Men in a female-majority profession: Perspectives of male trainees in clinical psychology

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Abstract

Concern has been expressed by clinical psychologists about the gender imbalance within the profession. The principle of a representative workforce for the population served, requires action to redress the imbalance. However, it is argued that a prerequisite to appropriate recruitment strategy is the understanding of how men and women choose psychology as a career. As part of this aim, the present study investigated the attraction of professional clinical psychology to male UK trainees. Eighty-eight completed sets of Q-sort ratings were analysed to identify patterns of incentives and disincentives within a series of statements about the profession. Narrative descriptions of the four factors derived from analysis of the data are given, and we suggest their arrangement into two contrasting pairs. Q-sort data are by design defined by positive and negative aspects, and our interpretations indicate a mixture of attraction within and between the factors. No simple conclusions were drawn from, or recommendations for recruitment implied by, the analysis, though direction for further research was forthcoming. Within the constraints of its limitations, we view the study as a small contribution towards an empirically-based understanding of factors influential in the recruitment of a more balanced gender ratio within the profession.

Introduction

Several studies exist examining aspects of workforce ethnicity in clinical psychology, in terms of the principle that the workforce should be representative of the population served (e.g., Bender & Richardson, 1990; Boyle et al., 1993; Meredith & Baker, 2007; Myers et al., 1991; Scior et al., 2007; Stevens, 2001; Stricker et al., 1990; Williams et al., 2006). However, less research attention has been paid to other demographics of representativeness (e.g., American Psychological Association, 1995;

British Psychological Society (BPS), 2004). The workforce characteristic with the greatest general proportional shortfall is likely to be gender. With a potential clientèle that is 50% male, and female staffing of 75% and growing, it has been stated that the numbers of male clinical psychologists in the UK are "insufficient to meet future or existing workforce demands for diversity within the National Health Service (NHS)" (BPS, 2004, p.5). The discrepancy will increase, as the continuing gender minority attracts progressively fewer applicants for professional training (down to 16% in the UK – Clearing House for Postgraduate Courses in Clinical Psychology, 2007).

Writing about a parallel situation in the US, Snyder et al. (2000) present their vision of change that a majority of women in clinical psychology may bring about. Using a dispositional framework, Snyder et al. (2000) list a series of assumed 'female characteristics' that research studies have suggested differentiate women from men – such as, having greater ready access to emotions, being less confrontational, being more egalitarian in relationships, and so on. Acknowledging the stereotyped nature of the list, they nevertheless use it to predict significant changes in 'the practice of psychotherapy' in the 21st century as a result. In short, they contend that the statistical imbalance will sex-type the profession.

This of course accepts that the women and men who work in clinical psychology display similar gender-differentiated characteristics to the participants in the research studies upon which Snyder and colleagues' chapter was based, which is a questionable assumption. For example, contrary to what would be predicted from it, Singer et al. (2005) found that the career aspirations of male and of female Canadian professional psychology graduates far more broadly overlapped than showed differences. A more cautious approach than that of Snyder's predictions might be simply to research the recruitment imbalance itself. In this vein, the British

Psychological Society (BPS, 2004) has expressed the wish to foster "research aimed at understanding gender differences in the choice of psychology as a career" (p.36).

Several aspects of this understanding may already be available regarding careers in general. Gottfredson's (1981) career choice theory suggests that many occupations are from an early age perceived by children as sex-typed, and that this influences future career choice. Williams and Subich (2006) present evidence for gender differences in career-related 'prior learning experiences', with women's and men's scores differing predictably on three of Holland's (1997) six job domains (women higher on 'Social', men higher on 'Realistic' and 'Investigative' domains). Such gendered differences may "contribute to persistent patterns of occupational segregation" (p.263).

What place do these findings have in understanding gender differences in the specific career choice of clinical psychology in the UK? In a previous Q-sort study of the career narratives of clinical psychology that were expressed by minority ethnic psychology undergraduates (Meredith & Baker, 2007), we certainly noticed the influential role played by previous learning experiences and family-generated perceptions. These also emerged as pertinent in the analysis of a focus group with male trainee clinical psychologists (Caswell & Baker, 2007) that we conducted in preparation for the present study. In addition, the focus group members also cited male stereotyped characteristics like competitiveness as important career choice factors (see also Helm, 2002; Frederickson et al., 2000). All of them spoke of sex-typed aspects of clinical psychology; some were regarded as oppressive (as Helm, 2002), though others were seen as frankly liberating. Sex-typed job aspects are the main focus of other studies about men and work in female-majority healthcare

professions in the UK (e.g., Arnold et al., 2003; McConkey et al., 2007), with concern expressed about needing 'breadwinner wages', and undertaking 'the caring role'.

The foregoing material falls a long way short of providing a simple answer to understanding gender differences in clinical psychology career choice. Complexity seems woven into all aspects – for example, some sex-typed job components can simultaneously put men off and attract them. However, added together, the ideas acted as an intriguing stimulus to our desire to research men training in UK clinical psychology. We chose to explore how male clinical psychology trainees conceptualise clinical psychology as a career choice because as 'experts' they could reflect on the entire trajectory of their career paths and the positives and negatives involved. Taking this exploratory approach, Q-methodology was employed since it permits several narratives to be generated by the participant sample and respects the complexity apparent to us from the literature.

Method

Choice of methodological approach

Q methodology was described by Stephenson (1935) as the 'inverted factor technique' – factor analysis of a data matrix by rows rather than columns, so that individuals, instead of tests, constitute the variables (Kitzinger & Stainton Rogers, 1985). A thorough account of Q methodology is outside the scope of this article, but several are readily available (*e.g.*, Shemmings, 2006; Watts & Stenner, 2005a). It comprises both a sorting procedure, and an analysis of pattern.

Sorting Procedure

Participants are given a pre-determined set of statements (a 'concourse') about the research topic in question and asked to sort these statements along a rating scale and on a grid (see Figure 1) representing a quasi normal distribution. Somewhere between 40 and 80 statements, that are comprehensive of the topic in question, is generally considered satisfactory (Curt, 1994; Stainton Rogers, 1995). The number of participants is less important; Watts and Stenner (2005a) cite a lower end of 40.

- Figure 1 about here -

Analysis of pattern

Although numerical analysis is employed, it is "participant-led subjective expressions and viewpoints" (Watts & Stenner, 2005a, p.69) that are the goal. Each factor identified indicates a way of rating the concourse statements that is a social construction of the subject matter, shared by the particular sub-group of participants loading significantly onto that factor. A particular arrangement of the Q-sort items is created, weighted by these participants' individual sorts, and from this arrangement of the statements, the meaning of the factor is interpreted. In the case of statistically distinct factors that express some semantic similarity, Q methodology highlights subtleties of attitudinal difference that are sufficiently distinct to emerge as different factors. We deemed it particularly suitable for examining the multiple narratives that men may hold about a career in clinical psychology.

Development of statement concourse

The set of statements was elicited from relevant literature and from the transcription of a discussion group of nine male trainees (Caswell & Baker, 2007). An

initial pool of 53 statements was modified and reduced to 43 following a careful review of each statement, and piloting. The final set of statements (see Table 1) covered such themes as salary and job security, advantages and disadvantages of working in a female dominated profession, the influence of others, fulfilment of personal/professional values and difficulties associated with entering the profession. Twenty-one items contained gender-specific words such as 'men', 'female'; the remaining 22 were included as relevant but did not require gendered wording, such as 'clinical psychology is emotionally demanding'.

Participants

Having received consent from their programme directors, 241 male trainees from 28 UK clinical psychology training programmes were sent Q sort packs[1], inviting them to participate in the study. Ninety-five individuals from 27 programmes replied in total, though only 88 Q sorts were complete – a 36.1% return rate.

Procedure

Written instructions asked the trainees to rank on a scale from –5 (least attractive) to +5 (most attractive) the 43 statements, within a fixed quasi-normal distribution (see Figure 1), according to how much each one attracted them to clinical psychology. On completion they were asked to transfer the statement numbers into their position on a small copy of the distribution grid to be returned to the first author. In addition to the Q sort task, participants were asked to provide brief demographic information, with the option of supplying more personal details (e.g. parental

[1] Packs comprised: information sheet, consent form, instructions for completing the task, 54 small cards (43 statement cards, and eleven ranking cards numbered from -5 to +5), participant response form, feedback sheet and freepost envelope.

occupation, ethnicity, etc). They were also invited to submit written comments on any statements, as they wished.

Analysis

The 88 completed Q sorts were analysed using an established Q methodology computer package (Schmolck, 2002). Eight factors were extracted (eigenvalue>1) and rotated (varimax rotation). Within Q methodology, for a factor to be interpretable as a social narrative it must possess a minimum of two Q sorts loading significantly and uniquely upon it. Four of the eight original factors met this criterion at the 0.01 level (full data are available in Caswell, 2005). [When only one participant defines a factor it is not a barrier to explication *per se*, but "there may be an enhanced risk that such identities will be coloured by idiosyncratic, respondent-specific contributions" (Kitzinger & Stainton Rogers, 1985, p.172).] The Q sorts ratings thus characterising each factor are weighted and merged to yield a single exemplifying Q sort which serves as a 'best-estimate' of the item configuration characterising that factor. Pattern analysis is based on these merged arrays and supplemented by participant comments.

Results

Following the format of Watts and Stenner (2005b), the results are presented in numeric, then in narrative form.

- Table 1 about here -

Numeric presentation

Table 1 lists the concourse statements, and the ratings each received in the merged Q-sorts. The statements may be examined by their ratings across all four factors (the rows of Table 1) for some understanding of their overall significance. We distinguished initially between ratings that were consistently lower, and those that were consistently higher. There were twenty three statements that were mainly low-rated (i.e., three or four ratings in the 0, 1 and 2 range, regardless of sign – such as Statement 02); and ten statements that were mainly high-rated (i.e., three or four ratings in the 3, 4 and 5 range, regardless of sign – such as Statement 27). We noticed that these categories, albeit crude, differentiated 'salient' statements from 'neutral' ones in terms of specific reference to gender: of the ten 'salient' statements, only one (Statement 31) mentioned gender, the remaining nine being expressed in general terms; in comparison, of the 23 'neutral' statements, 14 (over 60%) were gender-specific. To put it another way, of the total number of specifically gendered items (N=21) in the statement concourse, the majority (N=14) fell into the predominantly low-rated 'neutral' category; only one was found in the predominantly high-rated 'salient' category.

These proportions were a first indication of the amount of 'across the board' importance participants gave to statements overtly mentioning gender with respect to the attraction or otherwise that clinical psychology held for them. A low level of consensus could testify to a diversity of attraction to the content of different statements. In fact, a high level of consensus was observed, in that 66% of all specifically-gendered statements received an array of mainly neutral ratings. In terms of encouraging male recruitment, these statements would make a tasteless advertising pitch. In contrast, those items that were rated highly across all four factors (24, 27, 29 and 41) comprise some of the general constituents of many a person's desirable job,

such as intellectual challenge, sustained interest, and social contribution. Two items (21 and 31) were high-rated but negative: low pre-qualification finances, and vulnerability to gender-based complaint. Four more items (13, 28, 33 and 36) were high-rated but of inconsistent valence, playing opposing parts in the factor narratives below (and, we surmise, comprising somewhat volatile recruitment material) – but with no reference to gender.

Narrative presentation

The ratings of each merged Q-sort (the columns of Table 1) form a configuration that is treated in Q methodology as a gestalt, and the accounts presented below are intended to communicate in everyday language "something of the nature of each gestalt" (Watts & Stenner, 2005b, p.94). The defining statements we used to construct these accounts were the six rated most positively, and the six rated most negatively. They are referenced by number and by rating, so that (03,+4) refers to Statement 03 rated in the +4 position of the Q-sort quasi-normal distribution. Verbatim comments from participants are used illustratively where appropriate.

Factor A – Wanting to 'have my cake, and eat it'

Factor A explained 28% of the factor analysis variance (eigenvalue 43.93). Twenty six participants loaded uniquely and significantly onto it (28 others loaded significantly onto it, but not uniquely so). Their average age was 28.2 years, with an average of 2.8 years' relevant experience between qualification giving eligibility for the BPS Graduate Basis for Registration (GBR) and commencing training. Ten were in their final year of training, with eight each in Years One and Two.

In this account, clinical psychology is seen as attractive in recruitment terms that might be the standard criteria for choosing many occupations. It possesses positive ethical value to society, is people-work of a particularly personable sort, and is intrinsically interesting and intellectually challenging (27,+5; 12,+3; 24,+5; 29,+3). It has a transparent pay and career structure, that commences pre-qualification, with doctoral status upon qualification (09,+4; 10,+4; 41,+3; 28,+3). These unstartling attractors are matched by a few equally obvious disincentives – the high level of competition to obtain training, and the time, effort and low pay[2] involved in reaching qualification (43,-5; 13,-5; 21,-4). Illustrative comments were:

> (My eventual salary level) will help offset earlier losses as an Assistant Psychologist – when my peers are on £30,000 as accountants…

> Financial considerations are important due to my responsibilities with regard to family/change of career

Many of the foregoing items received the highest ratings available ('4' and '5'). There was however a second group of statements of a different sort, also definitive of this factor. They were uniformly negatively rated, at a less extreme level (all '3' bar one), and they focused upon what we construed as 'male issues'. They formed a gender-based counterbalance to the predominantly positive career profile given above. They were: being seen as a representative of men within the profession (20,-3); vulnerability to accusations of professional misconduct from female clients (31,-3); the possibility of getting a negative response from lay people when they

[2] The study's data were collected just before the implementation of the UK NHS 'Agenda for Change' salary scales.

discover one's profession (17, -3) (although this item is not specifically gendered, we interpreted its disincentive value in this context to be amplified by being male); and, being assumed to lack 'female' skills, like empathy (19,-3) – although ironically, confirmatory evidence may have come from the fact that the item 'emotionally demanding' was itself rated as highly off-putting (11,-4)! One man stated:

> I was warned before the (selection) interview – advice from a male psychologist – make sure you play up your warmth and empathy and those things, because they won't assume you have these – in fact they'll assume you don't unless you show them

Does this second part of the factor point towards something of a whining attitude? Are those who load significantly onto the factor, men who are happy enough to enjoy the benefits of this intriguing people-work job, but who quietly complain about some of the not-unexpected knocks of having successfully entered a female-majority profession? Given the wide spread of significantly-loading participants on Factor A, a no less important question for a profession desirous of recruiting more men into its ranks, is: How inviting do the men find it to be, when they get there?

Factor B 'Struggling to achieve the goal'

Factor B explained 18% of the variance (eigenvalue 6.74). Twelve participants loaded uniquely and significantly onto it, with 27 others loading significantly but not uniquely. Like Factor A, therefore, this narrative was represented fairly broadly among the participants. The average age of the uniquely-loading participants was 30.5 years, with an average of 3.2 years' relevant experience between GBR qualification

and commencing training. They were evenly distributed across the three years of training.

Participants in this account, as in the previous one, rated clinical psychology very highly in terms of its societal value, its intellectual challenge, and inherent interest – especially compared to sex-stereotyped 'male' jobs (27,+4; 29,+5; 24,+5; 06,+3). However, they had found the information given by educational institutions regarding entering the profession, frankly off-putting (33,-5; 36,-4):

> The teaching on the topic was interesting and stimulating, but as undergraduates we were given the impression it was incredibly difficult to get into, and that we shouldn't bother

Nevertheless, the problems themselves were rated paradoxically as an incentive (13,+3), their attraction perhaps indicating high achievement orientation:

> I want to take the hardest route – I want to do it because it's hard, because lots of people try and don't get there – something that you can't buy yourself into

Indeed, the thought of having an easier entry into the profession as a result of gender-based positive discrimination, was a strong disincentive (15,-4).

This ascetic-sounding idealism did not prevent these men from willingly accepting help from supportive partners (07,+3), or from anticipating some of the rewards of NHS employment (41,+3; 10,+4) – and their interest in clinical psychology as different from traditionally male jobs did not extend to salary level (30,-3):

> Qualification is difficult to attain – which is absolutely fine (except I'm not sure the final salary levels *will befit me as a man*) [emphasis added]

The impact of stereotype ("as a man…") was also seen in the negative ratings given to the specifically gendered statements, about the scrutiny that maleness might attract (22,-5; 19,-3; 31,-3). They also objected to being viewed as a 'representative male' (20,-3).

Overall, compared to the 'two sides of the coin' story of the first factor, Factor B gave a more complex narrative that swings from positive to negative more frequently. It could be seen as an account that is more tolerant of a certain degree of ambiguity in between two non-ambiguous poles – i.e., between the profession's inherent positive high interest value on the one hand, and the view that being a male clinical psychologist carries a definite stigma on the other. The feature that most clearly differentiated this account for us, is the incentive value attributed to statements of the difficulties of obtaining training, despite the profession's stigmatising aspects.

Factor C – 'Old school'

Factor C explained 8% of the variance (eigenvalue 2.84). Two participants loaded uniquely and significantly onto it (14 others loaded significantly onto it, but not uniquely so). They were aged 26 and 29 years, with an average of two years' relevant experience between GBR qualification and commencing training. Both were in their second year of training.

Of the broad range 'standard' job attractors seen in the previous factors, Factor C presents an account containing far fewer – clinical psychology holds intrinsic interest and intellectual challenge (24,+5; 29,+5). Role models, university teaching,

and school careers advice made a positive impression on the exemplar participants of this factor (25,+4; 36,+4; 33,+3). The time, effort and financial restriction involved in getting trained did not impress, at least not positively (13,-3; 21,-3), though the latter was somewhat offset by being paid to train (41,+3).

The levels of power and status available post-qualification are of clear importance, and this is a specifically gendered concern (28,+3; 37,+3; 04,-4; 32,-4). Thinking that people might react negatively to one's qualification is an unattractive prospect, as is being open to challenge about professional conduct by female clients (17,-3; 31,-3). But the highest disincentive rating is reserved for the suspicion that in any way taking employment as a clinical psychologist might be thought to mask discomfort with traditional masculinity (42,-5), and for the idea that being a man in clinical psychology might incur one's sexuality being questioned (22,-5). One focus group member spoke quite freely about such scrutiny:

> I do sometimes question my masculinity. It is always questioned 'cos I am in psychology, but I take that for granted, I take it that that will be brought into question in some sense … and I think for a lot of men that would be a turn-off, why they wouldn't want to come in (to the profession)

The men whose ratings characterised the account given by Factor C did indeed rate such scrutiny as a strong disincentive against entering the profession. Yet despite this they did in fact strive, successfully, to do so! Why? We imagined this factor to tell a story of men attracted overall to clinical psychology, appreciating that on balance, it retains sufficient of its alignment with the trappings of professional power that have traditionally been available to men, to quell disturbing threats to their idea of male status quo.

Factor D – 'New men'

Factor D explained 5% of the variance (eigenvalue 2.30). Two participants loaded uniquely and significantly onto it (four others loaded significantly onto it, but not uniquely so). They were aged 29 and 27 years; the latter man had four years' relevant experience between GBR qualification and commencing training (missing data for the former). One was in his final year of training, the other in his first.

Factor D presents quite a contrast to the previous ones. The components of this cohesive narrative are accounted for uniformly positively, or consistently negatively. Positive ratings are given to the social value, popular attractiveness, intrinsic interest and challenges of the job – and unlike Factor A, this includes its emotional challenge (24,+5; 27,+4; 01,+3; 29,+4; 11,+3). The significantly loading participants give every indication that they are pleased to be distanced from work traditionally viewed as 'male' (02,+3; 06,+3; 12,+5).

The time and effort needed for training are unattractive (13,-4), as is the financial restriction involved (21,-4). Institutional advice has not attracted them into the profession (33,-3; 36,-3), and they are put off by the idea of positive gender discrimination in recruitment (15,-3). They are concerned about the possible silencing effect of being in a minority group within clinical psychology (04,-3). But the distinctive feature of this account is its strong disaffection with the doctoral qualification of 'clinical psychologist' as the grounds for power and status (16,-5; 28,-5). As one man put it,

> It is unfortunate that such a title ('Dr') demands so much respect. It would be better for the profession if the respect was earned through our interactions with clients and colleagues

For the men accounted for within Factor D, ‘a hard slog’ has characterised their job so far – though this is more than balanced by its congruence with the positive values they place upon freedom from masculine stereotype, and the inherent interest and social contribution of clinical psychology. The privileges traditionally afforded by gender and status seem to hold little or no attraction for them. We viewed the narrative of Factor D as oppositely distinctive to the previous one – the story of ‘new men’, rather than that of the ‘male traditionalists’ of Factor C.

Discussion

Following the BPS’ suggestion (2004, p.36), this study was designed to help understand some aspects of gender and psychology career choice, by exploring male trainees’ narratives of attraction to UK clinical psychology. The four interpretable factors provide a deconstruction of what otherwise might be imagined to be a unified ‘male view’ – four accounts, rather than one. This said, it was difficult not to abstract from the four accounts two contrasts of values, which may perhaps be over-simplified as ‘the good life’ *versus* the attraction of harsh challenge, and ‘traditional male’ *versus* ‘gender egalitarian’. The factors comprising the first contrast accounted for greater variance in the data (A, 28%; B, 18%) than the second, and a substantial number of Q-sorts loaded significantly though not necessarily uniquely onto them (a sub-group of 54 on A, and 39 on B) – indeed, 14 participants loaded significantly onto both. Accepting Shemmings’ (2006) cogent mathematical argument to validate his description of Q factors as “robust, non-overlapping conceptually distinct clusters of attitudinal patterns” (p.153), these 14 men (17% of the two sub-groups) endorsed both of the separate A and B narratives – more demonstration, if it were needed, of the complexity of attraction to professional clinical psychology.

In comparison, the second contrast accounted for less variance (C, 8%; D, 5%) with a sub-group of 16 participants loading significantly onto Factor C, and of six onto Factor D. Only one man (5% of the two sub-groups) loaded significantly – and then only just – onto both narratives. Thus they were distinctively separate in terms of the participants involved, as well as in terms of concepts. The extent of this led us to wonder whether 'split' might not be a more appropriate term than 'separate' – it was different from our analysis of the initial focus group discussion (Caswell & Baker, 2007), in which it was observed that traditional and non-traditional male job concerns were held together in an on-going tension within, rather than between, individuals. There were admittedly far fewer participants who significantly loaded onto each of the factors, compared to the first contrast above; but this seemed no reason not to consider whether important recruitment considerations are embedded in the 'cultural distance' between the factors. Clearly further research is needed to clarify both this, and its relationship post-qualification to the client populations and psychological approaches with which the participants will choose to work.

However, this study concerned clinical psychology incentives and disincentives at pre-qualification stage. Of the numeric presentation of ratings of all statements, the 21 statements specifically referring to gender were of especial interest. The great majority of these were rated in the neutral range (from -2 to +2). While it may be that the issues involved hold neither attraction nor unattraction for participants, an alternative explanation was emphasised by some participants who commented on a limiting characteristic of Q sorts using the quasi-normal distribution: issues initially rated at the extremes of the scale may be forcibly displaced into the centre portion of the sorting grid by subsequent consideration of even more important issues. It is thus possible that the ratings for some gendered statements may have been

‘neutralised’ by the methodology rather than by their choosing. The replacement of the quasi normal distribution by a free distribution sorting procedure (Watts & Stenner, 2005a, p.77) should be considered as an alternative.

As an aside, a demographic limitation to the present study came to our notice. We acknowledge the possible bias effect arising from all the men in the initial focus group being recruited from the same training programme – this was imposed by the practicalities and time constraints under which the study was conducted. What we did not anticipate was a location difference in data return. All UK training programmes (N=28) agreed to circulate all their male trainees with study packs, inviting participation. Almost unintentionally, we calculated that when the latitude of the programme base was used to divide them equally into two groups of 14, there was a 46% return rate from the 119 men in more southerly locations, compared to a 30% return rate from the 122 men in the more northerly ones. The Q sort narratives therefore derive from males training in clinical psychology in the south of the UK to a somewhat greater extent than they do from male trainees in the north. Despite our curiosity regarding the available stereotypes of north versus south in the UK, the study’s anonymity regulations prevented further investigation into the implications of this unexpected finding!

Finally, has the study provided a strategy for recruitment to redress the striking gender imbalance within UK clinical psychology? Our inclination is towards the unexciting but legitimate conclusion that, while the analysis provokes reflection and thought, it cannot be said to give a basis for constructing any other strategy than one for further research. Particularly, we found ourselves asking questions like, are there important gender-related concerns of potential male clinical psychologists that remained relatively silenced – in this case, partly by a methodological consideration?

To what extent are such concerns specific to clinical psychology rather than general throughout psychology? And, just as importantly, what is it about the profession as currently practised, that so attracts women?

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Figure 1: Sample grid used in Q study.

Least attractive ----------Most attractive

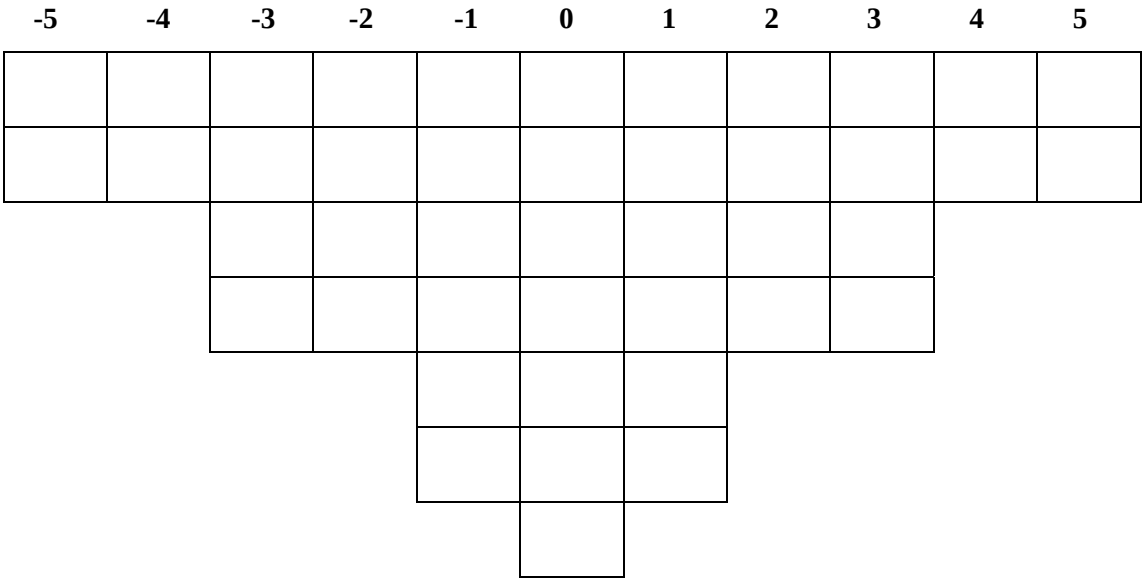

Table 1: Item concourse and by-factor ratings of the merged Q-sorts.

Item	*Concourse statements N=43*	Factors: A	B	C	D
01	Clinical psychology is a profession that other people are interested in and attracted to	+2	+1	+1	+3
02	Clinical psychology does not fit with cultural and historical expectations that men should not talk about emotions	0	0	0	+3
03	Male clinical psychologists are more likely to experience prejudice from peers and society for working in a role that is traditionally perceived to be female	- 2	- 2	- 1	0
04	As a minority group, it is more difficult for men to be heard in clinical psychology	- 2	- 2	- 4	- 3
05	There is more interaction with women in clinical psychology	0	0	0	- 1
06	Occupations that are more traditionally male are boring and unfulfilling in comparison to clinical psychology	+2	+3	0	+3
07	Having a partner who can be supportive either financially or emotionally allows you to follow a career in clinical psychology	0	+3	- 2	+1
08	A career in clinical psychology allows a man to place more emphasis on his personal and family life and not work as the sole breadwinner	+1	0	0	- 2
09	Clinical psychology offers the potential to earn a good salary	+4	+2	+2	+1
10	Becoming a clinical psychologist offers a stable career and the likelihood of secure employment	+4	+4	+2	+1
11	Clinical psychology is emotionally demanding	- 4	+2	- 1	+3
12	Clinical psychology is a more personal and interesting way of helping others than traditional medicine	+3	+2	- 1	+5
13	It takes a lot of time and effort to qualify as a clinical psychologist	- 5	+3	- 3	- 4
14	As a clinical psychologist there will be more opportunity to work with female clients than male clients	- 1	- 1	- 1	- 1
15	As men are under-represented it is easier for them to get on to clinical psychology training courses	+1	- 4	+2	- 3
16	The title ‘doctor’ endows a high degree of responsibility and power	+1	+1	+1	- 5
17	Saying ‘I am a clinical psychologist’ can elicit a negative response from others	- 3	- 1	- 3	- 2
18	Clinical psychology is similar to the professional background of my family	0	0	+1	0
19	Men are under greater scrutiny because they are perceived to lack the female skills and characteristics that clinical psychology requires, e.g., ability to listen, empathise, etc	- 3	- 3	- 2	- 2
20	Male clinical psychologists will be a minority group, and expected to represent their gender	- 3	- 3	- 2	- 1
21	The route to professional qualification is financially restricting compared to other career paths	- 4	- 2	- 3	- 4
22	In a female dominated occupation men are more likely to have their sexuality questioned	- 1	- 5	- 5	- 2
23	Clinical psychology does not fit with the expectations of my	- 1	- 1	0	+2

	culture				
24	Psychology is an intrinsically interesting area in which to work	+5	+5	+5	+5
25	Previous knowledge of people working as clinical psychologists influenced my decision to join the profession	+2	+1	+4	+2
26	As a male clinical psychologist there will be an expectation of progression into a management role	- 1	- 1	+1	+2
27	Clinical psychology allows me to work with people and is valuable to society	+5	+4	0	+4
28	As 'doctors' clinical psychologists hold a level of professional esteem and status	+3	+1	+3	- 5
29	Clinical psychology is intellectually demanding	+3	+5	+5	+4
30	The potential earning capacity of a clinical psychologist does not reach my expectations as a man	- 2	- 3	- 2	0
31	Male clinical psychologists are vulnerable to accusations or challenges against their professional conduct from female clients	- 3	- 3	- 3	- 1
32	As a predominantly female occupation clinical psychology does not offer high professional status to a man	- 2	- 2	- 4	0
33	The information received from careers advisors at school influenced my decision to choose clinical psychology as a career	- 1	- 5	+3	- 3
34	The more male clinical psychologists there are, the easier it will be for men to feel confident about accessing psychological services	+1	- 1	+1	+2
35	A clinical psychologist will be working primarily for the NHS	+ 2	+1	- 1	0
36	The advice and teaching received on clinical psychology from university influenced my decision to join the profession	0	- 4	+4	- 3
37	Men tend to rise to managerial positions within female dominated professions	0	0	+3	- 1
38	Men stand out in a profession that consists predominantly of women	- 1	0	+1	0
39	The profession would benefit from a more equal gender balance in the workforce	+1	+1	+2	+1
40	There are a number of male clinical psychologists that act as role models or mentors	0	0	- 1	+1
41	Clinical psychology trainees get paid during training	+3	+3	+3	+1
42	As a clinical psychologist I can avoid certain aspects of traditional masculinity which I do not feel comfortable with	+1	- 1	- 5	- 1
43	Clinical psychology is a difficult career to get into, with a lot of competition for assistant posts and places on postgraduate training courses	- 5	+2	0	0