Whose Career Comes First? Household Bargaining and Joint Career Migration Among Medical Couples

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Abstract

Women's earnings potential relative to their male partners has increased over the past fifty years, yet men's careers continue to be prioritized in dual-career couples. This study investigates this phenomenon and asks whether gendered expectations of career precedence persist among high-achieving professional equals, and if so, under what conditions? Using an experimental vignette survey, this project offers a causal test of household bargaining theories by disentangling individual economic resources (i.e. earnings potential and educational ability) and childcare plans from gender to examine whether men and women with the same profiles are equally likely to be prioritized in household migration decisions. This paper leverages a unique official process known as "Couples Match" whereby medical student couples create a joint ranking of their residency placement preferences. By presenting respondents (n=426) with the rank-ordered program preferences of each hypothetical partner and their childcare plans, this project has the advantage of a well-defined operationalization of underlying preferences and ultimate career precedence within a couple. Results show that childcare moderates the effect of individual resources. Respondents react similarly to the resources of hypothetical men and women when the couple plans to have an egalitarian division of childcare, or when the couple does not anticipate having children. In contrast, women who plan to be the primary caregiver are significantly less likely to be given career precedence despite their resources, whereas men who plan to be the primary caregiver are not expected to be any less likely to receive career precedence. These findings suggest that expectations of career precedence remain gendered and are highly influenced by childcare responsibilities. This work demonstrates the importance of policy that facilitates a more equal division of childcare among couples in medicine and other highly-mobile professions to facilitate optimal household migration decisions.

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Switching jobs is a major source of wage growth for young workers, and career advancement frequently requires relocation (Molloy, Smith, and Wozniak 2011). The increasing emphasis placed in the modern economy on the ability to be mobile for professional growth is particularly difficult to balance for dual-career couples (Costa and Kahn 2000; Stroh, Brett, and Reilly 1992). Couples in professions that require geographic mobility, such as medicine, academia, and the foreign service (among others), may need to make relocation decisions that require one or both partners to compromise on their career preferences. In particular, a decision that prioritizes one partner's career may lead to unequal earnings and job quality within the couple, with potential costs for the other partner's future career advancement (Agarwal 1997, Lundberg & Pollak 1996). Thus, the outcomes of dual-career couples' relocation decisions provide a means of evaluating how couples determine whose career will take precedence in the household.

The decisions that dual-career couples make about whose career to invest in are central to the study of gender differences in employment outcomes (Livingston 2014). While the gaps between heterosexual couples' relative education and labor force attachment have narrowed over the last fifty years, women's economic gains have had little influence on determining household migration decisions (Tenn 2010). Indeed, even when women have higher occupational prestige or earnings capacity than their partners, they appear to be more likely to make career sacrifices for their family (see, e.g., Bertrand, Kamenica, and Pan 2015; Bittman et al. 2003; Stamm and Buddeberg-Fischer 2011; Tichenor 2005; Wong 2017). If women have the same economic resources as men, why do couples defer to the man's career in household migration decisions?

Recent research has highlighted the influence of extra-household factors that can guide how couples make such decisions. Social norms, such as expectations that the man should be the

primary breadwinner and the woman should be the primary caregiver to children, can influence the ways in which couples determine career precedence (Pedulla and Thébaud 2015; Risman 2004; Wong 2017). As such, women's careers may be less likely to be prioritized in household moves, even in cases where she has greater earnings potential or human capital than her partner. To gain some purchase into the empirical patterns of gendered career precedence, it is crucial to evaluate how social expectations of work and family roles influence whose career takes priority in migration decisions. In particular, this study asks: are men's and women's economic resources considered to be equally predictive of their career precedence? How does childrearing moderate the influence of their individual bargaining power?

Women's human capital gains and increased professional investments relative to past generations imply that it is now less socially efficient for a woman to not participate to her full potential in the labor force. Given the importance placed on mobility for professional growth, if women do not expect their career preferences to be given equal importance in household moving decisions, this could have serious ramifications for women's investment in their labor market skills and their advancement in the workforce (Blau and Kahn 2017; Eby 2001; Goldin 2006; Stroh et al. 1992). In addition, expectations that men's careers will take precedence in household moves can also influence women's career success on the supply-side (e.g., women advised or encourged by mentors to pursue certain career paths) and demand-side (e.g., employers evaluate partnered women as less willing to relocate than men) (Moss-Racusin et al. 2012; Rivera 2017). Recent research on gender wage gap across the wage distribution has found that the gap is largest and most persistent among high-skilled men and women (Blau and Kahn 2006, 2017; Kassenboehmer and Sinning 2014). As such, understanding the factors that contribute to men's greater career precedence within the household is crucial for understanding the gender wage gap and designing

policy to address persistent inequality between highly-educated men and women (Cooke et al. 2009).

This paper seeks to uncover the causal pathways that contribute to expectations of differential career precedence among couples in high-earning, high-skilled occupations. Using medical students as a case study, this paper leverages an official process known as "Couples Match" whereby medical student couples create an individual and joint ranking of their residency placement preferences to understand household migration decisions. I use an experimental vignette survey to disentangle individual economic resources (i.e. earnings potential and educational ability) and childcare plans from gender to examine whether men and women with the same profiles are equally likely to be prioritized in household migration decisions. Survey respondents are asked to predict how they think couples will resolve their career relocation conflict given information about hypothetical couples. By casually testing how people evaluate the individual resources of men and women, given stated preferences for their career and family goals, this study provides valuable information on whether men's and women's economic resouces are seen as equally predictive of their career precedence in a couple's migration decision. I find that childcare moderates the effect of individual resources; in particular, women are more negatively impacted by domestic responsibilities than men. These results suggest that expectations of career precedence remain gendered and are highly influenced by childcare in particular.

The rest of the paper is organized as follows. Section I provides the theoretical background and context, highlighting how the current study contributes to the extant literature. Section II describes the sample and experimental design, and Section III presents the results. Possible interpretations of the results are discussed in Section IV and Section V concludes.

I. Background

Household Bargaining and Joint Career Decisions

When an individual decides whether to move for a new job opportunity, they consider their own preferences to determine whether the move will allow them to advance their career. But if they are a member of a dual-career household, the proposed move may not align with their partner's career preferences. Thus, for dual-career couples, an individual's career relocation decision becomes a household-level decision. Couples may need to choose between options that either advance one partner's career but are suboptimal for the other partner, or that involve mutual compromise of individual career preferences (Lundberg and Pollak 2003; Maume 2006; Pixley and Moen 2003).

When individual career preferences conflict during a relocation decision, household bargaining theories posit that the ultimate decision depends on the bargaining power of each member of the couple (England and Farkas 1986; Manser and Brown 1980). This power is considered to be derived from the resources that each individual holds, such as earnings, earnings potential, wealth, education, and occupational prestige (Blood and Wolfe 1960; Lundberg and Pollak 1996; McElroy and Horney 1981). These theories predict that the partner with the greater relative resources will be given preference in any household allocation decision, such as the division of household labor, spending decisions, or household moves.

Notably, these neoclassical economic and resource-based theories are symmetric with respect to couples; the gender of each partner should not influence the decision-making process (Manser and Brown 1980; McElroy 1990). As such, the partner with the greater relative resources is expected to receive career precedence in a household move regardless of gender. Evidence that men had greater influence over household migration decisions was attributed to women's

traditionally lower earnings potential relative to their partners, supporting the symmetric nature of the theory (Becker 1991; Bielby and Bielby 1992). Yet, the theory also predicts it could be just as likely that, if the woman in a heterosexual couple has greater earnings or educational attainment than her husband, she will determine the migration decision.

Yet, as women have made economic gains relative to their partners over time, evidence overwhelmingly suggests that men's and women's resources are not equally predictive of migration decisions (Tenn 2010). The vast majority of empirical work on household migration finds that, regardless of each partner's earnings or occupational prestige, women appear to be more likely to move for their partner's career than men (Duncan and Perrucci 1976; Geist and McManus 2012; Shauman 2010). Married men appear to be less likely to decline a job relocation than married women (Bielby and Bielby 1992; Brandén 2014; Shihadeh 1991), and women typically experience lower economic returns to household migration than their partners (Cooke 2003; McKinnish 2008). The negative relative impact of migration on women's career decisions over the life course has also been documented in longitudinal work that follows households over time (Han and Moen 1999; Winkler and Rose 2000). Therefore, it appears that women with similar or greater economic resources, relative to their male partners, still face barriers to their career success.

Social Expectations of Work and Family Roles

While individual resources matter greatly for predicting how couples should optimally make joint career decisions, gendered expectations of work and family commitments may moderate the influence of women's bargaining power. Specifically, expectations that men desire career investment and women desire family investment offer a means of predicting how couples will resolve household migration decisions (Blair-Loy 2003; Wong 2017).

Research on professional men and women consistently finds examples of gender bias in the workplace. This gender bias may stem from exposure to cultural norms that portray women as less professionally competent than men, particularly in male-dominated occupations (Eagly and Mladinic 1994; Foschi 2000). Indeed, experimental research, which test for discrimination by constructing men and women with identical qualifications, has found compelling evidence for gender discrimination. Professional women are typically recommended lower salaries and less mentoring support, held to a higher standard, and are less likely to be judged as competent, relative to identical men (Byyny 2017; Moss-Racusin et al. 2012; Pinholster 2016). Therefore, women may be perceived as less career invested then men.

The influence of childcare responsibilities may further complicate the predictions of the household bargaining models, and partially explain the empirical findings that men's economic resources have a greater impact of migration decisions than their wives' resources. England and Folbre (2002) consider the implications of childcare on bargaining power and argue that children weaken women's bargaining power due to women's primary responsibility for childcare. When one partner (typically the woman) specializes in childcare, these domestic responsibilities reduce their earnings through working fewer hours, interruptions in job tenure, or productivity (England and Folbre 2002; Waldfogel 1997). Therefore, the partner who is more invested in childcare may be less likely to invest as heavily in their career.

These gendered expectations of work and family commitments interact in ways that stymie women's career advancement. Indeed, gender biases are related to differential evaluations of workplace commitment and competence among parents. Evidence suggests that mothers and pregnant women are evaluated as less devoted to their career, in contrast to fathers more positive evaluations and pay bump (a phenomenon coined the 'motherhood penalty' and 'fatherhood

premium', respectively) (Correll, Benard, and Paik 2007; Hodges and Budig 2010; Killewald and Gough 2013). These unequal evaluations by parent's gender suggest that childcare in particular moderates expectations of whose career will be penalized within the couple.

In addtion, these social expectations can also help explain how couples resolve gender-deviant work and family roles. Among couples where the woman is the breadwinner, research has found that these women are more likely to compensate by adopting gender-traditional behaviors elsewhere in the marriage. For example, in couples where the woman earns more than her partner, women appear to take on a disproportionately greater share of housework (Bertrand et al. 2015; Bittman et al. 2003; Brines 1994). In contrast, men who take on a non-traditional childcare arrangement receive praise simply by being involved in childrearing at all (Damaske et al. 2014). Therefore, women who are career-devoted may need to emphasize their commitment to their family by making certain concessions, and men who are more involved in childrearing may be rewarded in ways that women are not.

Applying these findings to the dynamics of couples migration decisions, people may draw upon stereotypes to make assessments about tastes for labor market attachment or childcare plans that can influence assessments of career precedence, regardless of each partner's economic resources (Bielby and Baron 1986). Gender stereotypes in organizational settings that portray men as more committed to career and women to relationships and family can serve as barriers to women's progress as they seek to advance professionally (Heilman 2001). Men and women may also internalize stereotypes that mandate women should be other-oriented rather than achievement-oriented, further influencing the ways in which couples make joint career decisions (Eagly and Karau 2002). Without full information on the couples' individual career preferences and plans for childrearing, it may be reasonable to draw upon cultural norms to evaluate career precedence.

Previous Research

To evaluate gendered patterns of career precedence within household migration decisions, previous literature faces several important limitations. First, many factors that determine couples' investment in each partner's career tend to be associated with gender, including relative earnings, occupational prestige, and full-time employment, making it difficult to identify the causal mechanism underlying difference in outcomes by gender (Auspurg, Hinz, and Sauer 2017). Furthermore, the resources each partner brings to the bargaining table are themselves a function of occupational sex segregation and gendered wage disparities (Acker 1990). Thus, with conventional labor force and household surveys, it is difficult to entirely disentangle resources from gender.

To more accurately compare couples with similar personal and professional paths, previous work has restricted to couples in the same occupation to abstract away from many of these unobservable differences. However, evidence on couples in the same profession continue to show that men's careers tend to take priority. Among dual-academic couples, men are more likely to be considered the "primary hire" or able to take a job that requires their academic partner to accept a lesser position in academic searches (Rivera 2017; Wolf-Wendel, Twombly, and Rice 2004), and women in medical couples are less likely than men to report that their career has been prioritized in family decisions and more likely to report having sacrificed their career for their family (Dyrbye et al. 2014; Hinze 2000; Stamm and Buddeberg-Fischer 2011).

Research on professional men and women within the same occupation suggests that they begin their careers with very similar earnings, with men's earnings quickly surpassing women's due to differences in career interruptions and hours worked post-graduation (Bertrand, Goldin, and

Katz 2010). The authors attribute these contributing factors to motherhood, as woman are more likely to adjust their hours or take time off for childrearing. Other research has also found that women were more likely to scale back their careers for childrearing than men (Becker & Moen, 1999). Yet, it is unclear how career precedence plays out for couples where the woman does not plan to be the primary caregiver. Furthermore, few studies can abstract away from childcare entirely by studying childless couples.

Another limitation suggested by work that follows couples over time is that individual resources may be a function of previous household decisions. The iterative nature of household bargaining further complicates the task of evaluating gendered patterns of career precedence. If professional couples are at different career stages, and have different levels of training and previous experience, it can be difficult to determine whether precedence is driven by unobservable factors like ability or career ambitions. For example, are male partners more likely to be considered the primary hire because they have already completed a postdoctoral position, or their degree is in a more lucrative field, or they are simply more career driven? Additionally, the outcome of a decision to invest in one partner's career over the other partner's career may lead to a cumulative advantage for the prioritized partner, further perpetuating the prioritization of that partner in future decisions (England and Kilbourne 1990; Pixley 2008; Wong 2017). Indeed, research suggest that women's career decisions over their life course are negatively impacted by migration (Han and Moen 1999; Winkler and Rose 2000). Therefore, to understand whether households prioritize careers by gender, it is particularly important to examine early-career decisions of couples at the stage when partners have equal human capital and earnings.

Current Study

This paper offers a causal test of household bargaining models, asking whether men's and women's economic resources are equally predictive of their career precedence in a household move. I use an experimental vignette study design to assess expectations of career precedence, given explicit information on couples' preferences for their career and expected childrearing plans.

Through this design, I can effectively test the symmetric nature of the bargaining framework: if we switched the profiles of the man and woman in the couple, would the expectations of prioritization switch as well? I ensure that all respondents are presented with the exact same scenarios on average, allowing for a causal identification of the separate impact of men's and women's educational ability, earnings potential, and caretaking on expectations of career precedence (Atzmüller and Steiner 2010; Dülmer 2007). I expect that men will be more likely to be presumed to have career precedence, and that domestic responsibilities will moderate the influence of individual resources for the female, but not the male, partner.

I focus on an early-stage career decision among couples[1] in the same occupational context: senior medical students applying for residency. Through an official process known as "Couples Match," medical student couples must formally rank their joint preferences in a high-stakes setting.[2] By translating individual residency program preferences into a joint ranking, this process allows for an explicit visualization of career precedence based on individual career preferences. Furthermore, by linking applications to determine one's training, this decision has important

[1] While much of the research in this area focuses on married couples, I take a broader approach to defining a couple that considers the increasing prevalence of other types that long-term, committed relationships. Following Rivera (2017) and others, I refer to individuals in any self-defined, long-term, serious relationship (whether married or not) as "partnered."

[2] The number of couples electing to Match together has increased almost every year since the official process was established in 1984, and over a third (35%) of female physicians and 18% of male physicians under 35 are married to physicians (Boulis and Jacobs 2010).

implications for future career advancement as well. Residency program placement has career significant implications, both in the training residents receive to meet their career goals, as well as for placement in academic medicine or fellowship programs. Medical student couples also serve as an interesting case study because of their timelines. The vast majority of medical students enroll straight from university and have a very clear idea of what the next decade (at least) of their professional lives entails. Because of this, medical students typically determine their career and childrearing plans well in advance of realization. Thus, by focusing on medical students at their first major career decision, I compare partners with equal training and educational attainment with clearly defined career and childrearing preferences.

Vignette experiments are an ideal means of identifying unequal treatment and measuring social biases, as any differences can be attributed solely to the experimental design. These studies have been used to investigate socially sensitive topics such as unequal treatment on gender and race (Abraham, Auspurg, and Hinz 2010; Auspurg and Hinz 2015; Auspurg et al. 2017). While these studies measure attitudes, and not specific behaviors of couples, couples likely draw upon social expectations to make decisions. To the extent that attitudes are important predictors of behavior (Ajzen and Fishbein 2005; Cialdini and Trost 1998), the results of this study can provide important insight into how couples make migration decisions.

2. Methods

Sample

The sample consists of medical students from six accredited U.S. medical schools. The schools span several regions (three in the Southeast, two in the Midwest, and one in the Northeast), and vary across national rank, research-intensity, public and private control, and community focus. Recruitment emails were distributed to students by their Assistant Dean for Student Affairs who

acted as gatekeepers, and the survey was fielded between August 1, 2017, and October 4, 2017. To ensure familiarity with the subject matter, only students in their 3rd and 4th years were eligible.

Table 1 displays information on respondent characteristics. Slightly over half of respondents were women (56%), and the majority were in their mid-twenties (86%) and identified as straight (91%). Two-thirds of respondents identified as White (62%), followed by Black, non-Hispanic (23%). The majority of respondents were in serious relationships (73%), and 30% were in a relationship with another medical student, but only 7% currently had children. The board exam score of the average respondent was in the 67th percentile, and 21% planned on pursuing a competitive specialty. With a score of four indicating the most gender egalitarian, respondents averaged 3.6 on the gender ideology scale (SD=0.5). Because survey questions regarding respondent demographics were placed after the experiment to avoid biasing the experiment, I do not have information on those respondents who did not complete the experiment. However, respondents looked very similar on demographics and academic characteristics as compared to the overall U.S. medical student population.[3]

A total of 426 students completed the survey, 30% of the overall sample of eligible students. Following the common practice among experimentalists of limiting the analysis to respondents who accurately recalled the manipulation,[4] the sample was restricted to those respondents who passed the attention checks throughout the vignette experiment (n = 238). Each respondent was presented with eight different vignettes, leading to a total of 1,877 vignettes evaluated.

[3] Respondents in the sample were of similar ages, race/ethnicity breakdown, and marital status. My sample has a slightly larger percent female (55.7 vs. 50.0). Source: AAMC *Matriculating Student Questionnaire*, 2014-2015; AAMC *Medical School Year Two Questionnaire*, 2015-2016; NRMP *Charting Outcomes in the Match for U.S. Allopathic Seniors*, 2016.

[4] Respondents were asked two attention check questions: after the third vignette, they were asked, "In the vignette you just read, which member of the couple had the higher Step 1 score?" After the seventh vignette, they were asked, "In the vignette you just read, what are the couples' childcare plans?"

Experimental Design

The vignette experiment presents respondents with several short descriptions of hypothetical couples who have chosen to Couples Match. In each vignette, the individual members of the couple have each created separate ranked-order-lists (ROLs) of their program preferences, a strict ordering based on the programs each felt would afford them the best career training and highest prestige in their field. This description, while hypothetical, mimics the official Couples Match instructions that advise each student to make their own list before jointly discussing their ROL.[5] To model the conflict of interest, in each vignette the program location of one partner's first choice is the other partner's third choice, and they share a mutual second choice in the same city (see Figure 1 for an example of the full vignette wording). Respondents are then provided with four options for how the couple could resolve their location conflict and asked what they think the couple will rank first: (1) the man's first choice, (2) the woman's first choice, (3) their mutual second choice, or (4) their separate first choices.

Each vignette was standardized to vary on five systematic factors that are considered in bargaining theory to be the most important for the decision-making process, in order to isolate their impact on respondents' judgments (Alexander and Becker 1978; Atzmüller and Steiner 2010; Auspurg and Hinz 2015). These factors described: (1) & (2) the male and female partners' academic qualifications and (3) & (4) the male and female partners' preferred specialty's competitiveness, as well as (5) the couples' childbearing and childcare plans post-residency. These factors indicate their career potential and ability, future potential earnings, and intentions for a traditional or non-traditional household division of labor, respectively. Gender was denoted using partners' first names, which are highly gender-specific and do not imply socioeconomic status or

[5] The National Resident Matching Program (NRMP) provides a worksheet that couples are recommended to use before joining lists, seen here: http://www.nrmp.org/wp-content/uploads/2015/05/couples_rol_worksheet.pdf.

race/ethnicity.[6] Thus, this design provides the vignette men and women with the same employment opportunities and childrearing scenarios, such as women pursing competitive specialties or men who will be primary caregivers.

To standardize responses, the vignette couples all share the same non-varying characteristics. These characteristics include: relationship status (all engaged to indicate relationship seriousness), plans to pursue academic medicine (which heightens the importance of one's residency program for future career trajectory), and enrollment in a top tier medical school (to add credibility that students would successfully Match to their first ranked program). In each vignette, the cities are all generic names to ensure responses are not influenced by city or program,[7] and respondents were told that all programs are a two-hour flight apart.

Each measure was created based on discussions with medical school administrators (n = 4) and informational interviews conducted from May-September 2016 with couples (n = 12) who had elected to Couples Match in recent years. The plausibility of the vignettes was further evaluated in a smaller pilot study among physicians conducted in October 2016 (n = 43). To ensure that no one factor description influenced the results (such as, a bias against Plastic Surgeons or applicants with exceptionally high exam scores), several descriptions for each specialty and qualifications factor (detailed in Table 2) were randomly assigned across vignettes. Each vignette level has been

[6] Names were generated from database of all people born in Florida, collected from survey data on a census of public school principals in the state. The names used are the most popular names of children born in the early-mid 1990s (the years that the majority of students who are currently enrolled in medical school were also born), that are at least 95% male or female, have a ratio of black:white of between 0.2 and 0.4 (Florida ratio is 0.3), had a variance of maternal education greater than average for common names. These names are: Jonathan, Kevin, Eric, Brian, Jason, Jeffery, George, Joel (male partners); Christina, Michelle, Kimberly, Andrea, Erica, Monica, Alicia, Angelia (female partners). I thank David Figlio for providing these names.

[7] For example, I used city names such as "Metropolis City," rather than "New York City." Despite ensuring that all cities used had more than two programs, respondents in pilot surveys indicated they were more likely to attach certain residency programs to cities and consider how well ranked the program was when answering the questions. Other respondents in the pilot indicated that they took account of the city's family friendliness if the vignette couple planned to have children, which biased results.

specifically chosen to ensure feasible combinations of factors and maintain internal consistency—the highly competitive specialties are those that allow for flexible hours, and the qualifications are sufficient to successfully Match to a given specialty.[8]

These five factors, four with two levels and one with four levels (formally, a $2^4 4^1$ design), lead to 64 unique vignette combinations. Because the full universe is too large to be judged by each respondent, the vignettes were partitioned into a sample of eight different decks of eight vignettes according to a confounded factorial design.[9] Compared to a randomized or fractional design, this design is the only reduced design that produces orthogonal and balanced two-way interactions of all factor variables (Dülmer 2016). The decks are randomly allocated to respondents, which guarantees that the total vignette universe is exhausted and affords lower error variance and higher power than a between-person design because each person acts as their own control (Atzmüller and Steiner 2010; Kirk 2013). In addition, the vignette and question order were also randomized to control for order effects such as learning, fatigue, and censoring of responses (Auspurg and Hinz 2015).

Following the vignettes, respondents completed a traditional fixed-answer survey, which gathered information on respondents' academic characteristics and demographics, their expectations or experiences with sacrificing work for family, and their gender ideologies. This allows for the parallel and supplementary assessment of how respondent-specific characteristics influence their reactions to the vignettes, to identify the vignette factors and respondent characteristics that influence respondents' choices using multilevel techniques (Hox, Kreft, and

[8] Qualifications such as Step 1 exam scores are the lower-bound reported in National Resident Matching Program's *Charting Outcomes in the Match for U.S. Allopathic Seniors 2016* "Chart 6: USMLE Step 1 Scores of U.S. Allopathic Seniors by Preferred Specialty and Match Status".

[9] Vignette universe was partitioned using the SAS macro %Mktblock (Auspurg and Hinz 2015), which achieved a D-efficiency score of 100, meaning that the design ensures that vignette dimensions and interaction terms are mutually uncorrelated, and provides minimal standard errors in regression estimations (Auspurg, Hinz, and Sauer 2017).

Hermkens 1991; Wallander 2009). For example, I anticipate that respondents who agree with strongly gender equitable statements will be more likely to think the couple will choose their mutual second choice. This is consistent with previous research that observed fewer gender differences among people with egalitarian attitudes versus those with traditional attitudes (Bielby & Bielby, 1992). I will also examine the effect of respondent gender. However, since men and women are both exposed to social norms, I expect that there will be no differential affects by the gender of the respondent based on past research (Moss-Racusin et al. 2012). Thus, I can explicitly manipulate factors that relate to the man's and woman's bargaining factors to evaluate the differential effects of vignette and respondent characteristics.

Through this design, my survey will address whether economic and childbearing factors differentially affect attitudes towards the career outcomes of men and women in couples, and whether there is an expected gender bias that assigns high-resource women to the secondary career role in the Match.

Key Variables

Outcome variables. The primary outcome variable in this study is respondent's assessment of the hypothetical couple's location decision. To evaluate whether a couple is expected to give priority to one partner's career, separate careers, or to the family as a whole, respondents are asked which programs they predict the couple will jointly rank first, to evaluate beliefs and perceptions of what is typically done. In each case, the respondent is presented with four options for the couple's first ranked choice: the man's first choice (which is the woman's third choice), the woman's first choice (which is the man's third choice), their mutual second choice, or their separate first choices in different locations (see Figure 1). I intentionally focus on the couples' first

ranked combination, both due to its symbolic significance and because students in top-tier medical schools have a high probability of matching to their top choice.[10]

The man's or woman's career precedence is then operationalized as an outcome in which only that partner's career preferences are maximized, such as when program preference is ranked first. In contrast, separate career precedence is operationalized as the case where the couple prioritize their separate first choices. Lastly, family precedence is operationalized when the hypothetical couple is expected to rank their mutual second choice first on their joint list.

Independent variables. The primary independent variables are the five vignette dimensions (see Table 2). A partner's resources were measured using the vignette male and female students' academic qualifications and preferred specialty. Constructing measures for both partners enables the comparison of the predictive power of each partner's individual resources.

The individual partner's academic qualifications were each dichotomous variables (high vs. average), based on their board exam score and an important CV item. The board exam, USMLE Step 1, is the major residency placement exam for medical students. Highly-qualified partners were those who scored within the 91st-99th percentile, compared to less-qualified partners who scores within the 48th-67th percentile. The CV items included a description of their number of publications, honors in clinical rotations, conference presentations, or academic service. For example, highly-qualified applicants were those who had two first-author publications, while less-qualified applicants had one second-author publication. Taken together, these qualifications convey the student's academic ability.

The specialty of the vignette man and woman were also dichotomous variables, based on

[10] For example, in 2017, over 90% of Duke medical students matched to their first choice (Source: private communication with Dr. Caroline Haynes, Associate Dean of Academic Affairs, Duke University School of Medicine).

their intended specialty's competitiveness (highly-competitive vs. less-competitive). While there is no official measure of competitiveness, the most commonly used definition is based on the number of available positions per U.S. senior medical student. Following the recommendation of the National Resident Matching Program, the organization that oversees the Match, I calculated a ratio of the number of available positions/U.S. seniors. Highly-competitive specialties were those whose ratio was less than one.[11] Given the much higher reported income of physicians in highly-competitive specialties,[12] this factor conveys each partner's future earnings potential.

The couples' childbearing/childcare plan post-residency is a categorical variable. The options are (1) egalitarian parenting responsibility, (2) woman primary caregiver, (3) man primary caregiver, or (4) no children. Specifically, couples who planned to have equal parenting responsibility were described as committing to splitting childcare equally and having their parents move nearby to provide additional support (something many couples in my interviews described as a common means of successfully achieving egalitarian desires). The primary caregiver was described as the partner who would adjust their work hours as needed when the children were young. Childless couples were those who did not plan to have children. Notably, respondents were reminded multiple times, both in the standardized information before the experiment and within each vignette, that these childrearing plans were to be realized post-residency.

Respondent characteristics. The relevant respondent variables for my analysis will be the respondent's gender and gender ideology. Respondent gender is a dichotomous variable (male vs.

[11] Source: National Resident Matching Program's Main Match Results 2017 "Table 13: Applicant Choices by Specialty." In general, the highly-competitive specialties are predominantly male (Jagsi et al. 2014), and the highly-competitive specialties I have chosen for my study are all male-dominated. Dermatology, the highest proportion female, was 44.7 percent female in 2014 according to the AAMC's *2014 Physician Specialty Data Book*.
[12] Source: Hamblin, J. (2015, January 27). What Doctors Make. *The Atlantic*. Retrieved from https://www.theatlantic.com/health/archive/2015/01/physician-salaries/384846/. Salary information based on self-reports from over 18,000 physicians surveyed by Doximity, a professional network for healthcare providers.

female).[13] The gender ideology scale is composed from a battery of six questions with a randomized order. Respondents indicated on a scale of (1)-(4) whether they strongly agreed to strongly disagreed with the following statements: "A working mother can establish just as warm and secure a relationship with her children as a mother who does not work," "A preschool child is likely to suffer is their mother works," "It is much better for everyone involved if the man is the breadwinner and the woman takes care of the home and family", "Couples who are unable to share childcare equally will likely end up with the mother taking on a greater share of the childcare responsibility," "It is more important for a wife to help her husband's career than to have one herself," and "It is not good if the man stays at home and cares for the children and the woman goes out to work" (alpha = .97). The variables were recoded such that a score of 4 indicated a greater agreement with the egalitarian ideology. I then constructed a continuous gender ideology measure calculated from respondents' mean value across items.

Analytic Strategy

I estimate models for career precedence with multinomial logit regression (MNL) using the four first-ranked combinations as the outcome variable:

$$Y_{ij} = \beta_0 + \Sigma_p \beta_p X_{ijp} + \Sigma_q \gamma_q R_{jq} + \mu_j + \varepsilon_{ij}$$

where Y_{ij} is the outcome (How will the couple resolve their conflicting preferences?) of vignette i for respondent j, the betas (β_1, ..., β_p) describe the effect coefficients on the vignette level (L1), and the gammas (γ_1, ..., γ_q) represent the effects on the respondent level (L2). In addition to the random

[13] When asked about their gender identity, respondents were given the options (1) Man, (2) Woman, (3) Prefer to self-describe. Only one respondent indicated a non-binary option, and therefore I constructed a dichotomous gender variable.

error component on the vignette level, ε_{ij}, because respondents evaluate more than one vignette there is also a respondent-level error component, μj.

The regression coefficients indicate the additive and linear influence of a single dimension, such as the gender of the highly-qualified applicant or the gender of the survey respondent, on the vignette judgements (Auspurg and Hinz 2015). The random assignment of vignette variables used in this study design allowed for a causal interpretation of the effects of vignette variables on the outcome. In all models, robust standard errors were clustered by respondent to address the nesting of vignettes within respondents. In interpreting the results, I focus on average marginal effects, which indicate the effect of each of the vignette factors on the probability of the outcome variable.

Since respondents evaluated eight vignettes, each deck provided respondents with every possible combination of men's and women's specialty and qualifications levels. However, based on the experimental design literature and my pilot results, it was infeasible to show each respondent the 16 vignettes necessary to fully interact each resource combination with childcare. Instead, I split my model by the four childcare factors to ensure I maintain three-way interactions of my vignette factors.

Finally, I add cross-level interactions to evaluate subgroup differences among respondents. By interacting L2 respondent variables with L1 vignette factors, I can test whether attitudes towards household career precedence are dependent on personal characteristics. I focus on the gender of the respondent and their egalitarian gender ideology, as detailed in the Key Variables section.

3. Results

Descriptive Results

Overall, respondents were most likely to think the couple would give the family precedence (47%) and least likely to think the couple chose separate career precedence (14%). Respondents were slightly more likely to think the couple would give the woman's career precedence (20%), compared to the man's career precedence (19%), however these differences were not statistically significant.

Next, I present the results split by childrearing plans (Figure 2). Respondents were most likely to think the partners would give the family precedence across childrearing scenarios. This outcome was most common when the couple was planning to split their childcare equally (54%), compared to 44% when the couple was not planning to have children. Respondents were least likely to think the couple would chose separate career precedence. The exception was among couples who did not plan to have children—this outcome was the most common (21%) after family precedence (44%).

When the division of childcare was equal or the couple was not planning to have children, respondents were about as likely to think the couple would give the man or woman precedence (17% vs. 19% equal childcare, 19% vs. 17% no children). In contrast, when one partner planned to be the primary caregiver, respondents were more likely to think the couple would give the other partner career precedence. When the vignette woman planned to be the primary caregiver post-residency, 15% of respondents thought they would give the woman's career precedence, compared to 25% who thought they would give the man's career precedence. Whereas when the vignette man planned to be the primary caregiver post-residency, 29% of respondents thought they would

give the woman's career precedence, compared to 14% who thought they would give the man's career precedence.

In summary, across childrearing scenarios, respondents were most likely to think the vignette couple would give the family precedence when they planned to split their childcare equally, most likely to think the couple would give one partner's career precedence when the other partner would be the primary caregiver, and most likely to think the couple would give their separate careers precedence when they did not plan to have children. Therefore, these results suggest that respondents are reacting to the resources of men and women in couples in similar ways. I next delve deeper into the individual resources of the vignette couple to determine whether they are equally predictive of career precedence within the couple.

Effects of Vignette Factors on Career Precedence

To analyze the symmetric nature of men's and women's resources in determining household migration decisions, I next analyze the factors that influence this decision. Specifically, I test whether respondents perceive men's and women's earnings potential and academic ability as equally determinate of career precedence. I will focus on the results of each model by the vignette couples' childcare plans (Table 3).

Equal childcare. When the vignette couple was described as planning to share childcare equally, results show that resources do appear to be symmetric. The earnings potential and educational ability of the man and woman are highly predictive of whether respondents thought the couple would give that partner career precedence in significance and magnitude. For example, when the man (woman) was pursuing a competitive specialty, it increased the probability the couple was expected to give the man's (woman's) career precedence by 13.6 (15.4) percentage

points. A similar pattern was found for qualifications. The man's competitive specialty and the woman's qualifications were also thought to be associated with a higher probability that the couple would give their separate careers precedence (4.1 and 6.4 percentage points), respectively. Therefore, men's and women's resources were both highly predictive of their career precedence, and in the case of a man's specialty and a woman's qualifications, particularly likely to have their preferred residency program ranked first. These results provide support for the household bargaining models—in the absence of domestic responsibilities that fall on one member of the couple, couples are expected to prioritize the career of the resource-dominant partner.

Woman primary caregiver. In cases where the woman planned to be the primary caregiver when the couple had children, the man's and woman's earnings potential were both predictive of their career precedence. In particular, when the woman planned to pursue a competitive specialty, respondents expected the couple to be 15.5 percentage points more likely to give the woman's career precedence, compared to 12.6 percentage points when the man planned to pursue a competitive specialty. In contrast, the woman's educational ability was no longer associated with her career precedence, while the man's educational ability was still predictive of his career precedence. When the woman was highly-qualified, the probability that the couple would give her career precedence was small in magnitude (3.9 percentage points) and no longer significant at conventional levels. Thus, in the case when the woman would be the primary caregiver, her earnings potential was highly predictive of her career precedence, but her educational ability was not.

Man primary caregiver. When the man was described as planning to be the primary caregiver, his earnings potential was associated with a higher expected probability that the couple would give the man's career precedence (12.1 percentage points) and a lower probability they

would give the woman's career precedence (-17.3 percentage points). This contrasts significantly with the predictive power of the woman's earnings potential. The woman's earnings potential was marginally associated with her likelihood of career precedence (7.4 percentage points), and was not associated with a lower likelihood of the man's career precedence. For educational ability, a similar but less pronounced pattern also emerged. His educational ability was strongly associated with the likelihood that he would receive career precedence and his partner would not (10.3 and -10.0 percentage points, respectively). Her educational ability was associated with her career precedence, but relatively less predictive of the man not receiving career precedence (15.9 and -7.6 percentage points, respectively). Results from this model suggest that, unlike when the woman planned to be the primary caregiver, men were more likely to receive career precedence when they planned to be primary caregiver.

No children. Finally, turning to the vignette couples who do not plan to have children, respondents again were more likely to evaluate men's and women's resources symmetrically. Each partner's earnings potential and educational ability were associated with a higher probability that partner would be given career precedence. For example, when the man (woman) was pursuing a competitive specialty, it increased the probability the couple were expected to give the man's (woman's) career precedence by 10.9 (13.3) percentage points. One important exception is that woman's earnings potential was not associated with a lower probability that the couple give the man's career precedence. Thus, in couples who did not anticipate having childcare responsibilities, respondents were similarly likely to think the couple would give the partner career precedence when they had higher resources. But respondents did not think couples would be less likely to give the man's career precedence dependent on the woman's earnings potential.

Interaction Effects of Respondent Characteristics

To determine whether the results are moderated by respondent characteristics, I next include interactions of respondent-level variables with the vignette characteristics. First, I interact respondent gender (Table 4). The gender of the respondent did not moderate evaluations when the vignette couple was described as planning to split childcare equally. I also did not find any differences in the family precedence or separate career precedence outcomes across childrearing scenario by male and female respondents.

When the vignette woman was described as the primary caregiver, male respondents were more likely to think the couple would give the woman's career precedence when the man was highly-qualified (7 percentage points) compared to female respondents. In this childrearing scenario, female respondents were more likely to think the man's career would be given precedence when the woman was pursuing a competitive specialty (14 percentage points) than male respondents. When the vignette man was described as the primary caregiver, male respondents were more likely to think the woman's career would be given precedence when the man was highly-qualified (9 percentage points) than female respondents. Female respondents were not significantly more likely than male respondents to evaluate any factor differently. When the couple did not plan to have children, male respondents were more likely to think the woman's career would take precedence when she was highly-qualified (11 percentage points) than female respondents. In this childrearing scenario, female respondents were more likely to think the man's career would take precedence when she was highly-qualified (7 percentage points) than male respondents. Therefore, overall male respondents were more likely to evaluate women's qualifications when determining her career precedence. Female respondents evaluated a woman's

specialty differently when she would be the primary caregiver, and her qualifications when the couple did not plan to have children.

I also examine whether the egalitarian gender ideology of the respondent moderates their evaluation of individual resources. Because egalitarian gender ideology is a continuous model, I evaluate the factors at various levels of the variable. We would expect that, among respondents who are more gender egalitarian, the predictive power of a given factor on the career precedence of that partner should increase. Instead, the results by the different childcare scenarios (Figure 4) show that more gender egalitarian respondents evaluate the vignette partner's resources similarly, such that the predictive power of each factor converges among more egalitarian respondents. But, despite this convergence, the partner's resources do become more predictive of their career precedence among more egalitarian respondents.

Specification Checks

To test the sensitivity of the results to the MNL model assumptions, I also estimate the preferred specification using the linear probability model. I estimate simple linear probability models for each of the four first-ranked combinations, where the dependent variable is coded 1 if that outcome was chosen and coded 0 if any of the other three outcomes were chosen. Across the four childrearing scenarios, the factor effects retain the general magnitudes and significance levels (results available upon request). Thus, the results using OLS are very consistent with those of the MNL specification.

As respondents were randomly assigned to evaluate a deck, the research design enables the estimation of the effect of the vignette factors without including control variables in the analytic models (Mutz 2011). Thus, all L1 models do not adjust for respondent characteristics. I also check

that results are robust to respondent variables, including age, race/ethnicity, foreign born status, region of birth, and medical school. Results are consistent in significance and magnitude with the main results in Table 3 (results available upon request).

4. Discussion

Results for models restricted to cases of equal childcare found generally symmetric patterns. The earnings potential and educational ability of the man and woman are highly predictive of whether respondents thought the couple would give that partner career precedence. These results provide support for the household bargaining model, and potentially suggest that if people are given full information about intentions to split childcare equally, respondents are not as likely to penalize mothers.

Findings suggest that respondents interpret the resources of men and women differently when domestic responsibilities fall on one member of the couple. When the vignette woman is described as planning to be the primary caregiver, it is only when she can expect high future earnings that respondents are more likely to think the couple give her career precedence. Given the lower proportion of women in such specialties, it may be the case that respondents interpret these vignette partners to be exceptionally devoted to their work. Furthermore, women who are planning to make career sacrifices for their career may be more likely to be rewarded for maintaining their role as devoted mothers (Auspurg et al. 2017; Foschi 2000)

In contrast, when the man is described as the primary caregiver, respondents are more likely to think the couple would give the man's career precedence when he was described as having high earnings potential or educational ability. In addition, women's earnings potential was only marginally related to her career precedence, and did not negatively affect his career precedence.

The underlying mechanism behind these results may one of several. First, respondents may feel like the couple will compensate the man for a loss of status associated with being in a non-traditional childcare division (Sallee 2012). This may explain why women's earnings potential was not predictive of her career precedence, as women's relatively greater earnings have been found to be particularly associated with compensation schemes. Second, respondents may not believe that men will be as likely to follow through on this plan once the couple has children, or that respondents interpret the hours adjustment differently for men and women. While cultural norms around intensive parenting put pressure on mothers, respondents may not think that men will adjust their hours as greatly. Third, respondents may be giving these men a "good man" bump—rewarding them for doing childcare tasks that are typically not expected of them. Further research into potential mediating factors can provide greater purchase for interpreting these findings.

Lastly, among couples who did not anticipate having childcare responsibilities, I find that respondents were similarly likely to think the couple would give the partner career precedence when they had higher resources. However, similar to the case when the man planned to be the primary caregiver, respondents did not think couples would be less likely to give the man's career precedence dependent on the woman's earnings potential. Interviews with childless women present these women are particularly invested in their careers (Blair-Loy 2003), and this perception of a career committed woman is likely emphasized by her pursuit of a competitive specialty. These results may be interpreted as simultaneously rewarding women for their high earnings potential, but compensating their partners for a fertility choice that may be assumed to be driven by the woman. To the extent that household specialization would appear to be less of a factor in household bargaining decisions of childless couples, this appears to be an interesting area for future research on career precedence within couples.

5. Conclusion

The focus of this study was to evaluate the symmetric nature of the household bargaining framework through a career migration decision among couples at an early career stage. This study constructs hypothetical scenarios that allow us to disentangle causal factors which are often confounded in reality, such as gender and employment characteristics, and permits the evaluation of rare situations, such as women in competitive fields or men being the primary caregiver to children (Alexander and Becker 1978). This study demonstrates that even in the cases where bargaining theory would predict that the woman's career would be given precedence in the couple, there are still cases in which this does not appear to be true. Particularly among couples who anticipate having a less than equal distribution of childcare, gendered expectations may lead couples to prioritize the man's career. This finding is particularly important given that many couples tend to find themselves with unequal distributions of childcare, despite egalitarian desires (Pedulla and Thébaud 2015). Given that women are more likely to report being the primary caregiver, to promote gender equality in medicine and other human-capital intensive and highly-mobile professions, policy must facilitate a more equal childcare division.

While this study is the first to offer a causal analysis of early-stage household migration, several limitations should also be acknowledged. First, by design experimental studies can isolate resources from gender norms. However, choices such as specialty and childrearing plans are likely mediated by gendered expectations as well. Therefore, findings that men's careers continue to be given priority are particularly concerning given the less than equal distribution of women in highly-competitive specialties or of men in primary caregiver roles. Second, to ensure respondents were familiar with the scenarios and occupational context described in the vignettes, the sample is

restricted to medical students and may not be generalizable to all high-skilled men and women. Yet, I argue that the household dynamics involved, and the impact that this compromise can have on each partner's future career prospects, certainly extend to other professional couples who face a joint career decision. Women in other professional industries face labor markets that similarly continue to idealize workers without domestic responsibilities, exhibit underlying occupational pay gaps and a scarcity of women at the upper echelons of the ladder, and pose challenges to balancing career and family goals (Acker 1990; Bertrand et al. 2010; England and Farkas 1986). Positive assortative mating has also created more dual-career couples, where women may have higher educational attainment or potential earnings than their partner (Schwartz and Mare 2005; Sweeney and Cancian 2004).

This paper explores the role of family in shaping labor market outcomes during a household move, and whether such expectations lead to different outcomes by gender. Previous research demonstrates that migration increases the gender pay gap, and understanding labor market inequality requires consideration of the family as a potentially moderating factor (Cooke et al. 2009). This work provides insight into the ways in which policy can support couples when negotiating their career and family preferences during a household move using a sample with insider knowledge, and can be adapted and extended to other groups of highly-educated professionals making joint career decisions.

Tables & Figures

Table 1: Respondent-level Characteristics

	N	Mean/ Proportion
Gender (=female)	424	55.7
Age category	424	
Under 24		3.5
24-26		62.3
27-29		23.8
30-32		8.0
Age 33+		2.4
Race/ethnicity	419	
White. non-Hispanic		61.6
Black non-Hispanic		4.3
Asian, non-Hispanic		23.2
Hispanic		5.1
Other		6.9
Foreign-born	422	12.1
Relationship status	425	
Single or dating		27.5
Cohabiting or married		72.5
Currently have children	426	7.0
Mother work when >6 years old?	425	
Full-time		51.1
Part-time		22.4
Didn't work or don't know		26.5
In a dual-medical couple	308	30.0
Sexual orientation	424	
Heterosexual/straight		90.8
Gay/lesbian		5.2
Bisexual or other		4.0
Step 1 score	313	238.4 (23.1)
Interest in competitive specialty	418	20.8
Egalitarian gender ideology (4=most egalitarian)	425	3.59 (.45)

Note: Numbers represent percentages unless otherwise indicated. Standard deviations are in parentheses.

Table 2: Vignette Dimensions, Levels, and Text Phrases

	Dimension	*Level*	*Vignette Text*
1	**Woman-Specialty**		Christina is applying to…
		1 (average)	Internal Medicine/Pediatrics/Psychiatry
		2 (high)	Plastic Surgery/Otolaryngology/Dermatology
			…programs
2	**Man-Specialty**		Jonathan is applying to…
		1 (average)	Internal Medicine/Pediatrics/Psychiatry
		2 (high)	Plastic Surgery/Otolaryngology/Dermatology
			…programs
3	**Woman-Qualifications**		Christina has a…
		1 (average)	230/235/240 Step 1 score and has one second-author publication/presented her research work at a regional conference/ has honors in most of her clinical rotations, including her specialty of choice/served on student government
		2 (high)	255/260/265 Step 1 score and has two first-author publications/presented her research work at several national meetings/ has honors in all of her clinical rotations /served as class president
4	**Man-Qualifications**		Jonathan has a…
		1 (average)	230/235/240 Step 1 score and has one second-author publication/presented his research work at a regional conference/ has honors in most of his clinical rotations, including his specialty of choice/served on student government
		2 (high)	255/260/265 Step 1 score and has two first-author publications/presented his research work at several national meetings/has honors in all of his clinical rotations/served as class president
5	**Childcare**		They have also talked about children together and…
		1 (equal)	plan to have their first child after they both complete their residency. They have committed to split caretaking responsibilities equally when they have children, and their parents have offered to move nearby to provide childcare as needed.
		2 (woman)	plan to have their first child after they both complete their residency. When they become parents, they both plan to continue working, but Christina will adjust her work hours as needed the first few years.
		3 (man)	plan to have their first child after they both complete their residency. When they become parents, they both plan to continue working, but Jonathan will adjust his work hours as needed the first few years.
		4 (neither)	have decided not to have children.

Note: The vignette text for each level of the specialty and qualifications measures was randomly varied to avoid repetitiveness. Each level's options are indicated by a back-slash.

Figure 1: Example Vignette (Woman Dominant)

Erica & Jason (1/8)

Erica is applying to Dermatology programs. She has a 265 Step 1 score and has two first-author publications. Jason is applying to Internal Medicine programs. He has a 235 Step 1 score and has one second-author publication.

They plan to have their first child after they both complete their residency. When they become parents, they both plan to continue working, but Jason will adjust his work hours as needed the first few years.

Their individual lists are:

Erica
1. Metropolis city-Hospital A
2. Horizon city-Hospital B
3. Keystone city-Hospital C

Jason
1. Keystone city-Hospital X
2. Horizon city-Hospital Y
3. Metropolis city-Hospital Z

Given their individual lists, they have come up with the four options below for their first ranked choice on the couples match rank-order list (ROL).

- Thinking about people you know in medical school, which combination do you **think they will** rank first?
Erica	Jason
1. Metropolis city-Hospital A	3. Metropolis city-Hospital Z
Erica	Jason
1. Metropolis city-Hospital A	1. Horizon city-Hospital X
Erica	Jason
3. Keystone city-Hospital C	1. Keystone city-Hospital X
Erica	Jason
2. Horizon city-Hospital B	2. Horizon city-Hospital Y

Figure 3

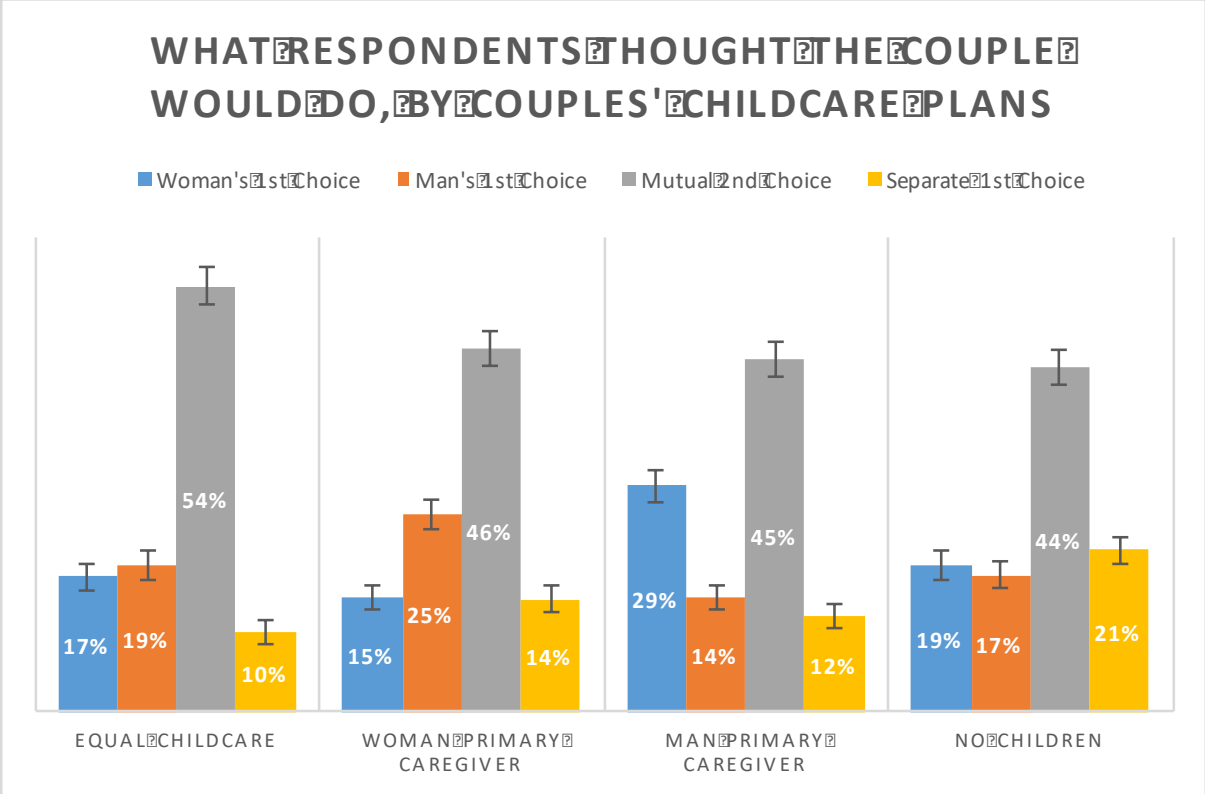

WHAT RESPONDENTS THOUGHT THE COUPLE WOULD DO, BY COUPLES' CHILDCARE PLANS
Woman's 1st Choice
Man's 1st Choice
Mutual 2nd Choice
Separate 1st Choice
17%
19%
54%
10%
15%
25%
46%
14%
29%
14%
45%
12%
19%
17%
44%
21%
EQUAL CHILDCARE
WOMAN PRIMARY CAREGIVER
MAN PRIMARY CAREGIVER
NO CHILDREN

Table 3: Association Between Vignette Dimensions and Predicted Prioritization Outcome

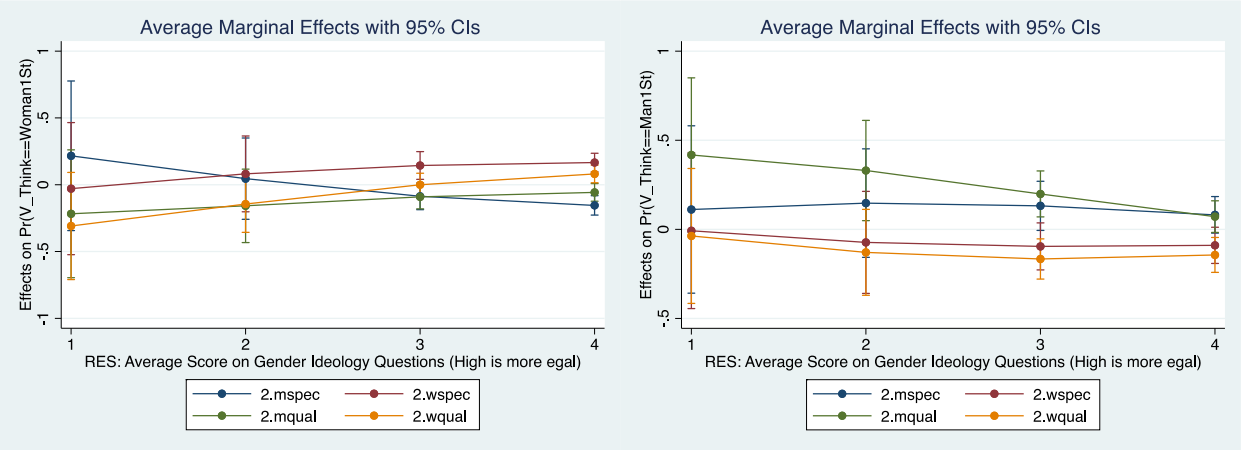
Multinomial Logit Marginal Effects				
	Woman Career Precedence	Man Career Precedence	Family Precedence	Separate Career Precedence
Equal Childcare				
Man's Specialty Competitive	-0.127***	0.136***	-0.050	0.041†
	(.035)	(.034)	(.042)	(.024)
Woman's Specialty Competitive	0.154***	-0.088*	-0.053	-0.012
	(.035)	(.035)	(.045)	(.026)
Man Highly Qualified	-0.131***	0.148***	-0.019	0.002
	(.030)	(.034)	(.042)	(.028)
Woman Highly Qualified	0.152***	-0.157***	-0.059	0.064*
	(.035)	(.033)	(.047)	(.031)
Woman Primary Caregiver				
Man's Specialty Competitive	-0.126***	0.111**	-0.070	0.085**
	(.032)	(.038)	(.047)	(.032)
Woman's Specialty Competitive	0.155***	-0.095*	-0.081†	0.021
	(.031)	(.041)	(.047)	(.032)
Man Highly Qualified	-0.066*	0.110**	-0.037	-0.007
	(.029)	(.036)	(.042)	(.031)
Woman Highly Qualified	0.0387	-0.141***	0.064	0.039
	(.029)	(.038)	(.039)	(.031)
Man Primary Caregiver				
Man's Specialty Competitive	-0.173***	0.121***	0.005	0.047†
	(.037)	(.032)	(.037)	(.026)
Woman's Specialty Competitive	0.074†	-0.028	-0.086†	0.039
	(.043)	(.031)	(.048)	(.031)
Man Highly Qualified	-0.100**	0.103**	-0.038	0.035
	(.039)	(.030)	(.045)	(.028)
Woman Highly Qualified	0.159***	-0.076*	-0.114**	0.030
	(.041)	(.031)	(.041)	(.031)
No Children				
Man's Specialty Competitive	-0.127***	0.109**	0.005	0.013
	(.035)	(.038)	(.050)	(.041)
Woman's Specialty Competitive	0.133***	-0.035	-0.052	-0.046
	(.032)	(.034)	(.043)	(.035)
Man Highly Qualified	-0.128***	0.146***	-0.067	0.049
	(.035)	(.034)	(.046)	(.037)
Woman Highly Qualified	0.120***	-0.134***	-0.004	0.018
	(.032)	(.029)	(.036)	(.029)
*** p<0.001, ** p<0.01, * p<0.05, † p<0.1				
Note: Reference categories are neither competitive specialty, neither highly qualified.				
Restricted to sample to responded correctly to both manipulation checks.				
N=472 per model.				

Table 4: Interaction of Respondent Gender and Vignette Dimensions

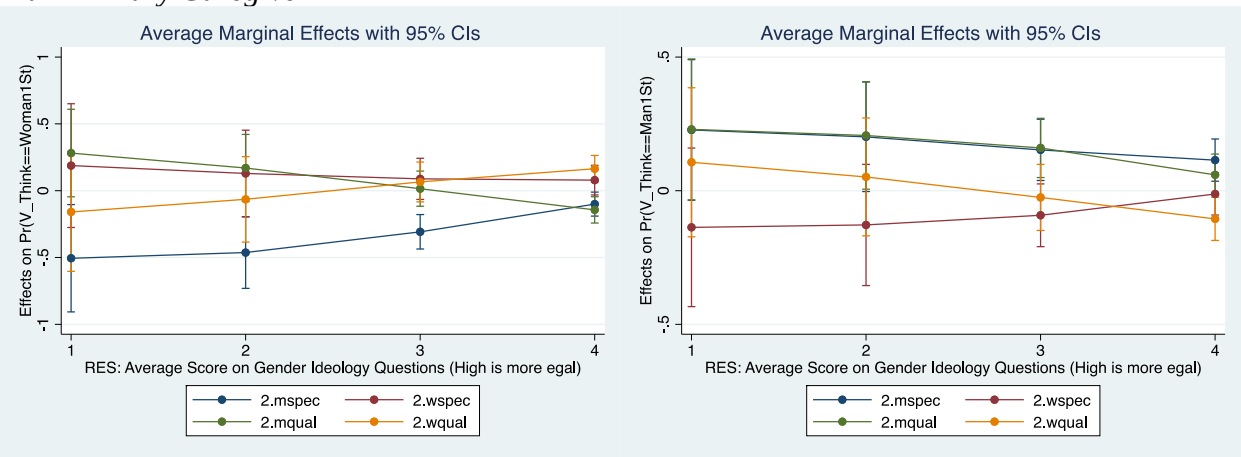
Marginal Differences In Evaluation by Respondent Gender				
	Woman Career Precedence	Man Career Precedence	Family Precedence	Separate Career Precedence
Difference between Men and Women				
Equal Childcare				
Man's Specialty Competitive	-0.013	0.083	-0.036	-0.043
	(.043)	(.059)	(.071)	(.046)
Woman's Specialty Competitive	-0.005	0.068	-0.049	-0.014
	(.035)	(.049)	(.075)	(.042)
Man Highly Qualified	0.029	0.055	-0.063	-0.215
	(.041)	(.057)	(.073)	(.045)
Woman Highly Qualified	-0.005	0.019	-0.048	-0.062
	(.058)	(.042)	(.076)	(.053)
Woman Primary Caregiver				
Man's Specialty Competitive	0.029	0.031	-0.093	0.033
	(.039)	(.060)	(.070)	(.056)
Woman's Specialty Competitive	0.046	-0.135**	0.064	0.025
	(.055)	(.041)	(.070)	(.048)
Man Highly Qualified	0.070†	-0.034	-0.048	0.013
	(.040)	(.057)	(.066)	(.047)
Woman Highly Qualified	0.064	-0.036	-0.056	0.028
	(.051)	(.050)	(.068)	(.052)
Man Primary Caregiver				
Man's Specialty Competitive	0.025	-0.059	0.033	0.002
	(.053)	(.054)	(.067)	(.050)
Woman's Specialty Competitive	0.041	-0.058	0.022	-0.005
	(.063)	(.040)	(.068)	(.050)
Man Highly Qualified	0.089†	-0.014	-0.103	0.027
	(.053)	(.051)	(.069)	(.0251)
Woman Highly Qualified	0.007	-0.011	0.019	-0.015
	(.062)	(.040)	(.065)	(.051)
No Children				
Man's Specialty Competitive	0.038	-0.058	0.078	-0.059
	(.047)	(.067	(.080)	(.066)
Woman's Specialty Competitive	0.058	-0.024	-0.054	0.021
	(.056)	(.050)	(.071)	(.058)
Man Highly Qualified	-0.010	-0.022	0.101	-0.068
	(.048)	(.064)	(.074)	(.065)
Woman Highly Qualified	0.108*	-0.070†	-0.007	-0.031
	(.054)	(.038)	(.066)	(.055)
*** p<0.001, ** p<0.01, * p<0.05, † p<0.1				
Note: Standard errors clustered at respondent level and presented in parentheses.				
Restricted to sample to responded correctly to both manipulation checks.				
N=472 per model.				

Figure 4: Interaction of Respondent Egalitarian Gender Ideology and Vignette Factors

Woman Primary Caregiver



Man Primary Caregiver



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