In this episode of Moving Medicine, Geneen Gin, DO, unpacks the findings of a qualitative research project focused on career development of women physicians. Women physicians face unique obstacles while progressing through their careers, navigating career advancement and seeking balance between professional and personal responsibilities. In addition, there remains a growing need for best practices at individual, institutional and systemic levels for overcoming such physician gender inequities. Listen in to learn more.

Speaker

- Geneen Gin, DO, board-certified family medicine physician, associate professor at the University of California Department of Family Medicine.

Host

- Todd Unger, chief experience officer, American Medical Association

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development of women physicians.

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Dr. Geneen Gin is an associate professor at the University of California Department of Family Medicine. The research team, which Dr. Gin describes as “some of the brightest and smartest” doctors she knows, include Dr. Tiffany Leung, principal investigator from the University of Maastricht in the Netherlands, Dr. Tammy Lin, who is in private practice in San Diego as an internist, Dr. Karen Wang from the Yale University School of Medicine, and Dr. Sima Pendharkar from the Jersey City Medical Center, and Dr. Angie Chen from Stanford University.

Here’s Dr. Gin.

Dr. Gin: Good afternoon. Thank you for inviting me to speak about women in medicine, the transition from early to mid-career. I'm Geneen Gin, I'm a faculty member at the University of California Department of Family Medicine, where I'm an associate professor.

The project really had two components. The first component was the launch of a podcast called The DEI Shift, and DEI is an acronym for diversity, equity and inclusion. And then a qualitative research project called the Women Physicians in Transition Learning to Navigate the Pipeline from Early to Mid-Career. The podcast, The DEI Shift, has 37 episodes and all five-star reviews. The podcast began its planning stages in November 2019 with Dr. Tammy Lin serving as the executive producer. It launched in March 2020 and the AMA Giambalvo grant was a co-sponsor for the first two seasons. We would not be able to do the podcast without our dedicated team of 20 team members who range from pre-meds to residents to attending physicians, many of whom are women physicians.

Our qualitative research project, Women Physicians in Transition Learning to Navigate the Pipeline from Early to Mid-Career, focuses on that key pivot point between early and mid-career. Women account for nearly half of medical school applications and more than half of the physician workforce in certain specialties. However, there is a disparity in career advancement for women physicians. Women hold fewer chief executive positions than their male counterparts. And in academic medicine, 38% of faculty, 21% of full professors and 16% of deans are women physicians.

There are often competing non-work demands that coincide temporally with this transition from early to mid-career. And women who are faced with these demands are making choices which may alter their career trajectory, such as deciding to leave a position in industry or academic medicine. And
women are beginning to realize the influence of work-life balance, the opportunity for mentorship, leadership support, and institutional culture on career satisfaction.

To be successful in transition from early to mid-career, women physicians develop one or more of the following. They learn how to integrate their work and non-work demands. They learn to mentor their peers or junior faculty. They develop a network of support to advance their careers. They start assuming leadership roles, either locally, nationally or internationally, and they recognize the need for self-care, whether that's recognizing burnout, recognizing physical issues, or recognizing mental issues. Developing best practices for this career transition is essential because it is such a pivot point.

Initially, the primary goal of this project was to develop best practices for career transition. Once the project was underway, it became clear that the data we collected was very rich, and we wanted to devote more time to analyze and understand that data. The project goal then evolved into focusing on understanding the journey from early to mid-career and using this as a future foundation to derive best practices.

Our participants were recruited through social media posts on professional networks, listservs and discussion forums. The inclusion criteria were self-identified women physicians either in the process of or recently completing the transition from early to mid-career. Potential participants completed a four-question form to determine that they met the inclusion criteria. Additionally, it asked for demographic information, specialty and the type of practice situation the physician was in.

Purposeful sampling was performed with the attention to career pathway and specialty, and the participants had a semi-structured Zoom interview. The interview transcripts were analyzed using open coding to develop an ongoing code structure. The results of our participants—they were selected for both diversity of specialty and region—they self-identified where they were in their transition stage, either unclear, in the process or recently completed transition. Each participant completed a 50- to 100- minute-long interview, and they were offered compensation with a 100 dollar gift card.

Currently, the coding has reached saturation, and based upon the codes developed in the analysis of the transcripts, these are the emerging themes: competing demands, boundary control, need for resources and a shift from self-confidence to self-activation.

Competing demands is the tension that results from the finite time divided between demands from a physician career and personal demands. These quotes from the participants illustrate the tension between career goals and personal goals. "I just can't travel, you know, or I can't go to some place and give a talk. And I feel like I'm letting it pass me by. And the pressure to balance the personal and the professional. I don't know if I've ever fully achieved nirvana and found the perfect balance."

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between life domains that are that coexist and complete in a finite space. Multiple participants described ongoing boundary control to prevent personal needs impinging upon planned career goals.

Women sought resources to manage competing demands and boundary control. In the non-work environment, women sought resources to help them redistribute home responsibilities, freeing themselves up to devote time to additional duties, such as childcare. Women used a variety of resources, including organizational tools, a support network including family, friends, childcare providers and outsourcing work when they could, such as having their groceries delivered, having in-home childcare and hiring a housekeeper to help with household chores.

One participant described what she called a master schedule, which was a calendar that delineated the schedule of the seven household members, which were the participant, her spouse, and their five children. She distributed this master calendar to her support network and to any of her five children who could manage a calendar. She described this document, or this calendar, as essential, and if it wasn't on the calendar, it wasn't happening.

In the non-work environment, women didn't seek resources for time manage, per se, but more to fill the gap in knowledge between career milestones and how to achieve them. One participant says, "No one tells you what to do or how to get promoted," and had no idea that she should seek promotion until a more senior colleague recommended that she apply for promotion.

Resources came from a variety of sources, including one-on-one mentorship, institutional and specialty professional development programs, leadership courses, books and social media. One participant noted that she found a community on Twitter with other physicians in her specialty that helped support her transition.

Once resources had been marshaled, there was a shift from self-confidence to self-activation. Many participants described a self-realization, or awareness, or acknowledgement of her expertise of her mastery and her reputation that led to an external activity that forwarded her career trajectory.

There were limitations with the study that there was limited transferability in that the study was limited to women physicians only in the United States. Two regions, New England and Rocky Mountain, were not part of the interview cohort. And recruitment and interviews coincided with the pandemic, so the target population was engaged in pandemic care, and the pandemic may have affected response of the participants.

Future investigations include broadening recruitment to women outside of the United States to look at the influence of a different type of health care system or medical training program or culture on career transitions and conducting the same interview process on male physicians to look at the role of gender in career transition.
For our qualitative research project, we saw emerging themes: competing demands, boundary control, need for resources and a shift from self-confidence to self-activation. Our coding is complete and our final analysis is in progress. And recently, our study protocol and preliminary findings were published in the Journal of Medical Internet Research.

Unger: This talk was recorded at AMA’s 2022 Annual Meeting. If you’re a physician, resident or medical student, you can gain access to more great events like this one by becoming an AMA member. Visit [the AMA website]. This has been Moving Medicine. You can subscribe to this and other great AMA podcasts anywhere you listen to yours or visit ama-assn.org/podcasts.

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