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Sex Differences and Promotion Prospects in Clinical Psychology in Scotland

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ABSTRACT

The following paper compares the gender bias in the Clinical Psychology profession in Scotland between 1990 and 1997. A larger proportion of females as compared with males are found both at the post-graduate training stage up until 1996 and at all levels of the profession, with the exception of B-grades where there were more males, in 1990. The study gives some evidence of a shift towards parity of the sexes between 1990 and 1996. A more equal ratio of males to female clinical psychology graduates is found in 1996 and a similar ratio of male to female B Grade clinical psychologists was found in 1997. However, the latter suggests that a disproportionate number of males hold B Grade posts when taken in the context of the demographics of the Scottish Clinical Psychology profession as a whole. A number of implications of these findings are discussed.

INTRODUCTION

The Sex Discrimination Act 1975 attempted to prevent discrimination on the grounds of sex, with particular reference to recruitment for jobs, promotion, training and education. Despite this legislation a number of gender divisions in employment continue to occur. Female workers tend to be concentrated within a narrow range of occupations and to occupy the lower levels of the employment hierarchy in relation to salary, status and power (Fincham & Rhodes, 1988; Barrett, 1984). Women are also traditionally concentrated within the 'caring professions' such as teaching, nursing and social work. However, even within such professions where women predominate they are likely to be under-represented at the upper end of the hierarchy (Bilton et al., 1981).

Psychology, both as an academic subject and as a profession, appears to be subject to a similar gender bias. Psychology is offered for study at all levels and continues to rank as one of the fastest growing subjects both in the UK and America (Gale, 1977). However a gender bias has been found at both undergraduate and postgraduate levels, with the proportion of females taking exams in the subject each year being approximately 75-80% (Radford & Holdstock, 1996). This is seen as reflecting the increasing popularity of the area with females rather than a decline in popularity for males (Radford & Holdstock, 1995).

Gale (1977) argues that the increasing popularity of psychology should lead in theory to teaching departments having greater power and influence within the institution. In tandem with this a

number of other changes should have potentially led to increasing status and influence for the profession. These include the introduction of registration and chartering, the introduction of a Doctorate in Clinical Psychology and the conclusion of the MAS review that clinical psychologists possess unique skills (MAS review, 1989). However, as Barrett (1984) notes because women are traditionally concentrated in areas of employment characterised by low status and pay, professions with a predominantly female workforce consequently experience difficulties in establishing higher status and pay levels. This concern is highlighted by Radford & Holdstock (1995) in relation to psychology.

The gender bias appears to continue into postgraduate training. The clinical psychology profession also appears to suffer from gender bias common to the 'caring professions'. This occurs both in relation to recruitment, with fewer males being attracted at the training stage, and in the overall demographics, with a large proportion of the profession being women (MAS Review, 1989). This has caused some disquiet among a number of authors who reflect that measures should be taken to attract more males into the profession (Radford & Holdstock, 1995; Miller, 1997). A number of recent measures have been adopted by the British Psychological Society to combat discrimination. These include the establishment of a standing committee for the promotion of equal opportunities and formal monitoring of the Society's equal opportunities policy.

Choi (1997) raises the question of whether, despite the gender bias in favour of women in psychology, the senior positions in both academic and applied psychology are held by men.

While a number of recent studies have examined the extent to which clinical psychology training takes account of sexual inequality (Williams & Watson, 1991; Brown, 1991; Bekker, 1991) and the implications for therapy (Ussher, 1991), there have been a dearth of studies examining whether gender divisions in relation to pay, status and authority occur in the profession itself. The present study therefore examines the extent to which sexual stratification occurs within the clinical psychology profession in Scotland between 1990 and 1997.

METHOD

In 1990 all Heads of Clinical Psychology departments or Area Psychologists working for the NHS in Scotland were contacted to explain the purpose of the research. Following this questionnaires were sent out to each identified clinical psychologist requesting demographic information including: sex, age, professional grade (at that time defined as Basic, Senior, Principal and Top Grade), number of years in current post, number of years as a practising clinical psychologist, main area of work/specialty. In total 195 questionnaires were sent out and 115 returned. This data were then analysed in relation to the gender differences in respect of the factors identified above.

A follow-up study took place in 1997, looking at the gender divisions in the Scottish 'B' grade psychologists (equivalent to the previous Top Grade level). This information was obtained from a regularly updated data base and comparisons were made in relation to the 1990 findings. In

addition information was obtained from the two clinical psychology training courses in Scotland regarding the gender of the individuals graduating between 1990 and 1996.

RESULTS

Table 1 illustrates the sex differences according to grade found from the 1990 data

TABLE 1: SEX DIFFERENCES ACCORDING TO GRADE (1990)

SEX

	BASIC	SENIOR	PRINCIPAL	TOP	ALL
Male	0(0%)	14 (12%)	10 (8.5%)	13 (11.5%)	37 (32%)
Female	8 (7%)	36 (32%)	26 (23%)	7 (6%)	77 (68%)
Total	8 (7%)	50 (44%)	36 (31.5%)	20 (17.5%)	114 (100%)
M:F Ratio	0.8	1:2.7	1:2.6	1:0.5	1:2.1

Table 2 illustrates the sex differences between B Grade Clinical Psychologists in Scotland in 1997).

TABLE 2: SEX DIFFERENCES BETWEEN B GRADES (1997)

	Number		%
Male	48	47	Male: Female Ratio 1:1.3
Female	54	53	

Table 3 illustrates the sex differences in B Grade Clinical Psychologists in Scotland between 1990 and 1997.

TABLE 3: SEX DIFFERENCES IN B GRADES IN SCOTLAND IN 1990 AND 1997

Sex	1990		1997		% Increase 1990-1997
	Number	%	Number	%	
Male	13	65	48	47	369%
Female	7	35	54	53	771%
Total	20	100	102	100	

Table 3 illustrates that there has been a marked increase in Clinical Psychologists at B-Grade level in Scotland, with the increase in females being more than double that of males.

Table 4 illustrates the sex differences in Clinical Psychology trainees graduating from Scottish courses between 1990 and 1996.

TABLE 4: SEX DIFFERENCES IN SCOTTISH CLINICAL PSYCHOLOGY TRAINEES

Year	Male		Female		Total	M:F Ratio
	Number	%	Number	%		
1990	3	20	15	80	18	1:5
1991	4	21	15	79	19	1:3.8
1992	3	17	15	83	18	1:5
1993	2	13	14	87	16	1:7
1994	2	14	12	86	14	1:6
1995	2	10	18	90	20	1:9
1996	7	35	13	65	20	1:1.9
Total	23	18	102	82	125	1:4.4

DISCUSSION

The results of the 1990 study indicate a gender bias. Sixty eight per cent of the respondents were female and 32% male. However whilst the overall female to male sex ratio in the clinical psychology profession in Scotland in 1990 was 2:1, clear differences were found according to grade. There were no male basic grade respondents but twice as many male top grades as female. By contrast similar sex ratios were found for senior and principal grades with over two and a half times as many females as males.

While these findings could be an artifact of a response bias, there are a number of reasons why this is unlikely. A total of 195 questionnaires were sent out and 115 were returned giving a return rate of 59%. While 80 questionnaires were not returned it is unlikely that these replies were all from, for example, basic grade or top grade psychologists. In addition the overall profile of the clinical psychology profession in Scotland in 1990 is consistent with gender issues found in the working population as a whole. In general women are found to occupy the lower paid and status jobs and receive fewer chances of promotion than men, even within female dominated professions (Barrett, 1984). The 1990 picture of sex biases in clinical psychology is also consistent with the picture found more widely at undergraduate and post graduate levels (Gale, 1997) and within the profession as a whole (MAS Review, 1989).

The review of graduates of the Scottish Clinical Psychology training courses also serve to confirm this sex bias with the overwhelming proportion of graduates each year being female. A

more optimistic picture is found in 1996 with a male to female ratio of 1:1.9. It is unclear to which factors this change is attributable, although a number of authors have argued that psychology must become more male friendly at all levels (Radford & Holdstock, 1995). It may be that such arguments are being seen as increasingly persuasive by academic courses although positive discrimination in favour of any particular group is barred by equal opportunities legislation (Roth and Leiper, 1995).

The 1997 review of sex differences in B grade clinical psychologists in Scotland also offer a more optimistic picture in terms of psychology becoming a profession representing both sexes, with an almost equal male to female ratio at the most senior levels. However, given the greater proportion of females to males at all levels of clinical psychology it would be expected that this would be reflected in a correspondingly larger proportion of women operating at the B grade level.

It is likely that the shift to greater overall parity between the sexes at B grade level is a result of the continued difficulty of attracting males at the training stage (MAS Review, 1989) and the length of time that any changes take to filter through. As discussed above it was only in 1996 that evidence of a more equal balance of males and females graduating as clinical psychologists became apparent. As a result it is likely that the profile of the profession will continue to change with an increasing number of women (who made up the larger proportion of principal grades in 1990) filling B grade posts which become available.

Related to this is the significant increase in the total number of B grade posts between 1990 and 1997. This increase is attributable to a number of factors including the recognition by the MAS Review (1989) of the need for consultant clinical psychologists to lead and co-ordinate services. In addition, Government reforms including the Griffiths Report (1988) and the White Paper "Working for Patients" (1989) radically changed the way in which health care was delivered. The 1990 re-grading structure introduced an element of flexible grading and led to the establishment of a greater number of B grade posts. This was seen as one of the methods of implementing "Working for Patients" (1989) (McPherson, 1990).

Another factor which has been highlighted as potentially impacting on the clinical psychology profession is the 1992 dissolution of barriers within the EEC (McPherson, 1992) and changes in the labour market. It is expected that a 20% reduction in the number of 16-29 year olds will occur between 1985 and 2001. The MAS Review (1989) argues that Clinical Psychology will need to become increasingly competitive, in the context of these changes in the labour market, if it is to continue to attract appropriately qualified individuals. This applied not only to the need to recruit new staff but also the need to introduce mechanisms to retain those already in the service. The development of an increasing number of more responsible, highly-rewarded and higher status B grade posts is one means of trying to achieve this.

The above factors may continue to influence the relative position of women and men in the most senior posts in Clinical Psychology, with a move to the ratio of women in these posts reflecting the ratio of women in the profession as a whole. However, this represents a double-edged sword for the profession. The results of the above study suggest that a disproportionate number of

males are B Grade psychologists, given the ratios of males to females in the profession as a whole. However, any move to redress the balance to more accurately reflect the demographics of clinical psychology has a number of implications for the profession. It is recognised that there are a number of dangers in clinical psychology being seen as a predominantly female, caring and minor health profession including the concomitant loss of prestige and financial status (Radford & Holdstock, 1995).

A number of recent studies have examined the impact of gender issues on diagnosis and therapy (Caplan, 1992; Schweid, 1980; Ussher, 1991). It has been argued that a profession with a more equal balance of male and female staff would be better able to meet the needs of service users and that psychology needs to be promoted at the undergraduate stage as a profession that can encompass the skills of a wide range of individuals (Radford & Holdstock, 1995).

CONCLUSION

The above study indicates a gender bias in the clinical psychology profession in Scotland both at the training stage and at all levels of the profession, with a larger proportion of females compared with males, with the exception of B Grade level. The study gives some indication that a shift towards parity between males and females is occurring with a more equal ratio of males to females being found in 1996 clinical psychology course graduates. In addition the ratio of male to female B Grade psychologists in 1997 was found to be almost equal. However, this figure suggests that a disproportionate number of males hold these posts taken in the context of the demographics of the profession as a whole. A number of implications of these findings are discussed.

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