Author’s response to reviews

Title: The perceived organizational impact of the gender gap across a Canadian Department of Medicine and proposed strategies to combat it: a qualitative study.

Authors:

Reena Pattani (pattanir@smh.ca)
Christine Marquez (MarquezC@smh.ca)
Camellia Dinyarian (DinyarianC@smh.ca)
Malika Sharma (SharmaMal@smh.ca)
Julie Bain (BainJ@smh.ca)
Julia Moore (MooreJu@smh.ca)
Sharon Straus (sharon.straus@utoronto.ca)

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Author’s response to reviews:

To: Mr. Alessandro Recchioni
   Associate Editor, BMC Medicine

From: Reena Pattani, MDCM MPH FRCPC
       Sharon Straus, MD MSc FRCPC

January 11, 2018.

Dear Mr. Recchioni,

Thank you for the opportunity to re-submit our manuscript entitled “The perceived organizational impact of the gender gap across a Canadian Department of Medicine and proposed strategies to combat it: a qualitative study” for your consideration. We are grateful for the thoughtful feedback from the reviewers. Please find our responses to the feedback detailed below; we have made the relevant changes to the manuscript:

Reviewer #1: This is an important qualitative study of the perceived organisational impact of the gender gap across a leading Canadian Department of Medicine and proposed strategies to combat it. The study is designed and conducted using robust qualitative methods and rigorously
reported using the consolidated criteria for reporting qualitative research (COREQ). It is important to note that the evidence base on the organisational impact of the gender gap is currently limited. Therefore, the choice of qualitative methods is most appropriate for the investigation of the given research question and publishing this research will help improve the current evidence base. Taking into account the scientific rigour and societal significance of this study, I recommend that the manuscript is accepted for publication as it is. I would also like to suggest that in their future research the authors might want to consider whether a national strategy such as Athena SWAN in the UK, Ireland, and Australia might be appropriate and effective in Canada, e.g. https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0177-9

Response: Thank you very much for this positive feedback. We agree with the potential utility of Athena SWAN and members of our research team are trying to work with national research bodies to determine whether this strategy might have similar success in Canada as it has elsewhere globally.

Reviewer #2: This is a well-designed study on an important topic. Two comments:

1. As the study sets out to assess "the impact of the existing gender gap on organizational effectiveness and workplace culture", one expects the authors to review the previous literature on those aspects specifically. Are there really no studies on the impact on effectiveness and culture?

Response: While we have not completed a systematic review of the literature on the impact of the gender gap on organizational effectiveness and workplace culture, our search of the literature revealed limited evidence on this topic. The dearth of literature on this topic is the reason that we think our manuscript is an urgent and timely contribution to the evidence base. Nonetheless, we have addressed this concern by highlighting some of the existing evidence in Discussion section, page 14, line 370; we hope that this satisfies your valid concern:

“The relationship between gender disparity in academic medicine and workplace culture has been previously explored, although the evidence base is scant. One study [13], which surveyed faculty members across 26 U.S. medical schools, found that women compared to men had a lower sense of belonging, perceived fewer career opportunities, and had less congruence of personal and institutional values despite experiencing equal levels of institutional engagement and aspirations towards leadership. Another survey study found that improved gender equality in academic medicine mitigated burnout among female faculty, although this study was conducted at a single center in Japan [55]. Another group of investigators developed and validated a tool to measure a culture’s conduciveness to women’s academic success (CCWAS) along four dimensions: equal access, work-life balance, freedom from gender biases, and supportive leadership [56], which could be used in future studies exploring this relationship.”

2. Could the authors be more specific when elaborating on the views of the interviewees regarding the potential impact on organisational effectiveness? The three overarching
themes identified in the interview data were all aspects of organisational culture. The first part of the research question is only briefly commented on in the discussion by referring to possible effects on patient care. Any references made to resources relative to patient outcomes?

Response: The perceived impacts described by the interviewees, including social exclusion, reinforced stereotypes, and unprofessional behaviours, suggest downstream implications for organizational effectiveness and, in some instances, the impact on effectiveness is imputed. We have made this more explicit in the Discussion section, page 14, line 359:

“These consequences have direct and cascading effects on workplace culture, patient care, and the effectiveness of collaboration in research and education. Specifically, they waste skills and talent, and threaten the effectiveness of healthcare organizations.”

Reviewer #3: This publication is very clearly written and provides helpful qualitative information on the gender gap.

1. Since it is reporting on a single institution, the authors should provide more information on the state of the gender gap in the institution as readers will not be able to access the unpublished data that are referenced.

Response: Thank you for this excellent point. We have modified the section Methods, Setting, page 5, line 143, in order to provide concrete details regarding the gender gap at our institution:

“36% of full-time faculty within the University DOM are women and 25% of full professors are women. These findings persist despite the fact that men and women enter the junior ranks at our University in approximately equal numbers.”

2. The interview guide focuses a number of questions on divisions, but the authors don't describe their efforts to recruit subjects across divisions nor the distribution of divisions represented by those interviewed. That would seem more important than the distribution across hospitals which is described. I would ask that they describe which divisions were represented, and importantly which divisions were not represented, since the gender distribution historically has varied dramatically (as alluded to in the comparison made by authors between rheumatology and cardiology). The snowball sampling method may have limited diversity of opinion which should be acknowledged as a limitation.

Response: We did not explicitly recruit participants across divisions, though we ensured that we had an adequate representation from both the cognitive and procedural subspecialties. Although we collected data on participant Division, we initially elected not to share this data due to fears that it might be identifying, especially for smaller divisions at our University. However, we have added a brief statement in our Results and Discussion sections about the divisions that were included and the 7 divisions that are not represented (Results, page 8, line 213; Discussion, page 17, line 441). Although we utilized a snowball sampling strategy, we began recruitment with an
email to all members of the Department of Medicine to try and elicit a diversity of opinions, we now specify this in Discussion, page 17, line 438 as recommended in this reviewer comment:

“Firstly, participation may have been limited to those individuals that perceived the existing gender gap to be a problem; we tried to minimize this by reaching out to all members of our department with an email invitation to participate in addition to using a snowball sampling strategy. Ultimately, we had a relatively large sample for a qualitative study and included individuals with diverse opinions as reflected in the results. We were unable to recruit participants from 6 of the subspecialties of medicine, likely due to their small size, however the represented divisions span both the procedural and cognitive subspecialties of medicine and likely capture the diversity of work microenvironments and cultures.”

3. The authors should describe the distinction between Clinician-Teacher and Clinician-Educator and also between Clinician-Investigator and Clinician-Scientist as these are not obvious. The discussion section focuses on Clinician-Teachers but makes no mention of Clinician-Educators; wouldn't the points made apply to both groups? Alternatively, I wonder if these categories could be combined. More importantly, it appears that faculty who are investigators without any clinical foot print were excluded from the study? That should be acknowledged as a limitation. If promotion processes vary substantially across these subcategories, that might be acknowledged and the local promotion criteria might be referenced.

Response: Thank you for the feedback regarding the lack of clarity around the academic position descriptions. For greater ease in conveying the distinctions, we have created a table that outlines the positions, the time spent in clinical versus scholarly activities associated with each position, and the academic focus for each position (Table 1, page 25, line 648). It is not possible to collapse C-T and C-E because the nature of scholarly work is sufficiently different between the two positions (frontline teaching versus education research / curriculum development), each posing a different set of pressures, having different promotions criteria, and involving disparate stipend / base pay / remuneration. The same is true for C-I vs C-S. In the Methods section, page 6, line 158, we have specified that academic position descriptions vary “according to the time spent in clinical service, the nature of the scholarly work (see Table 1), and their promotions requirements”. We have a very small number of scientists in the Department of Medicine who do no clinical work and they were not included in this study because our department is principally a clinical one.

We hope we have addressed the reviewers’ thoughtful concerns to your satisfaction. As noted previously, this manuscript is not under consideration at any other journal. Please let us know if we can provide any further information. Thank you for your review of our re-submission.

Sincerely,

Reena Pattani, MDCM MPH FRCPC
Sharon Straus, MD MSc FRCPC