

Although there has been progress, women remain underrepresented in senior military leadership roles despite equality in pay and transparency of rank requirements 1,2. Similarly, while representation of women in medical schools is improving, women remained grossly under-represented in medical leadership 3,4. This study explores the experiences of female officers in military medicine with the aim to offer solutions promoting improved well-being, gender equity, and a more informed military leadership force.

Methods: Using a semi-structured interview technique, female U.S. military medical officers were interviewed for 60 to 70 minutes. Topics such as their leadership journey, retention, family, and mentorship/sponsorship were explored. Using the gendered ideal worker framework, open coding was utilized to identify themes and subthemes.

Results: Ninety-five female US military medical officers participated in the study: Navy=41, Army=28, and Air Force=26. Seventeen medical specialties and 16 subspecialties were represented. Coding identified 5 interlocking themes: 1) Distress from ideal worker versus parenting norms conflict, 2) Power of the “Boys Club” within leadership that is often off limits to women, 3) Clinical skill sustainment struggles when burdened with administrative leadership roles, 4) Assigned leadership roles without adequate leadership training, and 5) Epistemic agency - not having awareness of what potential career development opportunities exist and then failing to act on these to meet expected career development milestones.

Conclusions: If the military wishes to retain qualified female physicians, we must better understand how ideal worker and parenting norms create tension and recognize the disparate impact this has on female service members, particularly on their effectiveness and career trajectory.

References

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