

VNVA Hilly de Roever-Bonnetfonds 2020

Project Title:

Women Physicians in Transition: Learning to Navigate the Early Career Pipeline Across Borders

Applicant/Investigator:

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Short Description:

The goal of this project is to increase understanding of the experiences and perspectives of women physicians as they transition through their careers, especially those who migrate for personal or professional reasons. Increasingly, published literature demonstrates that women physicians face unique obstacles while progressing through their careers, navigating career advancement and seeking balance between professional and personal responsibilities. Furthermore, women physicians may also migrate for various stages of training, from their home country to others, for various reasons. Gender inequity in medicine can already contribute to barriers in their career advancement, and migration may add further challenges for women physician-migrants. Developing a deeper understanding of women physicians' experiences during important transitions could reveal unique barriers and opportunities, and inform best practices developed based on such experiences. The aim of this study is to identify common themes for women physicians in transition through semi-structured interviews and qualitative analysis in the Dutch and European context.

Background & Project Description: (Projectbeschrijving)

As women physicians transition through their career, moving from early career to mid-career, their professional skills and personal or family obligations may be evolving in parallel. These women, often in their twenties to forties, may experience peak potential for imbalance between their professional and personal worlds. The leaky pipeline of women physicians advancing through their careers remains problematic, and focused investigation of important inflection points or career transitions, could contribute important insights to our understanding of gender equity in medical careers.

In their professional world, women physicians may, for example, experience an increasing need for further developing personal skills in integrating professional and family obligations (including care of young children or aging parents);¹⁻⁴ skills as a mentor and sponsor of younger physicians and physician peers, or finding mentors and sponsors to help their career advancement;^{5,6} skills in negotiation and advocacy as a leader locally or on a broader scale;⁷ and/or learning to better recognize their own self-care needs are when facing burnout or other mental or physical health issues.⁸ Also, well-being for women physicians may have unique contributing factors,^{8,9} for example, women physicians experience concerning high rates of sexism and sexual harassment,¹⁰⁻¹³ but they also face less explicit biases, such as gendered expectations of how they provided patient care¹⁴ and implicit bias.^{8,15}

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Barriers that women physicians face include advancing towards leadership in academic medicine¹⁶⁻¹⁸ including executive positions,⁴ receiving acknowledgement via medical society recognition and awards,¹⁹ and maintaining a sustainable level of engagement and fulfillment between professional life and motherhood²⁰ or even singlehood. Among Dutch general practitioners, when women physicians experience burnout, they experience emotional exhaustion first, which differs from male physicians.²¹ Other studies of women physicians show they are more frequently diagnosed with depression compared to male physicians,²² and they may have higher rates of suicide than male physicians when compared to their gender-matched general population.^{23,24}

Women account for a growing proportion of physician migrants in recent decades, yet they face countless barriers to professional advancement. They experience reduced access to role models, mentors, and sponsors, face gender stereotyping and greater conflict regarding work-life integration.¹⁵ The leadership pipeline for women physicians universally narrows at the top in different countries: no matter how many women medical students start out, the ones remaining in top leadership are a glaring minority among executive and academic leadership positions, specialist faculty positions at higher levels (e.g. full professors), and even grant award recipients.^{25,26} Women physicians globally are suffering from various systemic inequities on an individual and societal scale. Among European trainees in psychiatry, partnered women were more likely to move for personal reasons, while males of any relationship status reported moving most often for financial reasons and single women were more likely to relocate for academic reasons.²⁷

Career disruptions for women due to migration or to bear or raise children have similar consequences to women physicians worldwide: returning to the metaphorical escalator towards promotion up the academic ladder is difficult.²⁸ Difficulty in finding sponsors and mentors, as women professionals, already a challenging task, is magnified in a new country where professional and social networks may need to be rebuilt. Women physician-scientists also may carry added caregiving burdens²⁰ while integrating into new work systems and achieving fulfilling criteria for academic promotion, including obtaining grants and publishing research.²⁹ Finally, migrants also are typically non-native speakers of the official or regional language(s) and may be therefore perceived as less qualified. This may be particularly pronounced for multilingual regions, where strict language requirements as a part of their physician professional recognition procedures.³⁰

Project hypothesis:

The aim of this project is to increase understanding of the experiences and perspectives of women physician-migrants as they transition from early to mid-career. The hypothesis is that women physician-migrants likely will identify common barriers to their career advancement, despite different pathways of training through different countries. The findings may have important implications for early career women physicians making career decisions involving migration and changes in country context.

Project design/Methods:

This study will use qualitative data collection and analysis of one-on-one semi-structured interviews with women physicians. Participants will be invited through social media posts with invitations and through professional networks, listservs, or discussion forums to complete a screening questionnaire

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for eligibility. Participants may also be recruited through in-person conferences of professional medical organizations/associations or symposia. Eligibility criteria include women physician-migrants with Dutch nationality, who are currently in or have previously done an extended portion of their medical training (e.g. received a degree or completed specialty training) or worked for a portion of their career in a non-Dutch country. Participants should be women physician-migrants who have already received their medical degree. Purposeful sampling will facilitate identification of information-rich cases.³¹ Snowball sampling will also identify additional interview participants to enrich the sampled population if needed. Each participant will be offered a €75 gift card (e.g. for Amazon or VVV in the Netherlands) for their participation. Approximately 15 women physician-migrants will be recruited for initial interviews. Interviews are anticipated to be approximately one hour in duration.

An interview guide has previously been developed for a similar study focusing on women physicians navigating the transition from early to mid-career,³² and the existing guide will be adapted for this proposed study to incorporate inquiry pertaining to migration as a physician. Qualitative interviews will be performed via Skype or other acceptable web conferencing software and recorded for transcription and analysis.³³ Using an open coding approach, analyses will involve using the constant comparative method, develop a code structure in stages in accordance with the grounded theory approach, and develop concepts through memoing.³⁴⁻³⁶ Interviews will continue until thematic saturation is reached. Participant verification will be conducted with study participants. Ethics review has already been obtained for a similar study performed in the U.S. and an addendum would be applied for in order to complete the proposed study.³² Peer-reviewed publication is anticipated by the end of the study.

Budget

	Amount requested	Description of Expense
Salaries	€530	Partial compensation for investigator and/or researcher assistant time & intellectual contributions to the project
Telephone	€25	Skype-to-Phone credit to call participants not currently located in the EU/EEA
Other/Miscellaneous	€1125	Compensation for interview participants (€75/card)
Indirect costs	€320	16% UM faculty tax on external grant funds
Total	€2000	

References

1. Schueller-Weidekamm C, Kautzky-Willer A. Challenges of work-life balance for women

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- physicians/mothers working in leadership positions. *Gend Med*. 2012;9(4):244-250.
2. Cheesborough JE, Gray SS, Bajaj AK. Striking a Better Integration of Work and Life: Challenges and Solutions. *Plast Reconstr Surg*. 2017;139(2):495-500.
 3. Mattessich S, Shea K, Whitaker-Worth D. Parenting and female dermatologists' perceptions of work-life balance. *Int J Womens Dermatol*. 2017;3(3):127-130.
 4. Hoff T, Scott S. The gendered realities and talent management imperatives of women physicians. *Health Care Manage Rev*. 2016;41(3):189-199.
 5. Hewlett SA, Peraino K, Sherbin L, Sumberg K, Center for Work-Life Policy. *The Sponsor Effect: Breaking Through the Last Glass Ceiling*.; 2010.
 6. Women of Impact in Health Care on Advancing Workplace Equity. NEJM Catalyst. <https://catalyst.nejm.org/women-of-impact-advancing-equity/>. Published September 14, 2018. Accessed July 15, 2019.
 7. Marks M, Harold C. Who asks and who receives in salary negotiation. *J Organ Behav*. 2011;32(3):371-394.
 8. Templeton K, Bernstein CA, Sukhera J, et al. Gender-Based Differences in Burnout: Issues Faced by Women Physicians. *NAM Perspectives*. May 2019. doi:10.31478/201905a
 9. Leung TI, Lin TL, Pendharkar SS, Hingle ST. Personalized Wellness for Women Physicians. *SGIM Forum*. 2017;40(10):4,12-13.
 10. Frank E, Brogan D, Schiffman M. Prevalence and correlates of harassment among US women physicians. *Arch Intern Med*. 1998;158(4):352-358.
 11. McCarthy M. One in three female clinician-researchers reports sexual harassment, US survey finds. *BMJ*. 2016;353:i2858.
 12. Shillcutt SK, Silver JK. Social Media and Advancement of Women Physicians. *N Engl J Med*. 2018;378(24):2342-2345.
 13. Choo EK, Byington CL, Johnson N-L, Jagsi R. From #MeToo to #TimesUp in health care: can a culture of accountability end inequity and harassment? *Lancet*. 2019;393(10171):499-502.
 14. Linzer M, Harwood E. Gendered Expectations: Do They Contribute to High Burnout Among Female Physicians? *J Gen Intern Med*. 2018;33(6):963-965.
 15. Butkus R, Serchen J, Moyer DV, Bornstein SS, Hingle ST, Health and Public Policy Committee of the American College of Physicians. Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians. *Ann Intern Med*. 2018;168(10):721-723.
 16. Lautenberger DM, Dandar VM, Raezer CL, Sloane RA. *The State of Women in Academic Medicine*:

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The Pipeline and Pathways to Leadership, 2013-2014.; 2014.

17. Boylan J, Dacre J, Gordon H. Addressing women's under-representation in medical leadership. *Lancet*. 2019;393(10171):e14.
18. D'Armiento J, Witte SS, Dutt K, Wall M, McAllister G. Achieving women's equity in academic medicine: challenging the standards. *Lancet*. 2019;393(10171):e15-e16.
19. Silver JK, Bhatnagar S, Blauwet CA, et al. Female Physicians Are Underrepresented in Recognition Awards from the American Academy of Physical Medicine and Rehabilitation. *PM R*. 2017;9(10):976-984.
20. Cooke M, Laine C. A woman physician-researcher's work is never done. *Ann Intern Med*. 2014;160(5):359-360.
21. Houkes I, Winants Y, Twellaar M, Verdonk P. Development of burnout over time and the causal order of the three dimensions of burnout among male and female GPs. A three-wave panel study. *BMC Public Health*. 2011;11:240.
22. Frank E, Dingle AD. Self-reported depression and suicide attempts among U.S. women physicians. *Am J Psychiatry*. 1999;156(12):1887-1894.
23. Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry*. 2004;161(12):2295-2302.
24. Duarte D, El-Hagrassy MM, Couto TCE, Gurgel W, Fregni F, Correa H. Male and Female Physician Suicidality: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. March 2020. doi:10.1001/jamapsychiatry.2020.0011
25. Ramakrishnan A, Sambuco D, Jagsi R. Women's participation in the medical profession: insights from experiences in Japan, Scandinavia, Russia, and Eastern Europe. *J Womens Health* . 2014;23(11):927-934.
26. Witteman HO, Hendricks M, Straus S, Tannenbaum C. Are gender gaps due to evaluations of the applicant or the science? A natural experiment at a national funding agency. *Lancet*. 2019;393(10171):531-540.
27. Pinto da Costa M, Giurgiuc A, Andreou E, et al. Women, Partners, and Mothers—Migratory Tendencies of Psychiatric Trainees Across Europe. *Frontiers in Public Health*. 2019;7. doi:10.3389/fpubh.2019.00143
28. Knoll MA, Glucksman E, Tarbell N, Jagsi R. Putting Women on the Escalator: How to Address the Ongoing Leadership Disparity in Radiation Oncology. *Int J Radiat Oncol Biol Phys*. 2019;103(1):5-7.
29. Blog. <https://www.granted-project.eu/blog/>. Accessed March 10, 2020.
30. [No title]. <https://www.sгим.org/File%20Library/SGIM/Resource%20Library/Forum/2018/SGIM-June-1.pdf>.

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Accessed March 10, 2020.

31. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Adm Policy Ment Health*. 2015;42(5):533-544.
32. Joan F. Giambalvo Fund for the Advancement of Women. American Medical Association. <https://www.ama-assn.org/about/awards/joan-f-giambalvo-fund-advancement-women>. Accessed March 10, 2020.
33. Lo Iacono V, Symonds P, Brown DHK. Skype as a Tool for Qualitative Research Interviews. *Sociol Res Online*. 2016;21(2):103-117.
34. Bradley EH, Curry LA, Devers KJ. Qualitative data analysis for health services research: developing taxonomy, themes, and theory. *Health Serv Res*. 2007;42(4):1758-1772.
35. Creswell JW, David Creswell J. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications; 2017.
36. Britten N. Qualitative interviews in medical research. *BMJ*. 1995;311(6999):251-253.