

Centre for Research Excellence
in Medical Workforce Dynamics

Medicine in Australia: Balancing Employment and Life (MABEL)

Overview of MABEL research in the Medical Workforce Participation theme

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FACULTY OF
BUSINESS &
ECONOMICS



MELBOURNE INSTITUTE®
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MONASH University
Medicine, Nursing and Health Sciences

Introduction

- Aim of this theme is to:
 - understand the factors influencing doctors' decisions on the number of hours worked and investigate how these factors influence the allocation of working hours across sectors, and between clinical and non-clinical work
- Provide a brief overview of current/recent work and future plans

Current papers

- general labour supply decisions of General Practitioners (GPs) and specialists,
 - the public and private hours choice of specialists, and
 - “normal” working hours and on-call hours choices for GPs
-
- All analyses separately for men and women

Some results

- Increasing wages is unlikely to be effective in raising overall labour supply
 - Although there appears to be widely varying responsiveness to wage changes between doctors, no clear patterns are evident
 - One exception: positive effect for female GPs and specialists with youngest child 5-9

Some results

- It seems possible to shift supply between public and private sector but combined change is around 0
 - 1% increase in wage in one sector leads to 0.21-0.54% increase of hours in that sector with a corresponding decrease in the other sector, larger for male than female specialists
 - This is only useful if there is oversupply in one sector

Some results

- Perhaps more interestingly:
 - Differences by gender and family composition
 - As expected, young children reduce working hours for all groups; largest for female GPs, and then female specialists (youngest child 0-9) and male GPs
 - For women, the effect of the total number of children compounds the negative effect of the youngest child
 - Male specialists with children work on average slightly longer hours than those without children.
 - For male GPs, the combined effect remains negative if there is 1 child only and the child is younger than 10

Some results

- More differences by gender and family composition
 - If the partner is not employed, female specialists tend to work more hours than single female specialists
 - If the partner is in full-time employment, female specialists and GPs work slightly fewer hours compared to single female specialists and GPs
 - male partnered GPs work slightly more hours than single male GPs independent of partner's work status

- This is despite large human capital investments by female doctors
- Not the only gender difference, earlier research found difference in wages between male and female doctors even after controlling for several other differences
- Important given changing workforce composition

Gender distribution over age cohorts

Proportion of men and women and average hours worked per week, by age group and doctor type

| Age: | GPs | | | Specialists | | |
|-------------------------|--------|-------|------------|-------------|-------|------------|
| | Female | Male | Total obs. | Female | Male | Total obs. |
| under 30 (row %) | 62.26 | 37.74 | 53 | | | 0 |
| Average hrs/wk | 40.55 | 43.10 | | | | |
| 30 to 39 (row %) | 64.72 | 35.28 | 479 | 46.35 | 53.65 | 466 |
| Average hrs/wk | 29.20 | 43.51 | | 33.70 | 46.80 | |
| 40 to 49 (row %) | 57.14 | 42.86 | 840 | 35.02 | 64.98 | 1045 |
| Average hrs/wk | 30.64 | 46.88 | | 36.55 | 49.66 | |
| 50 to 59 (row %) | 40.84 | 59.16 | 884 | 24.55 | 75.45 | 880 |
| Average hrs/wk | 36.59 | 47.85 | | 41.21 | 49.71 | |
| 60 to 69 (row %) | 22.22 | 77.78 | 279 | 9.78 | 90.22 | 450 |
| Average hrs/wk | 34.67 | 42.19 | | 38.31 | 42.17 | |
| 70 to 79 (row %) | 12.31 | 87.69 | 65 | 3.66 | 96.34 | 82 |
| Average hrs/wk | 28.81 | 28.68 | | 33.00 | 28.34 | |

Gender differences

| | Female | | Male | |
|-------------------|--------|-------------|-------|-------------|
| | GPs | Specialists | GPs | Specialists |
| No partner | 0.133 | 0.178 | 0.072 | 0.051 |
| Partner | 0.867 | 0.822 | 0.928 | 0.949 |
| Partner works FT | 0.657 | 0.576 | 0.226 | 0.205 |
| Partner works PT | 0.112 | 0.153 | 0.398 | 0.442 |
| Partner not empl. | 0.097 | 0.092 | 0.304 | 0.302 |
| | | | | |

- For younger age cohorts, the difference between men and women is slightly smaller but it is still a large difference
- Indicates less support at home for female doctors and more difficulties balancing family and employment
- Also feel/are more responsible for care for children

Restricted in employment due to a lack of childcare (all doctor types, in %)

| | strongly disagree | disagree | neutral | agree | strongly agree | not applicable |
|-----------------------------|-------------------|----------|---------|-------|----------------|----------------|
| Doctor's employment | | | | | | |
| Male with child 0-5 | 23.9 | 46.8 | 10.9 | 9.4 | 3.4 | 5.6 |
| Female with child 0-5 | 14.8 | 41.7 | 8.6 | 21.5 | 9.6 | 3.8 |
| Partner's employment | | | | | | |
| Male with child 0-5 | 12.2 | 30.1 | 12.6 | 23.8 | 15.0 | 6.3 |
| Female with child 0-5 | 19.5 | 45.5 | 7.7 | 13.5 | 7.3 | 6.5 |

Planned papers

- Explore the hurdles faced by female doctors when wishing to increase labour supply
 - E.g. investigate factors in being restricted in employment due to a lack of childcare and impact on hours worked
- Explore changes for the new generation of doctors, men and women
 - E.g. young male doctors may have more caring responsibilities now due to having a highly educated partner
- Transitions over the life cycle:
 - E.g. from public to private (or vice versa), increase/decrease in hours

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Thank you

Feedback and comments
are very welcome



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