

Preferred Working Time Models and Equal Opportunities in Gynecology and Obstetrics: Results of the Systematic Trinational FARBEN Survey

Favorisierte Arbeitszeitmodelle und Gleichberechtigung in der Gynäkologie und Geburtshilfe: die Ergebnisse der systematischen trinationalen FARBEN-Umfrage



Authors

Nikolas Tauber¹ , Niklas Amann², Philipp Foessleitner³, Amanda Klee⁴, Claudia Becker⁵, Rama Kiblawi⁶, Martin Göpfert⁷, Nora Kiessling⁸, Nadja Taumberger⁹, Evelin Beizermann¹⁰, Natalia Krawczyk¹¹, Solveig Simowitsch¹², Barbara Schmalfeldt¹³, Bettina Toth¹⁴, Michael Müller¹⁵, Martin Weiss¹⁶, Elisabeth Reiser¹⁴, Thomas Eggmann¹⁷, Achim Rody¹, Maggie Banys-Paluchowski¹

Affiliations

- 1 Department of Gynaecology and Obstetrics, University Hospital Schleswig-Holstein, Campus Luebeck, Luebeck, Germany
- 2 Department of Gynecology and Obstetrics, University Hospital Erlangen, Comprehensive Cancer Center Erlangen-European Metropolitan Region of Nuremberg, Erlangen, Germany
- 3 Department of Obstetrics and Gynecology, Division of Obstetrics and Feto-maternal Medicine, Medical University of Vienna, Vienna, Austria
- 4 Department of Obstetrics and Gynecology, Hietzing Clinic, Vienna, Austria
- 5 Department of Gynecology and Obstetrics, Winterthur Cantonal Hospital, Winterthur, Switzerland
- 6 University Hospital Basel Women's Clinic, Basel, Switzerland
- 7 Department of Obstetrics and Gynecology, Clinic "Dritter Orden", Munich, Germany
- 8 Department of Obstetrics and Gynecology, Vivantes Auguste-Viktoria Clinic, Berlin, Germany
- 9 Department of Obstetrics & Gynecology, Medical University of Graz, Graz, Austria
- 10 Department of Gynecology and Obstetrics, University Hospital Zurich, Zurich, Switzerland
- 11 Department of Gynaecology and Obstetrics, University Hospital Duesseldorf, Duesseldorf, Germany
- 12 University of Luebeck, Luebeck, Germany
- 13 Department of Gynecology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany
- 14 Department of Gynaecological Endocrinology and Reproductive Medicine, Medical University Innsbruck, Innsbruck, Austria
- 15 Department of Gynecology and Obstetrics, University Hospital of Berne (Inselspital), Berne, Switzerland

16 Department of Gynaecology and Obstetrics, University of Tuebingen, Tuebingen, Germany

17 Department of Gynecology and Obstetrics, Hospital of Emmental, Burgdorf, Switzerland

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Georg Thieme Verlag KG, Oswald-Hesse-Straße 50, 70469 Stuttgart, Germany

Correspondence

Dr. Nikolas Tauber
Department of Gynaecology and Obstetrics
University Hospital Schleswig-Holstein, Campus Luebeck
Ratzeburger Allee 160
23562 Luebeck, Germany
nikolas.tauber@uksh.de

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ABSTRACT

Introduction

The trinational survey project conducted by the Young Forums of the German, Austrian, and Swiss Societies for Gynecology and Obstetrics aims to assess the preferences of prospective and practicing gynecologists regarding various work-time models, the compatibility of family and career, as well as parental leave.

Materials and Methods

Between October 2023 and May 2024, a total of 1364 participants took part in the survey. The questionnaire consisted of 62 questions covering topics such as the workplace in general, work-time models, training priorities, team compositions, and professional goals. Participation was voluntary and anonymous.

Results

Of the 1364 participants, 75.3% were employed in Germany, 12.9% in Austria, and 11.8% in Switzerland. Men were significantly more likely to aspire to a chief physician position compared to women (26.5% vs. 3.6%; $p < 0.001$). Only 12.5% of participants overall preferred full-time employment, although 63.0% of residents worked full-time. Additionally, 65.4% of respondents stated that their workplace did not provide childcare with flexible hours. At the same time, 76.0% valued workplace-proximate childcare as an important factor in choosing an employer.

Conclusions

The results highlight heterogeneous and individual needs and priorities among all (prospective) gynecologists. At a time when individuality and equality are becoming increasingly significant, it is essential to promote work environments that meet the demands and needs of all physicians. The results should therefore be critically discussed to implement potential adjustments and improvements in practice.

ZUSAMMENFASSUNG

Einleitung

Das Ziel dieses trinationalen Umfrageprojekts, das von den Jungen Foren der Deutschen und Schweizer sowie der Jungen Gyn der Österreichischen Gesellschaft für Gynäkologie und Geburtshilfe durchgeführt wurde, war die Präferenzen angehender und aktiver Gynäkolog*innen hinsichtlich verschiedener Arbeitszeitmodelle, der Kompatibilität von Familie und Beruf sowie der Elternzeit zu evaluieren.

Material und Methoden

Zwischen Oktober 2023 und Mai 2024 nahmen insgesamt 1364 Teilnehmer*innen an der Umfrage teil. Der Fragebogen bestand aus 62 Fragen, die Themen wie Arbeitsplatz im Allgemeinen, Arbeitszeitmodelle, Ausbildungsschwerpunkte, Team-Zusammensetzungen und berufliche Ziele abdeckten. Die Teilnahme an der Umfrage war freiwillig und anonym.

Ergebnisse

Von den 1364 Teilnehmer*innen waren 75,3% in Deutschland, 12,9% in Österreich und 11,8% in der Schweiz tätig. Männer strebten signifikant häufiger eine Chefarztposition an als Frauen (26,5% vs. 3,6%; $p < 0,001$). Insgesamt zogen nur 12,5% der Teilnehmer*innen eine Vollzeitbeschäftigung vor, obwohl 63,0% der Ärzt*innen in der Facharztausbildung Vollzeit arbeiteten. Hinzu kommt, dass 65,4% der Umfrageteilnehmer*innen angaben, dass ihr jeweiliger Arbeitsplatz keine Kinderbetreuung mit flexiblen Betreuungszeiten zur Verfügung stellte. Gleichzeitig schätzten 76,0% eine arbeitsplatznahe Kinderbetreuung als wichtiger Faktor bei der Auswahl ihres Arbeitgebers.

Schlussfolgerungen

Die Ergebnisse zeigen die heterogenen und individuellen Bedürfnisse und Prioritäten aller (angehenden) Gynäkolog*innen auf. In einer Zeit, in der Individualität und Gleichberechtigung zunehmend an Bedeutung gewinnen, ist die Schaffung von Arbeitsumgebungen, die den Anforderungen und Bedürfnissen aller Ärzt*innen gerecht werden, unerlässlich. Diese Ergebnisse sollten daher kritisch diskutiert werden, um potenzielle Anpassungen und Verbesserungen in der Praxis umzusetzen.

Introduction

Different age groups often have varying needs and priorities, particularly regarding work-life balance, the reconciliation of family and career, and personal development. Pregnancy and parenthood present significant challenges for women in balancing their professional careers. Given the predominantly female medical staff, the field of gynecology and obstetrics occupies a distinctive

position in this context. Specifically, 14268 out of 19530 (73%) practicing gynecologists in Germany are female, and only 489 of the 2819 (17%) gynecologists under 40 years old are male [1, 2]. In Austria, the overall proportion of male colleagues in gynecology is significantly higher, at 42%, while in Switzerland, 70% of gynecologists are female. However, 93% of the specialist titles in gynecology in 2023 have been achieved by women. In total, over

23 000 physicians are registered in the DACH countries according to the respective national medical statistics, with 6% working in Switzerland, 9% in Austria, and 85% in Germany [1, 3, 4, 5].

In an era where diversity and equality are becoming increasingly important, aspects such as parental leave, flexible working models, and childcare services hold significant value. Despite this relevance, there are only a few studies with substantiated statistical data available on the topic [6]. Currently, opportunities for flexible and individualized working time arrangements in medicine are limited, even though they are considered key to improving the reconciliation of career and family while taking familial responsibilities into account [7].

While there is increasing societal and political discussion in many industries about the introduction of a so-called four-day workweek [8, 9, 10], the strain on medical personnel caused by a general shortage of physicians, rising patient volumes, and intense demands from night, weekend, and holiday shifts is significantly higher compared to other professions [11, 12]. In this context, structural improvements in professional training, focusing on secure financing, regular feedback sessions with supervisors, and enhancements in personnel management have recently been identified as potentially beneficial [13].

The Young Forum of the German Society for Gynecology and Obstetrics (DGGG e.V.), in cross-border collaboration with the Young Gynaecology Group of the Austrian Society for Gynaecology and Obstetrics (OEGGG) and the Young Forum of the Swiss Society for Gynaecology and Obstetrics (SGGG), initiated a new survey twelve years following the publication of the DGGG e.V. survey titled ‘Career and Family – A Question of Impossibility?’ [14]. This new survey focuses on additional content areas such as working time models, professional goals, and family leave, aiming to identify potential improvements based on the preferences of all current and future gynecologists and to continue pursuing positive approaches [15].

Methods

Between October 2023 and May 2024, a total of 1364 participants responded to the online survey, initiated by the Young Forums/Young Gynaecology Groups of the DGGG e.V., OEGGG, and SGGG, as well as the University of Luebeck (FARBEN [German: Colors]: FAVORisierte aRBEitszeitmodelle in der GyNäkologie = Preferred Working Time Models in Gynaecology). Participation was anonymous.

Questionnaire

The questionnaire was designed in consensus by representatives of the Young Forums/Young Gynaecology Groups of the DGGG e.V., OEGGG, and SGGG (NT, NA, PF, AK, CB, RK), under the mentorship of Prof. Dr. Maggie Banys-Paluchowski (University Hospital Schleswig-Holstein, Luebeck Campus) and the Equality Officer of the University of Luebeck (Dr. Solveig Simowitsch). Therefore, it is a self-created, non-validated questionnaire. Additionally, the presidents of the national professional societies, Prof. Dr. Barbara Schmalfeldt (DGGG e.V.) and Prof. Dr. Bettina Toth (OEGGG), provided advisory support.

The trilingual questionnaire was created using the online tool SurveyMonkey and comprised a total of 62 questions, which could be answered in German, Italian, or French, allowing all participants to respond in their native language. Of the 62 questions, 54 (Appendix, online) were made available to all participants, regardless of nationality. In addition to these 54 questions, one supplementary question was addressed to German participants, three additional questions were posed to Austrian colleagues, and four country-specific questions were directed to Swiss colleagues, focusing specifically on their national training and healthcare systems. Overall, three of the 62 questions were formulated as free-text responses. A positive ethics approval (File Number: 2023–644) was obtained from the University of Luebeck. The wording of the questions was tailored to reflect the specific circumstances of each participating country.

Recruitment and survey invitations

Participants were invited to take part through the social media channels of the Young Forums/Young Gynaecology Groups (Instagram), print media [15], training sessions and conferences, newsletters of the respective national gynecological societies, and during lectures for medical students. The target audience included medical students with interest in Gynecology and Obstetrics, residents, specialists, senior physicians, chief physicians, and gynecologists in outpatient practice.

Statistical analysis

Data analysis was conducted using Excel 2311 and SPSS Statistics (V. 29.0.2.0, Armonk, NY: IBM Corp.). Multiple entries by the same individual were excluded through anonymous IP address verification. Correlations between two factors were examined using the chi-square test, with p values < 0.05 considered statistically significant. All reported p values are two-sided.

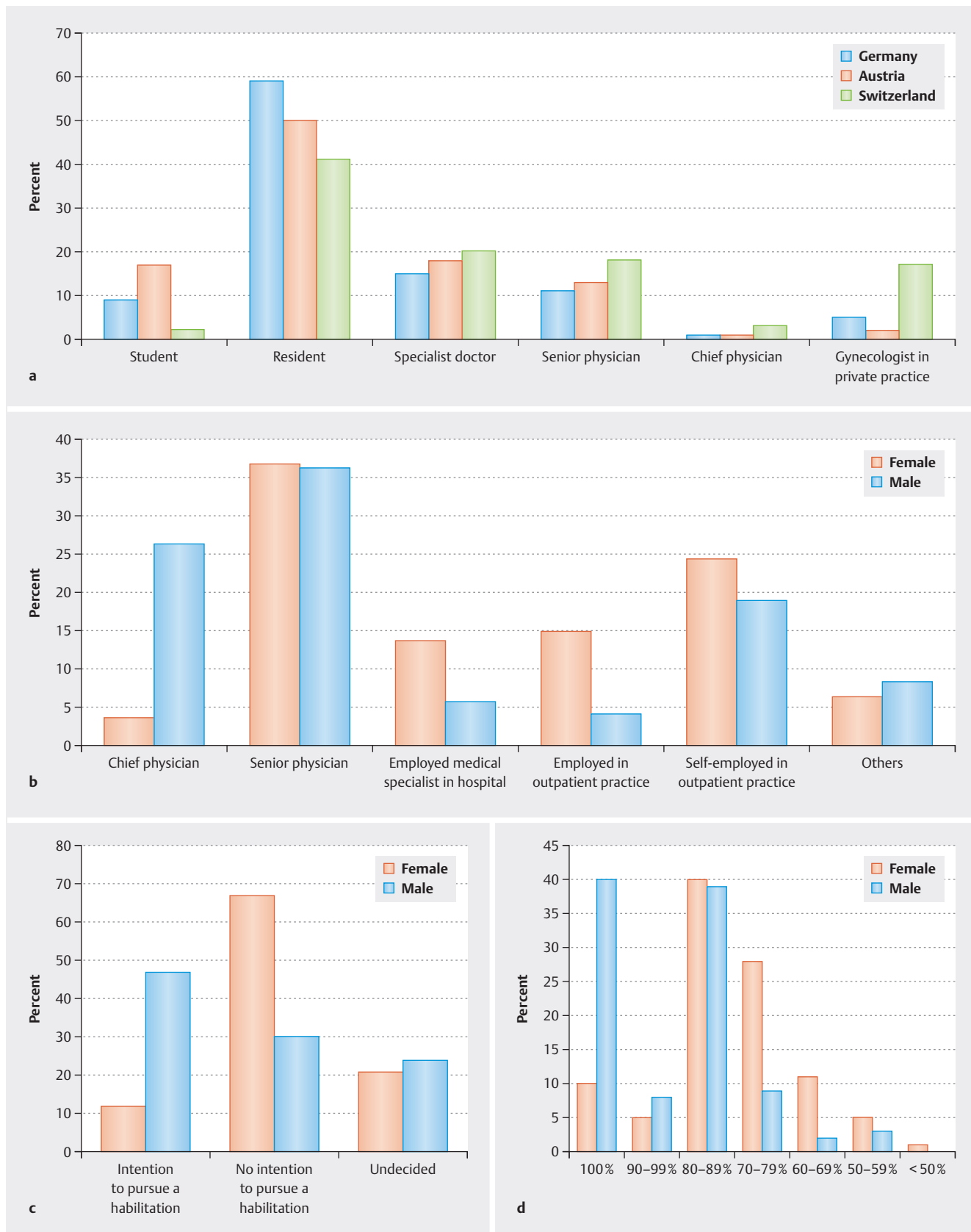
Results

Participant characteristics

Of the 1364 participants, 75.3% worked in Germany, 12.9% in Austria, and 11.8% in Switzerland (see ► **Fig. 1a**). Among these, 90.8% were female, 8.9% male, and 0.4% identified as diverse. Overall, 8.9% were students, 55.8% residents, 16.0% specialists, 12.3% senior physicians, 1.2% chief physicians, and 5.8% gynecologists practicing in outpatient setting. A total of 83.2% of respondents were aged between 21 and 40 years. Among them, 61.4% had a doctorate, 26.0% did not hold an academic title, and 3.6% had completed a habilitation (highest university degree in German-speaking countries) or held a professorship. Among women, 61.9% held a doctorate, compared to 57.1% of male respondents.

Professional goals

Overall, the majority of participants (37.9%) indicated that their professional goal was to establish their own practice (self-employment: 23.9%; employed: 14.0%), followed by senior physician position (36.7%). In contrast, the chief physician position ranked last with only 5.8% of votes. However, significant differences were observed by gender. Men were significantly more likely to aspire



► **Fig. 1** a Participants by country of origin in correlation with current professional position. b Respondents' professional objectives, categorized by gender. c Intention to pursue the highest university degree (habilitation), categorized by gender. d Preferred working time model of all participants, categorized by gender.

to a chief physician role than women (26.5% vs. 3.6%; $p < 0.001$) (see ► Fig. 1 b). It is important to note that the desire for a chief physician position increased with age, reaching the highest preference of 13.7% among those aged 41–60 (see ► Table 1).

Participants cited night and weekend shifts (82.7%) as the primary reason against working in a hospital setting, followed by

inadequate work-life balance (67.1%) and insufficient compatibility of family and professional career (74.1%).

Only 14.7% of participants expressed interest in pursuing habilitation for their careers, while 64.3% did not aspire to it, and 21.0% were undecided. Gender analysis revealed that only 12.1% of women desired habilitation, compared to 47.1% of men ($p < 0.001$) (see ► Fig. 1 c; ► Table 1).

► **Table 1** Analysis of the questions on the topic: professional objectives and career, categorized by gender.

	n (%)	Sex		
		Women	Men	
Total **	1364 (100%)*	1238 (91%)	121 (9%)	p value
Your professional goal is this position:	n = 1364	n = 1238	n = 121	< 0.001
Chief physician	79 (5.8)	45 (3.6)	32 (26.5)	
(Leading) senior physician	501 (36.7)	457 (36.9)	44 (36.4)	
Employed medical specialist in the hospital	178 (13.1)	170 (13.7)	7 (5.8)	
Employed in outpatient practice	191 (14.0)	185 (14.9)	5 (4.1)	
Self-employed in outpatient practice	326 (23.9)	302 (24.4)	23 (19.0)	
Other (please specify)	89 (6.5)	79 (6.4)	10 (8.3)	
You would like to achieve habilitation¹⁾:	n = 1147	n = 1060	n = 85	< 0.001
Yes	169 (14.7)	128 (12.1)	40 (47.1)	
No	737 (64.3)	711 (67.1)	25 (29.4)	
You do not know yet	241 (21.0)	221 (20.9)	20 (23.5)	
Are gynecologists in specialty training disadvantaged in their professional career because of gender?	n = 1171	n = 1071	n = 97	< 0.001
Do not agree at all	99 (8.5)	66 (6.2)	33 (34.0)	
Largely disagree	92 (7.9)	81 (7.6)	11 (11.3)	
Rather disagree	126 (10.8)	115 (10.8)	9 (9.3)	
Neither	108 (9.2)	96 (9.0)	12 (12.4)	
Rather agree	369 (31.5)	352 (32.9)	16 (16.5)	
Largely agree	190 (16.2)	185 (17.3)	5 (5.2)	
Strongly agree	187 (16.0)	176 (16.4)	11 (11.3)	
Why would you not like to work in the hospital long-term? (multiple answers possible)²⁾:	n = 513	n = 483	n = 27	0.010
Too much responsibility	65 (12.7)	62 (12.8)	3 (11.1)	
Too high workload	291 (56.7)	282 (58.3)	7 (25.9)	
Too little work-life balance	344 (67.1)	330 (68.2)	13 (48.2)	
Insufficient compatibility of family/work	380 (74.1)	366 (75.6)	13 (48.2)	
Night and weekend shifts	424 (82.7)	405 (83.9)	17 (62.9)	
Duties in the delivery room	137 (26.7)	130 (26.9)	7 (25.9)	
Financially unattractive	97 (18.9)	85 (17.6)	12 (44.4)	
Inflexible working hours	269 (52.4)	255 (52.7)	13 (48.2)	

¹⁾ Habilitation = highest university degree in German-speaking countries; only respondents without habilitation/professorship were asked this question

²⁾ Only respondents whose professional goal was to work in an outpatient practice were asked this question

* Due to the small overall number of diverse individuals, the table is only divided into male and female categories

** The differing number of total responses per question is due to the fact that participants were able to skip questions or prematurely end the survey

Family and career compatibility

47.0% of the respondents reported having children (see ► **Table 2**). On average, surveyed parents had 1.9 children (1.8 for women, 2.2 for men) and were 30.8 years old at the birth of their first child (30.7 for women, 31.4 for men). When focusing specifically on the groups of senior and chief physicians, the average number of children was significantly lower for women (1.9) than men (2.6, $p = 0.013$). Interestingly, in these two professional categories, 9.9% of men were childless, compared to 24.5% of female respondents.

Additionally, 47.2% of the overall cohort stated there was no 'perfect time' to have the first child, while 22.0% identified the optimal time as after obtaining specialist qualification, and 19.9% during residency. Among all surveyed parents, only 8.2% did not take any family leave.

Only 15.4% of respondents indicated that their workplace offered childcare with flexible opening hours and sufficient capacity.

Simultaneously, 76.0% of respondents noted that on-site childcare was a factor in their choice of employer.

Working time models

When asked about their preferred working time model, only 12.5% of participants favored full-time employment, with notable differences observed between genders. Whereas 39.8% of men preferred full-time positions, only 10.8% of women shared this preference (see ► **Fig. 1 d**; ► **Table 3**). The percentage of participants favoring full-time work was highest in Austria (22.8%), followed by Germany (11.8%) and Switzerland (6.4%).

Despite 44.8% of all residents expressing a desire for a part-time position (80–89%), and only 12.5% wishing for a full-time role, 63.0% of all residents were working full-time, making them the second-largest group working full-time, after chief physicians (80%).

► **Table 2** Analysis of the questions on the topic: family time off and childcare, categorized by gender.

	n (%)	Sex		
		Women	Men	
Total**	1364 (100%)*	1238 (91%)	121 (9%)	p value
Do you have children?	n = 1344	n = 1220	n = 120	0.78
Yes	632 (47.0)	573 (47.0)	58 (48.3)	
No	712 (53.0)	647 (53.0)	62 (51.7)	
The optimal time to become a parent is for you:	n = 1198	n = 1095	n = 100	<0.001
During medical school	74 (6.2)	61 (5.6)	12 (12.0)	
During specialty training	238 (19.9)	211 (19.3)	27 (27.0)	
As medical specialist	263 (22.0)	233 (21.3)	29 (29.0)	
As senior (leading) physician	48 (4.0)	46 (4.2)	2 (2.0)	
As chief physician	1 (0.1)	1 (0.1)	0 (0.0)	
As a physician in outpatient practice	9 (0.8)	6 (0.6)	3 (3.0)	
There is no optimal time	565 (47.2)	537 (49.0)	27 (27.0)	
How long does it take for fathers to return to work in your hospital after taking time off? ¹⁾	n = 543	n = 482	n = 59	0.20
Usually the same as for mothers	531 (1.7)	6 (1.2)	2 (3.4)	
Usually shorter than for mothers	531 (97.8)	474 (98.3)	56 (94.9)	
Usually longer than for mothers	2 (0.6)	2 (0.4)	1 (1.7)	
In your opinion, after what period of time does a 'career break' occur for parents on family leave?	n = 1232			0.028
From 3–6 months	95 (7.7)			
From 6–9 months	220 (17.9)			
From 9–12 months	227 (18.4)			
From 1–2 years	292 (23.7)			
From > 2 years	105 (8.5)			
Family leave does not cause a career break	38 (3.1)			
Family leave causes a career break regardless of the duration	255 (20.7)			

►Table 2 continued

	n (%)	Sex		
		Women	Men	
Total**	1364 (100%)*	1238 (91%)	121 (9%)	p value
Why did you as a parent not take any family time off? (multiple answers possible) ²⁾	n = 51	n = 20	n = 31	0.31
Not necessary/not desired in family constellation	14 (27.5)	4 (20.0)	10 (32.3)	
Fear of professional disadvantage	11 (21.6)	7 (35.0)	4 (12.9)	
Not compatible with career planning	17 (33.3)	6 (30.0)	11 (35.5)	
Financial obligations	18 (35.3)	7 (35.0)	11 (35.5)	
Other reasons (please specify)	11 (21.6)	6 (30.0)	5 (16.1)	
In your opinion, which parts of specialty training in gynecology and obstetrics cannot be adequately implemented due to family leave (multiple answers possible)	n = 1171	n = 1071	n = 97	0.40
Obstetric training	221 (18.9)	204 (19.1)	16 (16.5)	
Acquisition of special skills in gynecological diagnostics (e.g. breast sonography, dysplasia)	392 (33.5)	367 (34.3)	23 (23.7)	
Surgical training	827 (70.6)	764 (71.3)	61 (62.9)	
Care of inpatients	58 (5.0)	52 (4.9)	6 (6.2)	
Conservative management of gynecological diseases	57 (4.9)	52 (11.1)	5 (5.2)	
Management of gynecological emergencies	134 (11.4)	119 (26.1)	15 (15.5)	
All parts of the training are adequately implemented despite family leave	311 (26.6)	280 (26.1)	31 (32.0)	
How long did you not work after the birth? (please use multiple answers if you have several children with different periods of absence) ³⁾	n = 625	n = 568	n = 57	<0.001
> 2 years per child	30 (4.8)	29 (5.1)	1 (1.8)	
1–2 years per child	202 (32.3)	202 (35.6)	0 (0.0)	
9–12 months per child	237 (37.9)	236 (41.6)	1 (1.8)	
6–8 months per child	96 (15.4)	93 (16.4)	3 (5.4)	
3–5 months per child	34 (5.4)	32 (5.6)	2 (3.6)	
< 3 months per child	38 (6.1)	23 (4.1)	14 (25.0)	
You have not taken any family leave	51 (8.2)	20 (3.5)	31 (55.4)	
Other option (please specify)	35 (5.6)	30 (5.3)	5 (8.9)	
Does your place of work (university) provide childcare with flexible hours and sufficient capacity?	n = 1189	n = 1088	n = 98	0.003
Yes	183 (15.4)	158 (14.5)	23 (23.5)	
No	777 (65.4)	727 (66.8)	49 (50.0)	
You do not know	229 (9.3)	203 (18.7)	26 (26.5)	
Would childcare close to work be a factor in choosing an employer?	n = 1189	n = 1088	n = 98	0.55
Yes, it would influence my choice of employer	903 (76.0)	829 (76.2)	72 (73.5)	
No, it does not play a role	286 (24.1)	259 (23.8)	26 (26.5)	

¹⁾ Only respondents in whose hospitals male colleagues have taken family leave were asked this question

²⁾ Only respondents with children who had not taken family leave were asked this question

³⁾ Only respondents with children were asked this question

* Due to the small overall number of diverse individuals, the table is only divided into male and female categories

** The differing number of total responses per question is due to the fact that participants were able to skip questions or prematurely end the survey

►Table 3 Analysis of the questions on the topic: working time models/part-time employment, categorized by gender.

	n (%)	Sex		
		Women	Men	
Total **	1364 (100%)*	1238 (91%)	121 (9%)	p value
Part-time workers lead to an increased burden on the team:¹⁾	n = 636	n = 549	n = 86	0.10
Yes, regardless of fixed days off or reduced daily hours	154 (24.2)	125 (22.8)	29 (33.7)	
Yes, but only with reduced daily working hours	209 (32.9)	180 (32.8)	29 (33.7)	
Yes, but only with fixed days off	54 (8.5)	47 (8.6)	6 (7.0)	
No, not at all	219 (34.4)	197 (35.9)	22 (25.6)	
What solutions would you propose for avoiding a possible personnel burden due to part-time workers? (multiple answers possible)²⁾	n = 412	n = 479	n = 88	0.22
Fixed job sharing (2 doctors each 50% with duty splitting)	210 (51.0)	182 (52.5)	28 (42.8)	
Part-time employees work exclusively full days	215 (52.2)	180 (51.9)	35 (54.7)	
I do not know	102 (24.8)	80 (23.1)	21 (32.8)	
Other (please specify)	41 (10.0)	37 (10.7)	4 (6.3)	
Did you reduce your working hours after the birth of your child?³⁾	n = 444	n = 434	n = 9	0.91
I have no children	92 (20.7)	89 (20.5)	2 (22.2)	
Yes	318 (71.6)	312 (71.9)	6 (66.7)	
No	34 (7.7)	33 (7.6)	1 (11.1)	
Your reasons for working part-time are (multiple answers possible)^{3):}	n = 440	n = 432	n = 8	0.98
Caring for children	333 (75.5)	327 (75.7)	6 (75.0)	
Caring for relatives	17 (3.9)	17 (3.9)	0 (0.0)	
Desire for a better work-life balance	269 (61.0)	263 (60.9)	6 (75.0)	
Too extensive workload	211 (47.9)	207 (47.9)	4 (50.0)	
Time needed for academic work	35 (8.2)	34 (7.9)	1 (12.5)	
Other: (please specify)	57 (12.9)	56 (13.0)	1 (12.5)	
Your preferred working time model is:	n = 1232	n = 1126	n = 103	<0.001
100%	154 (12.5)	113 (10.0)	42 (39.8)	
90–99%	69 (5.6)	61 (5.4)	8 (7.8)	
80–89%	492 (39.9)	451 (40.1)	40 (38.8)	
70–79%	322 (26.1)	312 (27.7)	9 (8.7)	
60–69%	123 (10.0)	120 (10.7)	2 (1.9)	
50–59%	64 (5.2)	61 (5.4)	3 (2.9)	
<50%	8 (0.7)	8 (0.7)	0 (0.0)	

¹⁾ The survey was programmed so that this question was only asked of respondents working full-time

²⁾ Only full-time workers who stated that part-time employees are a burden on the team were asked this question

³⁾ Only part-time workers were asked this question

* Due to the small overall number of diverse individuals, the table is only divided into male and female categories

** The differing number of total responses per question is due to the fact that participants were able to skip questions or prematurely end the survey

Part-time employment

Among respondents working full-time, 34.3% stated that part-time employees did not burden the clinical team. In contrast, 24.2% viewed the staffing situation as a burden irrespective of the part-time model. While 32.9% felt a burden was only created by

part-time employees with reduced daily hours, 8.5% reported a team burden only in case of fixed days off. Many respondents proposed solutions to avoid staffing burdens, such as fixed job-sharing arrangements (where two physicians share a position, including on-call duties) or working full days with fixed days off.

Only 7.7% of respondents with children indicated that their part-time work was unrelated to parenthood, while 20.7% of part-time workers were childless. The primary reasons for choosing part-time employment were childcare responsibilities, followed by a desire for a better work-life balance and excessive workload (see ► **Table 1**).

The respondents could propose potential solutions to reduce staffing burdens resulting from part-time employment as free text responses. Common suggestions included the introduction of part-time scheduled consultations to prevent additional workload that needs to be covered by full-time staff. A higher staff-to-patient ratio was proposed to ease staffing gaps due to pregnancy, resignations, or illness. Additionally, respondents favored the option to work from home, especially for documentation tasks.

Diversity and equality in gynecology

63.7% of respondents agreed (to varying degrees) that gynecologists in training face professional disadvantages due to their gender. Specific suggestions for improvement included the implementation of support programs for returning to work after a career break as well as structured training curricula for part-time workers. Overall, many participants saw a reduction in administrative activities with a stronger focus on practical skills as a possible key to improving the education and training. Targeted surgical training during pregnancy was also highlighted as an important aspect of structured medical training.

Discussion

This trinational survey aimed to assess the diverse preferences of professionals and trainees in gynecology, focusing on working time models, work-life balance, and equal opportunities. The analysis took into account factors such as professional positions, age groups, gender, and country of residence.

The FARBEN survey is the second collaborative trinational study conducted by the Young Forums. The results of the first “D-A-CH Study” were published in 2022, providing an overview of the differences and similarities in the specialty training in obstetrics and gynecology [16, 17]. The recruited participants from each country roughly reflect the proportional national share of all gynecologists working in the DACH region (Germany: 75% of survey participants vs. 85% of all gynecologists in the DACH region; Austria: 13% vs. 9%; Switzerland: 12% vs. 6%), although Switzerland was able to recruit the highest proportion of participants relative to the total number of national gynecologists. It should be noted that students were also encouraged to respond to the survey. As a result, the proportions may have been influenced.

Our results show important gender differences in aspirations and professional goals. Importantly, significantly more (26.5%) male respondents aimed for a chief physician position, while only 3.6% of women expressed the same ambition. Over the past few decades, the number of women pursuing a medical career has steadily increased [18]. Despite this development, the increased representation of women has yet to reach the upper echelons of the medical profession [19]. In Germany, women make up only 19% of all gynecological department heads, indicating a significant underrepresentation [2]. In comparison, the proportion of

female directors in other surgical specialties remains even lower [2, 20]. It remains a matter of debate whether this discrepancy stems from differing preferences or is exacerbated by structural deficiencies, such as the lack of flexible childcare options with adequate capacity or limited opportunities for individualized working time models. It is undeniable that women face unique challenges in balancing family and professional career due to pregnancy, maternity leave, and potentially breastfeeding [6, 14, 21, 22, 23]. This may also explain why female gynecologists, on average, have fewer children than their male counterparts, and this difference is particularly high in upper hierarchical positions. Additionally, it is noteworthy that women in senior positions are more likely to be childless. These connections have also been described by Hancke et al. [14], who suggested that successful male physicians are often supported by a partner who either does not work or works part-time, whereas successful women in senior positions typically share their lives with equally successful partners [24].

In the FARBEN cohort, women were more likely to hold a doctorate but were less inclined to pursue a habilitation (highest university degree in German-speaking countries). This observation aligns with data from Häussler et al. [25], which found that young female residents are more frequently doctoral graduates than their male counterparts, yet they publish significantly less, even though publication rates at higher levels (such as department heads) were similar. Further study is needed to determine whether improving work-life balance or offering targeted support, such as mentoring programs, could increase women’s interest in pursuing higher academic degrees.

Regarding preferred working time models, only 12.5% of respondents favored full-time positions. It is important to note that the actual hours spent at work often exceed the typical full-time weekly hours due to on-call duties during nights, weekends, and holidays. Although 87.5% of respondents preferred part-time work, only 36.8% actually had part-time employment. This discrepancy was particularly evident among residents, with only 12.5% preferring full-time positions, yet 63.0% working full-time. This context should include a discussion of the differences in full-time employment regulations across the individual DACH countries (Germany, Austria and Switzerland), as well as the varying legal provisions regarding parental leave and maternity protection (see ► **Table 4**).

To address these circumstances and ensure that the field remains attractive for both upcoming and young physicians in the long term, it is essential to promote solutions such as expanding childcare facilities with flexible hours and adequate capacity, as well as offering more flexible working hours. This will provide all physicians, regardless of their life situation, with the best possible opportunities for career development in alignment with their personal preferences. Although expanding childcare capacity was already emphasized in 2012 by the DGGG e.V. Commission on Family and Career [14], participant preferences have not changed, and the demand for flexible childcare options remains as high as it was twelve years ago. While our survey did not assess the need for and availability of care for school-aged children, adequate capacity for homework assistance and holiday care is also essential to balance both career and family responsibilities effectively. In line with our results, a recent survey of medical students in Germany identi-

►Table 4 Country-specific differences in full-time work, maternity leave and family leave.

	Germany	Austria	Switzerland
Full-time in the hospital	40–42 h per week	40 h per week	46–50 h per week
Maternity leave	14 weeks (34 weeks' gestation to 8 weeks' post partum) or 18 weeks in the case of multiple births (34 weeks' gestation to 12 weeks post partum)	16–20 weeks (from 33 weeks' gestation to 8 weeks post partum in the case of spontaneous labour or 12 weeks post partum in the case of caesarean section or premature birth)	14 weeks (starting from the day of delivery)
Family time out	"Elternzeit": Up to 36 months per parent possible; a maximum of 12 months basic parental allowance for one parent or 14 months for both parents together with 65–100% of pre-birth income, up to a maximum of 1800 euros (alternatively up to 24 or 28 months parental allowance+ with 32.5–50% of pre-birth income, up to a maximum of 900 euros). Up to 4 additional months of parental allowance+ possible if both parents work part-time between 24 and 32 hours/week at the same time	"Elternkarenz": up to 24 months after the end of maternity leave if both parents go on maternity leave. If only one parent goes on maternity leave, only 22 months of maternity leave is possible. State financial support is available in various forms. Part-time parental leave: After this, a maximum of 7 years of part-time parental leave can be taken until the child's 8 th birthday.	Two weeks paternity leave, no further leave planned

fied both work-life balance and working hours as significant factors influencing their choice of future specialty [26].

With the anticipated increase in part-time workers, it is also important to discuss the expansion of medical school placements, as more personnel will be needed to adequately cover the workload at medical facilities. In this context, another critical issue is the high cost of medical education, which the German Federal Ministry of Education and Research currently estimates to be around € 200 000 per person [27]. Although costs per student remain unchanged, more students will be required to account for part-time work or longer professional interruptions. Delegating certain tasks to non-medical personnel, such as documentation assistants, ward secretaries, or physician assistants, could be another solution. This relatively new profession in Germany is already well established in the United States [28, 29, 30].

Amid current and future challenges, maintaining the highest level of patient care is essential. Appropriate measures and the establishment of new concepts should always align with patient-centered interests while weighing potential advantages and disadvantages. In this context, it should be noted that patients generally desire continuous care, such as during a hospital stay or illness. Meeting this need is already complicated by the participation of the medical team in on-call duties, which results in absences, and poses a particular challenge in the case of part-time employment.

Strengths and Limitations

The proportion of women among the respondents was significantly higher than that of men (90.8% vs 8.6%). This could possibly be attributed to the fact that the proportion of women in specialist medical training for gynecology is much higher, and particularly young female doctors tend to engage with topics such

as the compatibility of career and family, as well as working time models. Additionally, the young forums of the respective participating national countries (Germany, Austria and Switzerland) represent all doctors in training and thus have a high visibility in relation to this professional group. This is also reflected in the age structure of the participants (83.6% were between 18–40 years old). While 12.3% of the respondents were senior physicians with personnel responsibility, the results must be critically discussed in terms of possible implications and structural adjustments to particularly consider the opinions of senior and, especially, chief physicians. Furthermore, only a small percentage of gynecologists working in outpatient practices participated in the survey (5.8%), which may be related to the recruitment process of this survey, as it was promoted primarily through social media and clinical training sessions, which are mainly targeted at younger colleagues. The opinions of self-employed gynecologists on this consensus-based questionnaire are of great importance, as these doctors have consciously chosen not to pursue a hospital career. However, conclusions about this professional group are limited due to the small number of participants in this subgroup.

Conclusions

This trinational survey systematically collected and analyzed preferences on topics such as working time models and career goals for the first time. To the best of our knowledge, surveys with larger sample size (n = 1364) have not been conducted. The results indicate a need for more medical personnel in order to accommodate the expected rise in family leave and part-time models among physicians in the future. It remains unclear whether the high preference for a reduction in working hours can be attributed to the increasing bureaucratic workload and the many additional hours

spent on standby duty. The survey clearly highlights the need for expanding and improving childcare services to ease the professional burden on parents. It should also be emphasized that patient interests remain a top priority, and any potential structural changes should always take these interests into account.

Due to the high percentage of women in the field of gynecology and obstetrics, some developments are becoming evident earlier than in other disciplines. Engaging in open discourse around these developments and viewing them as opportunities can help address future challenges in the job market successfully. This approach could enhance colleague satisfaction, promote equality and individuality, and ultimately improve patient care while ensuring long-term sustainability.

Contribution to the Manuscript and Online Survey

The entire boards of the DGGG e.V., OEGGG, and SGGG made an extraordinary contribution to the success of the study and manuscript through discussions, substantive input, and diverse support.

Details of Ethics Approval

The manuscript was submitted to the Ethics Committee of the University of Luebeck and was evaluated favourably. Date of approval 20.09.2023. Reference number 2023–644.

Supplementary Material

Appendix: Questionnaire, including all questions directed to participants from all nations.

Contributors' Statement

NT, NA, PF, AK, CB, RK, NK, SS, BS, BT, AR, MBP contributed to planning the survey and study conception. Material preparation, data collection and analysis were performed by NT, NA, MBP, BS, BT, TE, MM. The first draft of the manuscript was written by NT, NA, PF, AK, CB, RK, BT, ER, TE, MBP and all authors (including NK, MG, NT, EB) commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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