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Forget the Glass Ceiling; Conquer the Broken Rung!

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When I became an attending, my husband gave me a necklace with shattered glass in it. At first confused, I opened the message with it, and it had a few simple words: you will shatter glass ceilings. I found it very sweet and would often wear it if needing inspiration or motivation. I am an immigrant physician very interested in academics. I consider myself to be a cliché: I always wanted to be a physician and a teacher. Being an academic clinician gave me the opportunity to fulfill my dreams; however, I have often felt that as a woman and an immigrant, I have had to work twice as hard and prove myself twice as hard to even look at the carrot let alone be offered a carrot —carrot here being a metaphor for any type of opportunity or promotion in academia. The first assumption I have to clarify about myself is that I can communicate in okay English!

It is a well-established fact that despite equal gender representation in medical schools, there is still underrepresentation of women in leadership positions in academic medicine to as low as 12% at the highest level executive positions.^{1,2} Underrepresented in Medicine (URiM) women face even more challenges in academic promotion. Not only are women and URiM faculty less likely to have a mentor than their non-URiM colleagues who are men, but they also do not have sponsors.³ Sponsorship is defined as public support from an influential person for an advancement of an individual. This can be done in various ways whether by promoting proteges for a speaking opportunity or recognizing incentives that promote women and URiM faculty.⁴

While a lot of work is being done for mentorship and allyship for women physicians, in my opinion, immigrant women physicians are at a distinct disadvantage. Mentorship and sponsorship for them is not as strong. Since they have not been raised here and did not go to medical school here, they have fewer connections. Women physicians with multiple intersectional identities face further challenges as a lot of them do not have family support with childcare and so are not able to make those 7 a.m. or 5 p.m. leadership meetings, not because they are not interested but because they simply cannot. Prior to the pandemic, women physicians reported spending 8.5 more hours per week on parenting activities in comparison to their male partners.⁵ The Covid 19 pandemic has worsened the magnitude of this “second shift”.⁶ All of this leads to them not being able to get that first opportunity, that first step on the ladder that is needed to propel them in their career.

A lot of immigrant physicians move away from their residency programs due to visa waiver requirements. Once they move, they have to start many of their academic projects from scratch. Those who stay at their residency programs continue to be sponsored for work visas by their institutions and consequently do not have much input into their work schedules, as they have limited options for visa waiver jobs. With that, they may end up doing more clinical work and not have the opportunity or time to expand their scholarly interests, develop their portfolios or simply attend national meetings and build their networks. Suddenly, they realize that they are more than 5 years out of graduation, have not fueled their interests and have become

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increasingly disenchanted with the idea of the cliché they once loved. Add to that a pandemic and this is leading to a massive exit of women physicians from a profession they loved and wanted to pursue. How do we stop this? How do we ensure that our workforce, especially our women immigrant physicians, do not become disheartened because they are not able to conquer that first step of the ladder? That first opportunity is crucial because that is what gets you “in” through the door. While a lot of institutions are working to create a diverse workforce, we must make sure that it is inclusive also. Leaders must make sure that the early to mid-career women physicians, especially those who are URiM, are given an opportunity, especially if they ask for it.⁴ Let these physicians prove themselves. If they fail, help them. If they fail again, mentor them, coach them and eventually sponsor them at individual and institutional levels.⁷ Below are some of the concrete steps that leaders can take when they **RISE UP** to fix the broken rung of the ladder:

1. **Recruit:** Recruitment and retention of diverse workforce with transparency in the recruitment and promotion process.⁴ This ensures that employers and leaders gain the trust and loyalty of employees.
2. **Invest in Inclusion:** Creating a workforce that is inclusive with emphasis on having historically marginalized representation in key stakeholder positions so that they can have a voice in decision making.
3. **Sponsor and Support:** Mentoring is a very important step in the personal and professional development of an individual. However, without sponsorship, the professional development gets arrested a bit due to lack of opportunities specially for early career physicians and URiM female physicians. By nominating them to positions in committees, speaker opportunities or even to attend conferences, leaders can create an opportunity for them to not only develop their professional portfolio but also to network and improve their chances of growth and promotion.
4. **Prioritize Equity and Empowerment:** Equitable distribution of not only clinical work but departmental resources is necessary to ensure that everyone gets a fair opportunity to focus on their professional development. IMG Early career physicians should also be empowered to play to their strengths for advancement of their career.
5. **Understand:** A huge undertone of the support for early career physicians and especially women with intersectional identities is the lack of understanding for their need to have work life integration. If someone is not able to make a 7 a.m. meeting, their values should not be assumed. They may be struggling with a situation that others may not understand. A way of approaching this would be to have an honest conversation about barriers and then identify ways to eliminate those, whether that means having a meeting during “true” working hours or providing a virtual link. Women should not have to choose between having a successful career and personal life.
6. **Promote:** Not only should the leaders encourage and create opportunities for promotion in professorship rank but also should focus on promoting URiM females to leadership positions within the institution and for other local, regional, and national committee openings that best fit their interests or passion.

Research has shown that increased physician diversity including URiM physicians is associated with better patient satisfaction scores and patient compliance.⁸ While we have this general data, unfortunately we do not have any data specific to URiM or immigrant women physicians and clinical outcomes. Furthermore, a search with keywords of “immigrant”, “women”, “physician” and “leadership” as well as “immigrant”, “women”, “physician” and “academics” did not produce any relevant articles to show the academic and clinical outcomes for immigrant women physicians. This paucity of data needs to be rectified. There is a need to study the impact of lack of mentorship and sponsorship specifically for immigrant women physicians. A recent study did show that there was increased number of women faculty if there was a woman in leadership position in the department.⁹ However, there is still a need for research on following clinical and academic outcomes when there are women physicians in academic leadership.

We all have a responsibility to lift those coming behind us and fix the leaky pipeline. Moving across continents and starting from one suitcase to build a life here, immigrant women physicians are resilient, strong, adaptable, and creative. So, give them that leg up that helps them get past the first broken rung of the ladder. Bring them to the table, listen to their ideas. Who knows, they may surprise you by going on to shatter that glass ceiling one day.

Disclaimer

The article has not been submitted to other publications and/or presented at a conference or meeting.

Disclosure statement

Unrelated, NDS reports that she co-founded and holds equity interest in the I-PASS Patient Safety Institute, a company which aims to assist institutions in the implementation of the I-PASS Handoff Program.

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