

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

2nd MABEL Research Forum  
10 April 2014  
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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.
<b>under 30</b> (row %)	62.26	37.74	53			0
Average hrs/wk	40.55	43.10				
<b>30 to 39</b> (row %)	64.72	35.28	479	46.35	53.65	466
Average hrs/wk	29.20	43.51		33.70	46.80	
<b>40 to 49</b> (row %)	57.14	42.86	840	35.02	64.98	1045
Average hrs/wk	30.64	46.88		36.55	49.66	
<b>50 to 59</b> (row %)	40.84	59.16	884	24.55	75.45	880
Average hrs/wk	36.59	47.85		41.21	49.71	
<b>60 to 69</b> (row %)	22.22	77.78	279	9.78	90.22	450
Average hrs/wk	34.67	42.19		38.31	42.17	
<b>70 to 79</b> (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
<b>Doctor's employment</b>						
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
<b>Partner's employment</b>						
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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