

INTERVIEW

“People often assume I’m a nurse when they speak to me on the hospital corridor”

36-year-old Ulrike Attenberger aims to encourage female physicians to take on senior roles. A discussion of stereotypes and spring cleaning.

Nina Kunz

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Ulrike Attenberger is the first Anna Fischer-Dückelmann Visiting Professor

Professor Attenberger, did you always want to be a doctor – never a princess or a pop star?

I always wanted to be either a doctor or an artist. Once I realized that medical research would allow me to work as a physician and be creative, I knew what I wanted to do. My goal is to advance the early detection of cancer. Just like art, it takes innovative thinking to develop the technology required.

You qualified as a professor aged 30. Six years later, you are the deputy director of your institute. What do you think of the idea that it takes a superhuman effort for women to reach senior positions?

It would be unfair to phrase it like that. These roles also require remarkable commitment from men, too. It just attracts more attention when women do it.

In your subject area, only 2 out of 34 professorial chairs in the German-speaking region are held by women.

In this environment, being female invariably attracts attention – even if you aren’t chair of a department. Once, when giving a talk in Berlin, I was actually introduced as a man, even though Ulrike is clearly a woman’s name.

Have you noticed that almost all senior positions in radiology are held by men?

I first noticed it after my finishing my postdoctoral qualification. Despite my expertise, I seemed to be invisible when it came to assessing potential chairs of committees or proposing speakers for conferences. There was no malicious intent behind it, but women lack the advantage of long-standing networks. I had to spend three years lobbying before I managed to break through the glass ceiling.

These days you are an established scientist and have been working as a physician for eleven years. Do you still experience preconceptions in your day-to-day clinical work?

The medical profession is still seen as masculine. For example, people often assume I'm a nurse when they speak to me on the hospital corridor.

You are a young, attractive woman. Have you never heard any suggestive comments?

No, never! It is my youthfulness, rather than my gender that sometimes causes confusion. When I talk to patients about tissue removal, I'm often asked how many times I have performed the procedure. This also happens to young male colleagues, however.

You are extremely successful. How do you achieve this?

My success is down to both a high level of expertise and being a "real woman". Trying to convey authority in the same way as a man won't get you anywhere. As a woman, it is easier to win people over with empathy, passion and poise.

Does that mean you haven't learned anything from your colleagues?

Of course. My mentors showed me that perfectionism has no impact on the measurable quality of a result; all it does is sap your strength unnecessarily. A wonderful colleague once told me that women often spread themselves too thin because they want to have both a perfectly clean apartment and a high-level publication.

You once said that you made a strategic decision not to have children. Is it impossible to be both a mother and a career woman?

Not at all. It would be a shame to go without children for the sake of a career. You seem to have misunderstood me slightly. I simply meant that it takes a huge effort to have children during your medical residency. After specializing – as a full-fledged member of a team – it's much easier to work part-time.

So female physicians can't have children until after 30?

In my experience, it is extremely difficult to do so before then. It's not a matter of choosing between your family and your career, but combining the two requires careful planning and consideration.

Have you experienced any hostility for deciding against the traditional role of motherhood?

Quite the opposite. Many female colleagues have found my openness brave. Motherhood is without question one of the most wonderful experiences in life. But the idea that everything else should come second can also put you under considerable pressure.

What do you think of female quotas in medicine?

If you had asked me five years ago, I would have been vehemently opposed. I hated the idea that qualified women in top jobs would be dismissed as gender hires. Today, I believe a quota would be extremely beneficial for a few years to establish female professors as the norm. After that, gender would hopefully no longer be an issue. I see parallels with the 19th century, when people were asking whether women even had the right physiology to study medicine. We laugh at this today. Perhaps the current discussion about female managers will be viewed in the same way in a hundred years from now.

Your visiting professorship is named after Anna Fischer-Dückelmann, one of the first women to study medicine in Zurich in the late 19th century. What feelings does she inspire in you?

I greatly admire Anna Fischer-Dückelmann's determination and drive. And I hugely admire her partner, who moved from Germany to Zurich with their three children so that his wife could fulfill her dream.

Equal Opportunities Campaign

nkz. · Professor Ulrike Attenberger is the deputy director of the Institute for Clinical Radiology and Nuclear Medicine (IKRN) at the Medical Faculty Mannheim, Heidelberg University. This semester she is the Anna Fischer-Dückelmann visiting professor in Zurich – a joint project between the Faculty of Business, Economics, and Informatics and the Faculty of Medicine at the University of Zurich (UZH). The aim of this professorship is to raise awareness among female physicians of managerial responsibilities. Within the same framework, a business administration mentoring program has also been launched in which high-ranking female managers spend a year providing female physicians with support and advice.