mokslo laipsnį ar akademinį vardą turinčių asmenų 2000-ųjų viduryje. Tačiau mokslo laipsnį medicinos srityje įgyjančių moterų skaičius peraugo vyrų skaičių tik po 2000 metų. Taigi esminis šiame straipsnyje keliamas klausimas: kokios asmeninės moterų patirtys slypi už šių skaičių?

Duomenys ir metodai. Empirinis straipsnio pagrindas – sociologinio tiriamojo projekto „Moterys gydytojos pokomunistinėje visuomenėje“, paremtos pusiau struktūruotais interviu (N = 36) su Lietuvos gydytojais ir gydytojais 2005 m. žiemą–pavasari, medžiaga. Kadangi tik 7 iš 21 interviu dalyvavusios moters gydytojos turėjo mokslo laipsnius, straipsnyje analizuojama tik jų interviu medžiaga. Tematinė interviu diskurso analizė atlikta vadovaujantis indukcinė tyrimo strategija ir remiantis esminėmis diskurso analizės prielaidomis.

Rezultatai. Interviu su moterimis gydytojais ir mokslininkėmis medžiagos analizė padėjo išskirti tris būdingiausias moterų elgsenos standartus medicinos organizacijose: išskirtinai sunkus darbas, pasiaukojimas darbui ir viltis, kad kažkas pastebės (ir pripažins) moters pastangas; visiškas pasitikėjimas aukštesnius kredencialus turinčiu asmeniu; pasitraukimas iš profesinės konkurencijos lauko pasiremiant tradicine moteriška argumentacija.

Išvados. Atskleistos moterų gydytojų ir mokslininkių karjeros strategijos nėra identiškos, tačiau gana panašios į naudojamas moterų kitose mokslo ir / arba profesinės veiklos srityse tiek Lietuvoje, tiek ir kitur. Pagrindinė išvada yra ta, kad netgi pripažįstant tolesnių reiškinio tyrimų poreikį, atskleisti medicinos vyraujančios lyčių nelygybės aspektai papildė „vyrų ir vyrams sukurtų“ institucijų charakteristikas.

Raktažodžiai: lytis, moterys, karjeros strategijos, medicinos mokslai