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C4ME Supplement

Women in medical education: a qualitative study of female educators' narratives on career crossroads

C4ME SUPPLEMENT

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Background

Recent years have seen a significant gender shift within medicine as a whole, with the proportion of female graduates outweighing male graduates in the UK. (1) Despite this, within medical education and academia, women remain underrepresented in senior roles. (1) Studies have found that women are more likely to take career breaks and switch career due to family or caring commitments, even considering leaving the medical profession altogether. (2, 3) Few studies have explored in depth the reasons behind the career choices of female medical educators and there is a particular shortage of research into women's experience of career crossroads and the impact of these on professional development. This study aimed to collate the written accounts of female clinical educators regarding such experiences and the influence of these on their attitudes, behaviours and professional development.

Methods

Participants were recruited to this study through professional medical education networks of the Academy of Medical Educators via email and Twitter. Female clinical educators, belonging to at least one professional medical education body, were purposefully sampled. Two rounds of recruitment took place, the first in June 2018 and the second in December 2019 during the process of data analysis.

Data were collected through a secure online questionnaire. Open questions were used to gather qualitative data on participants' experiences of noticeable changes or crossroads within their working lives. Fifty-five participants were recruited from various countries including UK, Australia, Canada, US and Europe.

Data were analysed using narrative enquiry, according to Labov's six-part framework, which outlines the elements commonly seen in all types of narratives. These are; abstract, orientation, complicating action, resolution and coda (**Table 1**). (3) An inductive approach was then used to identify emergent themes within the different structural elements of the narratives in collaboration with supervisors. There was cross-correlation of themes to increase analytical rigour. NVivo 12 was used for the management and analysis of data.

Cardiff University School of Medicine Research Ethics Committee granted ethical approval.

Results

The typical narratives of participants conformed to a clear structure suggesting that writers understood conventions of autobiographical storytelling. Labov's categories, were not present in equal quantities; 'complicating action', 'evaluation' and 'coda' categories were consistently present, although, an 'abstract' was notably absent from all accounts. Interestingly, participants employed a style akin to that of reflective writing in their 'evaluation', giving the narratives a sense that they were more practised. This may be attributed to clinicians being experienced in reflective writing and therefore may naturally employ such techniques in their accounts.

Themes identified within the key narrative categories were as followed (**Figure 1**):

> **Complicating action:** *destabilising event/conflict, personal desire/interest, work-life balance, positive drivers, opportunity;*
> **Evaluation:** *awakening, overcoming barriers/resilience;*
> **Coda:** *gratitude, work satisfaction, applications to current practice & learning.*

Results identify factors which seemingly 'pushed' participants towards a career in medical education, such as issues in previous roles or changes to personal circumstances, and those that 'pulled' them towards a career in medical education, such as the influence of positive role models or mentors and an enjoyment of teaching. Regardless of experience, many participants reflected positively on how they had risen to challenges and learned new things about themselves along the way. Participants perceived these to have ultimately benefited them and contributed positively to their personal and professional development.

Discussion

In applying Labov's framework (3) to the narratives of female educators, this study has provided insight into how female clinical educators have made sense of key turning points in their careers temporally and the subsequent impact of these towards their attitudes and professional development; A topic area which has not been specifically explored before.

Studies looking into the motivations of clinicians in pursuing careers in medical education frequently note 'pull' factors, such as passion for teaching and influential role models and mentors. (4-6) Whilst this study supports these being a factor, it suggests that for many female clinical educators their journey into education was the result of a change in personal circumstance or wanting an escape from previously stressful work situations, such as those of clinical practice. Previous research indicates that female physicians have significantly higher rates of burnout than males (7) which may make them more inclined to seek alternate roles outside of clinical practice. The idea of achieving greater work-life balance was also a motivating factor into the profession, which is in contrast to much of the literature around females in academic medicine, which frequently report achieving work-life balance to be a challenge. (8, 9)

Significant consideration given to work-life balance by female educators highlights the necessity of support within the profession for out-of-work or personal commitments. Furthermore, findings highlight the necessity of role models and mentors in inspiring women to enter medical education; benefits can therefore be found in increasing mentorship and networking opportunities with medical educators for females navigating careers in medicine.

This study has additional implications for how future research may be conducted, considering how people represent their stories through written narratives. The use of Labov's framework (3) offers a unique approach to examining the effects of specific events on personal experience. Physicians and academics are highly literate people, therefore an approach which comprises literary forms of data collection and analysis may be appropriate for studies within the medical field, perhaps revealing dimensions of meaning and interpretation which other methods may not.

Lessons Learnt

My main challenges during this project revolved around the analysis and presentation of my data. I initially sought to soley analyse my data using Labov's structural narrative analysis (3) however found that incorporating an additional thematic approach allowed for the content of the narratives to be analysed in greater depth.

I was particularly worried about my own researcher perspectives influencing the results of my analysis. As I gained greater understanding of the social constructivist philosophy underpinning my research, I realised that my opinions would inevitably combine with the evidence from the data to produce new understandings and interpretations. (10) Overall my understanding of qualitative research methods has greatly improved, and I will continue to be reflexive in my approach to future research.

References

1. Medical Schools Council. Survey of Medical Clinical Academic Staffing Levels 2018. London: Medical Schools Council; 2018 [accessed 13 Dec 19]. Available from: https://www.medschools.ac.uk/media/2491/msc-clinical-academic-survey-report-2018.pdf.

2. British Medical Association. Junior doctors career trends survey. London: BMA; 2018 [accessed 13 Dec 2019]. Available from: https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/juniors-career-survey.

3. Labov W. Language in the inner city : studies in the black English vernacular. Oxford: Blackwell; 1977.

4. Owen C, McGill D, Dorai-Raj A, Dahlstrom J, Tymms K, Watson DAR. What motivates senior clinicians to teach medical students? BMC Medical Education. 2005;5(1):27.

https://doi.org/10.1186/1472-6920-5-27

5. Kumar K, Roberts C, Thistlethwaite J. Entering and navigating academic medicine: Academic clinician-educators' experiences. Medical Education. 2011;45(5):497-503.

https://doi.org/10.1111/j.1365-2923.2010.03887.x .

6. Bartle E, Thistlethwaite J. Becoming a medical educator: motivation, socialisation and navigation. BMC Medical Education. 2014;14(1).

https://doi.org/10.1186/1472-6920-14-110

7. Peckham C. National Physician Burnout & Depression Report. New York, NY: Medscape; 2018 [accessed 10 May 2020]. Available from: https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#15.

8. Pololi LH, Jones SJ. Women faculty: An analysis of their experiences in academic medicine and their coping strategies. Gender Medicine. 2010;7(5):438-50.
https://doi.org/10.1016/j.genm.2010.09.006

9. Edmunds LD, Ovseiko PV, Shepperd S, Greenhalgh T, Frith P, Roberts NW, et al. Why do women choose or reject careers in academic medicine? A narrative review of empirical evidence. The Lancet. 2016;388(10062):2948-58.

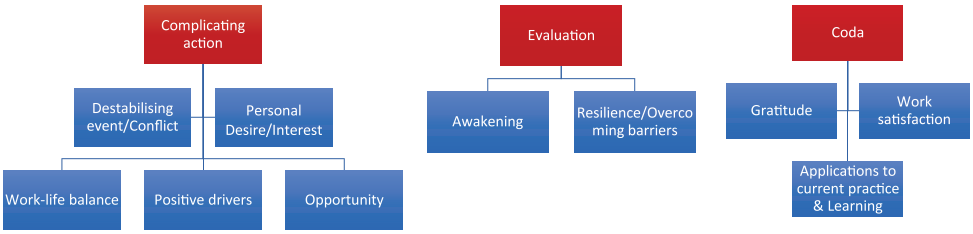
https://doi.org/10.1016/S0140-6736(15)01091-0

10. Riessman CK. Narrative methods for the human sciences. Los Angeles: Sage Publications; 2008.

Table 1: Description of Labov's narrative components (3)

Component of Narrative	Description
1. Abstract	An initial clause in a narrative that provides an introduction to the events of the narrative and summary of what is to come.
2. Orientation	Clauses which provide information on the setting and context of the events of the narrative, such as time, place and characters involved.
3. Complicating action	The complicating action is the obligatory part of a narrative and describes the main events of the story through a sequence of temporally oriented clauses.
4. Evaluation	Evaluative clauses convey the point of a narrative and the personal relation and interest to the narrator.
5. Resolution	The resolution concludes the events of the complicating action
6. Coda	The final clauses which signify the end of the narrative and return it to the present moment of telling.

Figure 1: Summary of themes identified within narrative categories



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