HIGH SCHOOL EDITION
Journal of Student Research
Volume 13 Issue 3 (2024)

The Contributing Factors of a Woman's Choice to Pursue Leadership in the Medical Corporate Industry

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ABSTRACT

Women have been making immense improvements for their representation in the healthcare industry; for instance, 76% of healthcare professions are now held by women (Day & Christnacht, 2019). 13% of healthcare CEOs are females, which is shockingly low compared to the work activists and female professionals themselves have put into increasing representation (Birk, 2019). This study seeks to understand the change in this pattern as well as the factors which influence women in their pursuit of leadership positions in the medical corporate industry. 7 semi-structured interviews were conducted in the span of 2 months. These participants were selected based on gender and their current position in the medical field. Many of the participants hold titles such as Nurse Practitioner, Radiologist, Occupational Therapist, and more. Each job either demonstrates a position of leadership or a specialized role in the industry. From these 7 interviews, 7 main themes emerged: familial support, marital support, positive mentors, monetary encouragement, personal drive for leadership, passion for healthcare, and personal setback. Solutions were drawn from these major themes for the sole purpose of answering the question: What factors influence women, in the later part of their career, to pursue or not pursue a position of leadership in the medical field? By fully understanding these factors one may establish programs of support for the future generation of female healthcare workers in order to raise the amount of female representation in the corporate environment.

Introduction

Women have been making immense improvements for their representation in the healthcare industry; for instance, 76% of healthcare professions are now held by women (Day & Christnacht, 2019). In the past, women had a very singular role in the medical industry which consisted of delivering babies as midwives (Borst & Jones, 2005). Impressive activists like Elizabeth Blackwell helped to broaden the career choices for women, but from 1900-1970s only 6% of American physicians were women (Borst & Jones, 2005). The medical field was often very one toned, meaning that white males dominated the industry for the majority of the 20th century. As the 21st century arrived, there has been an increased number of female medical students and applicants (Kwon, 2017; Verschoore et al., 2022). Despite the increase in medical students, there are still many underrepresented components of the medical career. According to Forbes, only 25% of women in the medical field hold leadership positions on the corporate level (Tel Tzure, 2022). This shows a severe lack of female representation in the executive offices of the medical career, as well as the lack of gender diversity in these reputable positions.

Going even further into the lack of female representation in more prestigious medical careers, Eugena Kwon established common factors that affect a woman's choice to enter these roles (2017). Her hypothesized factors include family, gender roles, and metaphorical barriers produced by the male dominated industry (Kwon, 2017). Women are often discouraged from pursuing a leadership role or prestigious medical profession by lack of support, training, bullying, and self sacrifice with the goal of achieving a work-life balance (Gottenborg et al., 2021). These factors have been culminated from a variety of sources and statistics with a common consensus that women do not have the support necessary to pursue an advanced medical career or corporate medical leadership position (Borst & Jones, 2005; Day

& Christnacht, 2019; Kwon, 2017; Verschoore et al., 2022; Tel Tzure, 2022; Gottenborg et al., 2021). Without the equal inclusion of women in this workforce, gender diversity will continue to suffer and the medical field will continue to be male-dominated with underrepresentation for females.

Literature Review

The Historic Development of Females in the Medical Field

To put the underrepresentation of women in the medical field into perspective it is vital to understand the steps that have been taken which have gotten women this far in the race for equality. As mentioned previously, in the 20th century women had one purpose in the medical field which was to deliver babies as midwives (Borst & Jones, 2005). Many powerful women have worked to change this stereotype such as Elizabeth Blackwell, Florence Nightingale, Rebecca Lee Crumper, Antonia Novello, and more (Health Hive, 2021). Activists such as these, have done the required work in order to receive their doctorates and earn the prestigious title of medical doctor in a time where female doctors were scarce. Female activists set a precedent for young females to enter the medical workforce and go through the proper schooling required to get their degree. As written by Jennifer Cheeseman Day and Cheridan Christnacht in 2019, 76% of healthcare jobs are occupied by women and as of 2000 the gap between male and female doctoral wages has been slowly closing. This proves there has been some increase as far as female representation in base-level healthcare roles and wages. Susan Birk dives further into these statistics to show 13% of healthcare CEOs are females, which is shockingly low compared to the work activists and female professionals themselves have put into increasing representation (Birk, 2019). Furthermore, women achieve less that 20% of full professor or chair positions in Europe and less than 35% in the US (Obladen, 2023). These statistics are specific to female neonatologists, but it exemplifies the common trend for women to consume the healthcare force in the majority of positions, yet lack the representation in elite career titles that include CEO or chair positions. The current overall trend is an outlier in data and percentages, with the outlier being the percentage of women pursuing/maintaining the roles of corporate leadership positions.

Potential Causes of Underrepresentation in Female Occupied Leadership Roles

When pursuing leadership positions women are disproportionately met with barriers, these barriers may be metaphorical but they may as well be a brick wall for the blockade they build on a woman's path to a prestigious healthcare position. Base factors such as gender bias in promotions, salary inequality, professional isolation, and lack of recognition were proposed to explain the lack of women in these advanced positions (Joseph et al., 2021). Sexual harassment, gender bias, lack of visibility, and lack of well-being are all potential causes that prevent women from moving past a base level position (Day et al., 2023). These proposals are damaging not only to a person's well-being but their career and their willingness to advance in that career. Additional factors include gender roles, in the past-20th century and prior- women have been expected to birth and raise their husbands children while balancing the responsibilities of work (Kwon, 2017). This is a controversial subject even outside of the topic of medical professionals, the gender roles established in early America linger to this day and are proposed by Eugena Kwon to be a leading factor in a career-advancement decision. Men have been the leading force in the medical field for many years leading up to the present day (Blackburn & Heppler, 2023). This is a crucial factor when considering the lack of women applying for male-dominated careers or leadership positions. As Angelique Wildschut and Amand Gouws interpret in their 10 year longitudinal study in South Africa, the medical field is male dominated: there is no way around that fact (2013). This fact supports the potential causes of under representation in female occupied leadership roles. The 2 most prevalent factors gathered from these previous sources include gender roles, and lack of support in a male dominated industry.

Potential Solutions for Underrepresentation in Female Occupied Leadership Roles

There has already been significant advancement compared to the past trends of extremely limited female participation in the healthcare industry. These advancements sprout from activists like Elizabeth Blackwell who worked for the majority of their lives to fight against the male dominated industry and receive their doctorates (Borst and Jones, 2005). Recent studies like the qualitative study conducted by authors Emily W. Gottenborg, Amy Yu, etc. in 2021 proposed a solution that would open up a platform for women to share experiences, combat bullying, speak up for themselves, and encourage others through mentorship roles. Another solution was proposed specifically to help improve the number of women authors in Anesthesiology Journals, the solution was female mentorship (Keim et al., 2023). For surgeons, specifically orthopedic, facing the same problems a proposed solution was to develop equitable work environments (Day, 2023). These equitable work environments simply mean the improved morale and support for women in the workplace to help them feel more involved and valued as their positions should entail. Overall, these sources overlap to show the main 2 potential solutions of establishing platforms as a source of communication and networking as well as female mentorship.

Finding the Gap

There have been countless studies on the lack of women in the medical field, more specifically lack of women in leadership roles in this stem-based field. For the dermatology sector of the medical field, an article written by a select group of dermatologists delves into the lack of women in leadership positions in the medical field (Verschoore et al., 2022). This source is affiliated with the main problem with the underrepresented women in the medical field but is specific to dermatologists who are working towards solutions in their subfield of medicine. Additionally, a qualitative study was conducted in 2021 where women currently in leadership positions were interviewed on their current or past experiences in their leadership roles (Gottenborg et al., 2021). These women were interviewed for the purpose of finding key reasons or factors to the underrepresented women already in their leadership roles and the lack of voice available for these women being treated unfairly and unjustifiably in the workplace (Gottenborg et al., 2021). Many other sources cover that the lack of women in leadership in the healthcare industry is a problem (Keim et al., 2023; Joseph et al., 2021; Day et al., 2023). Although the problem is acknowledged, no qualitative study has researched the factors that affect a woman's decision to advance to a power of leadership. The apparent gap is found when looking into the specifics or the goals of the study. The goal missing from the mass sources and research which has been documented in this text is the specific factors, coming firsthand from women in leadership roles, which have led to a woman's decision to maintain that high status corporate role.

Methods

Data Collection: Semi Structured Interviews

Semi structured interviews were used to collect data which answered my research question. These interviews consisted of multiple parts split up into sections based off of the information I aimed to collect. Each interview was approximately 45 minutes to 1 hour in which 11 questions were asked along with follow up questions based on the participants' answers. I initially wanted to interview ten total participants. The interview was further organized into 2 main sections: explanation of previous career path that has led the participant to the leadership position they hold and the factors they believe to have helped, deterred, or effected this path in any way. This method was chosen due to the extensive research done on women in the medical field for similar topics and their use of interviews to collect data. For example, Ranata Bogusz interviewed 29 female doctors in order to investigate gender discrimination in prestigious medical careers (2018). Bogusz's interviews dove into the specific factors that caused the gender discrimination and

she gained viable information from them and analyzed patterns and continuities between the participants answers. This method was used to get full and descriptive answers out of the participants and to make it possible to ask follow up questions to offer clarification on an answer that might seem unclear the first time. When covering the first section of the interview, I asked for specific milestones or goals that the participant hit and what influence time had on this factor. More specifically if it took a longer or shorter amount of time to attain this goal in comparison to their original assumptions of a timeline or other coworkers timelines. For the second section I asked for specific anecdotes that represented the factors they felt most specifically affected their career path. This allowed for a proper analysis and the ability to start narrowing down specific patterns between the participants. As far as gathering data I followed a specific process to keep organization and uniformity between the 10 participants and their unique responses.

Data Analysis: Inductive Content Analysis

For the data collection process, I utilized a specific method that I created in order to decipher patterns and formulate factors which answered my research question: What factors influence women to pursue or not pursue a position of leadership in the medical field? This process is called inductive content analysis and is defined as going into an interview with no preconceived notion of the answer, just assumptions based on previous research. This method of inductive content analysis was inspired by an interview study published by a Journal of Clinical Nursing. This journal was on the topic of female healthcare professionals and their experience with gender-based violence (Wallin et al., 2018). The process in this study is very similar to what my process looked like in terms of asking a series of questions and then analyzing these questions and transforming them into data or specific factors (Wallin et al., 2018). I utilized Google Meets in order to record the interviews, and then I kept a notes page and transcription for every individual interview. This notes page was organized based on the 11 proposed questions and the 2 sections previously proposed in the data collection section. As for the initial analysis I reviewed each and every interview for main ideas, outliers, and a general timeline. The outliers were defined as stark details that stuck out to me or were emphasized within the interview. These outliers were thought to include recurring patterns seen in a majority of the interviews. The general timeline was used when making a comparison between the interviews and the amount of time each woman's unique career path took in order for her to achieve the leadership position in the medical field. As far as analyzing the specific questions I went through each question and related it back to my research question. I did this by looking at the answers and highlighting or noting specific factors that derived from the participants' responses. Then, with these responses I compared and contrasted each individual question between the 7 participants to see if I got common patterns or interpretation of the participants' responses. Since my questions had a chronological pattern, the data was interpreted in a similar pattern of past to present. This helped to keep uniformity between the analysis and it helped to prevent bias within the creation of the factors which lead or prevent women from going into a leadership position in the medical field. In order to properly analyze my data in the way that will produce specific factors that answer my question, I needed to pick women that fit the criteria of the study. This reduced generalizability and specified which factors answered the research question.

Process of Participation Selection

To get the results that are focused towards my research purpose and question, certain criteria needed to be met by the interviewees. First the interviewee had to be a female in a leadership position or prestigious role in the medical field. Specifically, this leadership position was defined by their rank in the administration side of the medical field. This included supervisors, managers, or CEOs of businesses like hospitals or private practices. Prestigious roles may be defined as higher ranking doctors within the medical field; this includes surgeons and supervisors within the hospital. Additional jobs which qualified included Nurse Practitioners due to the additional degree in which these women had to attain. The participants had to be in the later part of their career, which was classified as participants currently in

these leadership positions. Since the participants were in the later part of their career then it was possible to ask them the majority of my questions which required details about their career path leading up to the position they currently hold. In addition, these women could not break any ethical guidelines. For example, none of these participants could be the superior or employee of a relative of mine. This directly goes against the ethical practices and therefore was not included in the study. The most important part of these interviewees was that they were female and held a job considered to be a leadership position or prestigious role. These criteria were vital in order for my analysis to produce information that fit my study and properly produced information that fit the purpose of the study. Overall, since these women met the criteria then the inductive content analysis was able to be run and completed in order to produce data and explanations of that data and why it was relevant to the study.

Findings

In total, 7 semi-structured interviews were conducted, each lasting 45 minutes to 1 hour. From these interviews 7 major themes were identified, in terms of factors which influenced women in the later part of their career to pursue or not pursue a position of leadership in the medical field. In order to understand these 7 themes and their significance to the medical field, it is important to get a full explanation of what the theme means. Figure 1 provides a list of the 7 major themes and a definition for each theme in regards to the research project.

Figure 1: *Definition of Themes*

Theme	**Definition**
Familial Support	The support received from a family member, typically a parental figure, to advance in one's career.
Marital Support	The support received from a spouse to stay motivated in school and/or one's career.
Monetary Encouragement	The encouragement to pursue a career with higher wages and benefits.
Positive Mentors	A mentor that positively impacted one to advance in one's career field. Typically this was a lead by example factor.
Personal Drive for Leadership	A participant's self motivation to continue in school or the workforce to a position of leadership.
Passion for Healthcare	A participant's passion for the personal interactions with patients within one's career.
Personal Setback	Any specific setback within a participant's life such as an illness or educational struggle.

These themes were created based on personal anecdotes from each of the 7 participants. Figure 2 is presented to match specific participant anecdotes and previously mentioned themes from Figure 1. The anecdotes were derived from the full and complete transcripts of each and every interview in the methods portion of the research process.

Figure 2: *Participant Anecdotes and Themes*

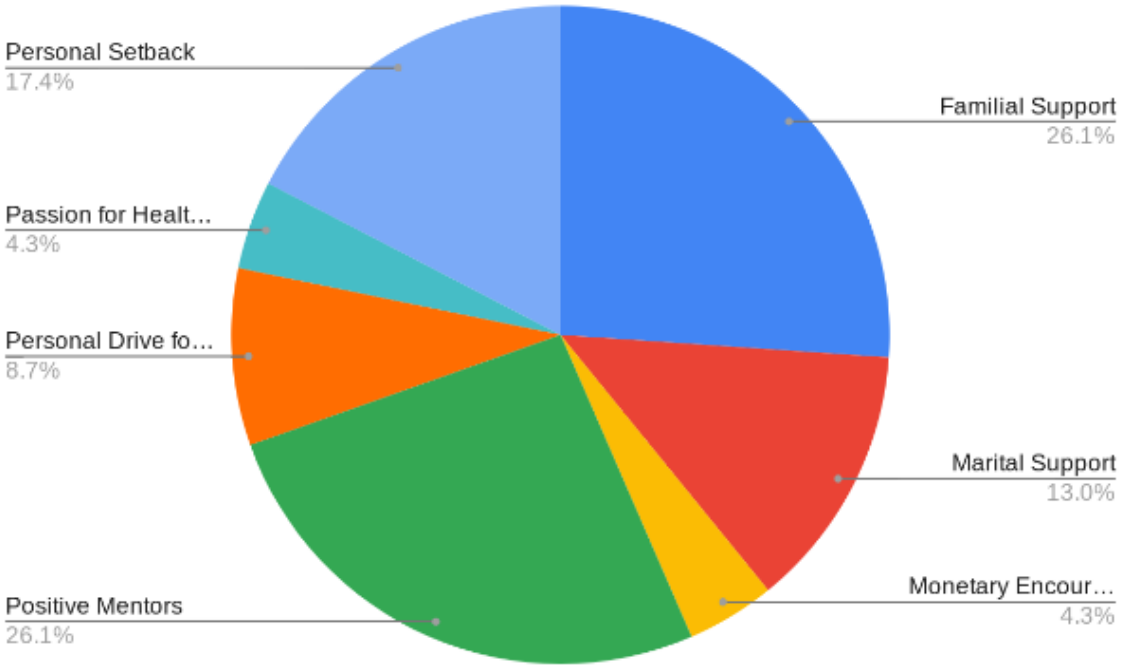
Participant	Significant Anecdotes	Theme
A	1. Biology professor in Undergraduate School who assisted in medical school applications, this professor called the school and advocated for this participant.	1. Positive Mentors
		2. Positive Mentors
	2. Medical school professor, Pediatrician, led a small group and gave participants real-world advice about being a doctor and balancing a family.	3. Personal Setback
		4. Marital Support
	3. Experienced health issues, blurry vision, headaches, and tremors and underwent brain surgery the 1st year after college.	
	4. Got married during medical school and received a lot of support and encouragement to continue schooling from spouse.	
B	1. Gained a lot of support from bedside nurses to continue education and become a nurse practitioner.	1. Positive Mentor
		2. Familial Support
	2. Mother was extremely educated, with a Masters degree in education, and encouraged participants to go back to school to get an NP degree. Father was a surgeon so many of his coworkers assisted in finding the participant a career right out of school.	3. Passion for Healthcare
	3. Largest barrier was participants' passion for being a bedside nurse due to the interactions with patients.	
C	1. This participant worked under an amazing director in Occupational Therapy and it inspired her to follow this path. This same director pushed her towards the leadership role within occupational therapy.	1. Positive Mentor
		2. Familial Support
	2. Immigrant parents were extremely supportive of her career in healthcare and pushed her to not give up when getting her masters in Occupational Therapy and then her MBA.	3. Personal Drive for Leadership
	3. Many told her she would be a good leader, and she had a passion for leadership so after applying for numerous roles, she ended up receiving one very recently.	
D	1. Both parents were Family doctors so this participant was highly influenced to join the medical field.	1. Familial Support

		2. Positive Mentor
	2. A nurse practitioner that worked with the participants parents told the participant about the potential that she had, which was a big factor in her decision to become a Nurse Practitioner and go back to school after she graduated from Undergraduate.	3. Personal Setback
	3. Went through 6 surgeries in 2 years.	
E	1. Was a medical assistant at 18 so this participant worked with many nurse practitioners on a daily basis and they encouraged her to become a nurse practitioner.	1. Positive Mentor
		2. Familial Support
	2. Participant had a single mom that was incredibly supportive of her career choice and her choice to further her career with a Nurse Practitioner degree.	3. Martial Support
		4. Monetary Encouragement
	3. Spouse was in the military and was extremely supportive of her goals. When spouse left the military he pursued a business education, so due to money constraints she had to wait to get her NP.	
	4. A huge component of her decision to pursue the NP degree was monetary, this degree would almost double her salary.	
F	1. This participant had 3 kids during her undergraduate schooling.	1. Personal Setback
		2. Familial Support
	2. Gaining immense support from her father and grandmother, they pushed her towards the medical field as well as her siblings.	3. Personal Setback
		4. Familial Support
	3. Fell into the role of caregiver of an elderly man while having 3 kids and going through Nurse Practitioner school to get her masters.	
	4. The participants' spouses and children were huge motivations to further her education in the Nursing field, partly because they were very supportive and partly because she wanted to be a good role model for them.	
G	1. Gained a PHD and MD and within those degrees she had mentors who helped her develop and identify goals within her career path	1. Positive Mentor
		2. Familial Support/Marital Support
	2. Parents were supportive of her career goals in general, as well as her husband and children.	3. Personal Setback

	3. Had children at the end of her residency and chose a specialty which allowed for a more family friendly schedule.	4. Personal Drive for Leadership
	4. Has extreme drive for leadership roles and holds many positions of leadership in relation to radiation oncology.	

All of these participants are in the medical field in a career which requires additional education and leadership experience outside of undergraduate school. Each participant was given a total of 11 questions and a series of follow up questions in a semi-structured interview. These questions asked for personal anecdotes regarding the experience each participant had in the career path which includes undergraduate all the way up to current day. The follow up questions delved deeper into each participant's personal experience and sought out specific themes which were then marked as factors into career based decisions. Letters were used in order to keep each participant anonymous, these assigned letters were then placed in chronological order based on the date of each interview. The column on the left represents the participant and the assigned letter. The middle column is specific anecdotes which were taken from the written transcriptions of the participants' interview. The rightmost column lists the themes in which each anecdote represents. The anecdotes are numbered in relation to the number on the rightmost column. For example anecdote 1 of participant F's interview aligned with the theme listed as one in the adjacent column. Each significant anecdote was chosen based on the amount of time each participant spent talking about the personal experience and based on a comparison between other anecdotes within the interview. For each participant, 3-4 significant anecdotes were selected and then displayed in Figure 2. Each of these major themes was then distributed into a pie chart below (Figure 3), to display the amount of times each theme appeared in the significant anecdotes of the 7 participant interviews. The purpose of this pie chart is to identify 3 major themes which the interviews had in common. With these 3 major themes, a solution can be identified and acted upon.

Figure 3: *Pie chart showing the participant representation of each theme in Figure 1*



Results

Significant anecdotes based on experiences in the medical work-field and other life aspects were taken from 7 participants. 3-4 of these anecdotes were then chosen for each participant and then put in a chart which matched the experience to one of the 7 major themes. The data gathered from this table was then distributed into the pie chart above, Figure 3. By organizing the data in this way, 3 major themes emerged as prominent ideas in which the interviews shared. The themes included familial support, positive mentors, and personal setbacks. With this information, the result can be confirmed that these 3 themes are the main factors which answer the research question: What factors influence women to pursue or not pursue a position of leadership in the medical field? Although these factors have been selected, the project is not truly complete without an analysis of each of these final themes.

Main Theme 1: Familial support

For many of the participants, familial support played an influential role in the participants decision to pursue a position of leadership in the medical field. For the majority of the participants, familial support came from parents who were previously in the medical field. For Participant D, both of her parents were doctors which led to her decision in becoming a Nurse Practitioner by deciding to go back to school to receive her masters in this leadership oriented career. In contrast, both participants F and G received familial support from their children. This is significant due to the previous assumption that children would hinder a woman's choice to pursue a medical profession. In fact this was proven to be the opposition, participant F pursued a career as a Nurse Practitioner due to the need she felt to be a role model for her children, she remarked that this was a constant motivation during school. Additionally, participant G became a Radio-Oncologist along with holding many leadership positions in her respective field, such as the associate medical director for a proton therapy center and an associate medical director for a pediatric radiation group. To maintain ambiguity, the specific names of the center and group will not be disclosed. Although only 3 specific experiences were mentioned, a total of six out of seven total participants had significant anecdotes relating to familial support as seen in Figure 2. For the purpose of this study, familial support is defined as a factor which encourages women in the later part of their career, to pursue a leadership role in the medical field.

Main Theme 2: Positive Mentors

Positive mentors was another main theme that was represented in six out of seven participant interviews, specifically within the significant anecdotes in Figure 2. Positive mentors was defined as any important figure in a participants life that encouraged them to pursue a higher level career then they were at. A prime example of this was from participant E's interview, in which she explained that as a medical assistant the Nurse Practitioners would constantly comment on her potential which pushed her to become a Nurse Practitioner herself. Participant D had a similar story in which a Nurse Practitioner, who also worked with her Father who was a doctor, encouraged her to pursue nursing and even provided job opportunities for her later in her career as a Nurse Practitioner. Participant B had a slightly different experience where beside nurses would encourage her to go back to school to get her NP license instead of staying an ICU nurse. She really emphasized the impact these nurses had on her, not only in her mentality going into NP school but in her future successes in finishing school and going back to work as a Nurse Practitioner. All 3 of these examples hone in on the importance of positive mentors and their encouragement to pursue higher education and higher level careers more geared towards leadership.

Main Theme 3: Personal Setbacks

Personal setbacks was a completely unexpected theme, but ended up being present in five out of seven participant interviews. These setbacks came in all different shapes and sizes- from having children to having brain surgery, personal setbacks were a major factor in the decision to pursue a position of leadership. Unlike the other themes, personal setback has a more negative connotation to it. More often than not a personal setback is seen as a factor which would prevent a woman in the later part of her career from pursuing a position of leadership in the medical field. However, in all 4 interviews which displayed personal setbacks as a thematic connection, the participants went on to pursue a leadership position later in life. This demonstrates that this factor mainly affected the timing in which a leadership role was achieved. The 4 participants who experienced personal setbacks were participants A, D, F, and G. Out of these 4, both participant A and D experienced medical related setbacks, including unplanned surgeries. Both went into detail about their experience with this setback, yet they mentioned it only affected timing and that they both chose to continue their specified career path of OB-GYN for participant A and NP for participant D. For participants F and G, both had 3 children during peak times in their careers. Although these children became positive factors later on in their lives, coinciding with the familial support theme, at first it was difficult to adjust to being a parent and career-woman. Both remarked that although the timing was not ideal, it did not change their decision to pursue leadership roles in their respective fields either. From the data retrieved from all 4 of these interviews, the assumption can be made that personal setbacks do directly affect timing in the career, but for many instances, they do not affect the career so much to the point of choosing not to pursue a leadership role in the medical field.

Limitations, Conclusions, and Future Directions

Limitations

Before discussing the final conclusions and the new understanding which was developed during the research process, it is important to recognize the limitations of this study. The first limitation which needs to be recognized is the lack of participant interviews. 7 interviews were conducted in total, which allowed for a solid examination of the possible factors causing a lack of women in leadership roles. However, as seen by two other related studies focused on women in the healthcare industry, a number closer to 30 is preferred to generate results for a larger population (Bogusz, 2018; Moshin & Syed, 2020). On a similar note, an additional limitation to my study was the use of inductive content analysis instead of thematic analysis. This was apparent during the data analysis portion of the research process. While the inductive content analysis was initially proposed, as the study went on the technique used for data analysis was one mirroring thematic analysis, as seen in Figure 2. If a thematic analysis was used from the beginning then more themes may have emerged within the female healthcare population. While inductive content analysis did work, it limited the amount of themes that I could gather from each individual participant within the semi-structured interview. Additionally, this data analysis technique allowed for a lot more researcher bias, due to its structure of having the researcher pick 3-4 anecdotes which seemed most relevant in the interview transcript (Wallin et al., 2018). The last limitation for this study in particular was the limited duration of interviews. Each interview lasted 45 minutes to an hour, which was a decent amount of time to ask all 11 questions along with follow up questions. Despite this, semi-structured interviews are typically 1-2 hours long, which allows for plenty of original and follow up questions in order to fully understand each participant and their answers for each question. Many of the studies that were investigated prior to conducting my own study had semi-structured interviews that were 1-2 hours, and this was especially helpful for those who used inductive content analysis (Wallin, 2018). Each of these limitations affected the research process to some extent, and it is important to recognize them, as they should be avoided if this research were to be replicated. Overall, this process exposed three main limitations which need to be accounted for in future studies regarding women in the medical field.

Conclusions and Future Directions

The main conclusion that derived from this study is that women decide to pursue or not pursue leadership roles in the medical field due to 3 main factors: familial support, positive mentors, and personal setbacks. These major themes demonstrate that there are more factors supporting women than there are factors against women. This generates a new understanding regarding the topic of a very small amount of female representation in the corporate medical field. Previous research explained that 13% of healthcare CEOs are female (Birk, 2019). With this new understanding of the major factors which play into a woman's decision to further their career by pursuing a leadership role, one can increase this number by implementing student-led mentorship programs. One of the major themes, positive mentors, discovered that a lot of encouragement is received from mentors in the form of coworkers. Typically these mentors were older coworkers that had been in the career for a long time, especially with the participants that were nurse practitioners. By encouraging more student-led mentorship groups in medical school specifically, these females can get the proper support that they need early on in their career so that when the time comes to make the decision to pursue a leadership role, they are more likely to say yes. Additionally, as more women join the corporate medical field in positions of leadership, there will be a higher precedent to keep up this improvement. Because of this, another proposed solution includes encouraging a system of support between women currently in leadership roles and female medical students. This will show female medical students that despite the previous trends of underrepresentation, pursuing a leadership role is a viable option that is plausible for many students regardless of gender. The significance of this internal support within the medical field is that it will lead to a dramatic increase in the gender gap for corporate healthcare positions. As this number increases, representation for the next generation of female healthcare professions increases and inspires them to pursue these roles which are essential to the international medical community.

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