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EXAMINING WORK-LIFE BALANCE OF FEMALE FACULTY IN CHAIR ROLES AT MEDICAL ACADEMIC INSTITUTIONS: A PHENOMENOLOGICAL STUDY

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AT MEDICAL ACADEMIC INSTITUTIONS: A PHENOMENOLOGICAL STUDY

by

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A dissertation submitted in partial fulfillment
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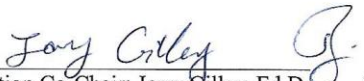
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Dedication

This dissertation is dedicated to all those who supported me throughout my career and life. It is also dedicated to those women who have gone before me to prove they were able to make a difference in their respected career fields. Thank you to each of the women who participated in this study and provided an amazing insight to their own personal struggles, fears, and ability to rise to the top. Your honesty and sincerity has been vital to this study and to women of all career fields. Your insight to the past, present, and future of women as leaders, not only in career and family, will give other women the courage to seek out better opportunities for themselves. The road to the top has not always been an easy task for all of you; however, you have set an example to other women who have strong career goals and the desire to have a family as well. Thank you all for your time as it was limited. You were very gracious in acknowledging this study was of importance and dedicated your time to participate.

Acknowledgements

Thank you to God for allowing me to have this wonderful opportunity to reach the highest level of my educational journey. He provided me strength and courage to continue on when I doubted myself. To my parents, thank you for everything, I would not be where I am in life had you not instilled in me values and morals to always be the best me no matter what life hands you. To my extended family, thank you for all of the encouragement and advice you have given me along the way.

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Finally to the cohorts of 2013 and 2015, those of you who have become friends, supporters, and cheerleaders, thank you. My wonderful, dedicated 2014 cohort, I cannot thank you all enough for the late-night study groups, long hours of putting together papers and presentations, and the long road we have all been down together. Our journey together is not over as we continue to see our futures grow with new opportunities and advancements. Thank you for your true friendships.

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Abstract

EXAMINING WORK-LIFE BALANCE OF FEMALE FACULTY IN CHAIR ROLES
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The purpose of this research study was to explore the work-life balance of women

in Chair positions within medical academic institutions and to research their ability to

balance roles at work and home. The study wanted to investigate the impact of a

prestigious leadership position on their lives. The study explored the reason for their

success in such a male-dominated position and how they obtained such a position. The

women who participated in this study gave accounts for their triumphs and

disappointments during the data collection phase of the study.

This research was a phenomenological study based on three theoretical literature

foundations: Work-Family Border Theory; Role Balance Theory; and Career

Compromise Theory. Research and interview questions were developed from these three

theories to determine if these women were able to accomplish a work-life balance at any

level during their time as a Chair. The study was developed using the determination if

children, aging parents, and being married could be a factor in achieving work-life balance. The study was focused on the southern region of the United States with participants of the study being located through the AAMC website. The researcher conducted qualitative interviews with each participant based on their time and availability. This interview approach was conducted so that each participant expressed their feelings, thoughts, and experiences.

Findings were discovered through the process of transcribing the interviews, coding transcriptions, and having themes revealed for each interview question. Interview questions themes were discussed individually and ending with aggregated themes for each research question. A summary of findings were included for the reader. To conclude, each research question findings were discussed including implications for theory, research, and practice, limitations, and future research opportunities.

Keywords: Work-life balance, women, medical academic institutions, role balance, compromise, domains, female faculty

Chapter 1

Introduction

Background to the Problem

Work and family demands are increasingly becoming an issue as responsibilities continue to grow for individuals such as longer working hours, balancing demands, and multiple roles within households (Boles, Howard, & Donofrio, 2001; Yavas, Babakas, & Karatepe, 2008). Employees have become detached from the four walls of an office or cubicle space due to technology allowing them to become mobile in general, not just as an employee. Work-life balance (WLB) issues have been blurred; thus it is the sole responsibility of the employee to gain some definition of work and personal time or space (Thomas, 2014). Workers desire the opportunity for flexibility of work location and organizations are adopting mobile workplaces therefore allowing workers to implement a stronger commitment to WLB (Thomas, 2014). Continually connecting with others outside of normal working hours has led to an increased amount of time working outside of the traditional working day (Thomas, 2014). According to Thomas (2014), 44% of employees have reported feeling overworked and overwhelmed.

Academic institutions over the years have become an organizational culture of their own as most provide high levels of autonomy, resulting in employees thinking of this as an ideal profession for WLB (Penney et al., 2015). However, the flexibility present within academic institutions, coupled with the demands of promotion and tenure, can make it more difficult to establish work-life boundaries (Gatta & Roos, 2004). For many

women in medical academics, tensions arise between societal expectations of marrying and raising a family and institutional pressure to perform, leaving a sense of guilt surrounding their inability to meet the expectations of succeeding in the home and performing in academia. WLB is not just for faculty with children or elderly parents; it is for the varied work-life needs of a diverse faculty (Quinn, 2008). Faculty have many demands on them to succeed; however, Chairs also support all faculty, as they are leaders of the medical academia. Chairs are the supporters, encouragers, and policyholders within their departments of the medical institution. WLB is unique to all faculty and will vary from one's life and career path (Quinn, 2008).

Research is limited in the study of medical education, especially women in Chair positions within the medical community. Many articles and scholarly research studies on WLB exist with most concentrating on lower and mid-level positions within an organization. The research focuses on the organizational balance and policies of the medical education institution, not so much on the individual faculty member level. Most studies are quantitative and do not focus on individual thoughts, feelings, dedication to work and family, or harmony between the two. Few qualitative studies in medical academia concentrating on women at Chair levels exist. This stems from women faculty still lagging in the medical rankings compared to men. Although more women hold leadership roles than in the past, patterns of continuous underrepresentation in these positions exist (Morahan, Rosen, Richman, & Gleason, 2011).

Several prior studies revealed that many women take on the full responsibility of parenting while working in these institutions along with conducting research, clinical duties, being on call, and putting in extensive hours. In doing so, some continue to strive

for advancement to higher leadership roles, such as Chairs (Isgro & Castañeda, 2015). "More than 50% of recent Ph.D.'s awarded by American universities are now granted to women, with women accounting for 38% of faculty members overall" (Isgro & Castañeda, 2015, p. 175). With such a high number of medical degrees awarded, there is still a lag in women faculty members including in higher ranking levels such as Chairs.

Women tend to be more represented in less prominent teaching institutions such as community colleges and in less secure positions such as non-tenure, adjunct, or part-time instructors (Isgro & Castañeda, 2015). These are also considered to be of lesser pay and value to the institutions while men are in higher ranked academic positions (Isgro & Castañeda, 2015). This trends with women faculty who are mothers when compared to men or childless women faculty (Misra, Lundquist, & Templer, 2012). Women faculty with children endure barriers in a higher education academic institution to include meetings afterhours, lack of on-site childcare, and research after normal business hours (Strong et al., 2013).

Most prior studies focused on gender inequality and women playing the major role in parenting; however, with current changes in leadership roles within the household, many women are finding new ways to handle the WLB. WLB can be found throughout the institutional context in the form of supportive departments, flexible work expectations, and perceptions of power for women which create circumstances allowing opportunities for WLB (Lester, 2015).

Statement of Problem

Institutions that provide opportunities for women to have it all are gaining in the medical academia. The problem continues to revolve around WLB with women in higher

education gaining top ranking positions. Most women in top ranking academia positions are also far less likely to become parents than other professional women, even taking drastic measures such as hiding their pregnancy for fear of losing respect from colleagues (Lester, 2015). As Isgro and Castañeda (2015) mentioned, the reality or possible perception of exclusion, devaluation, and marginalization in academia serve as major impediments to women faculty members' achievements.

Women in medical education intuitions strive for the same level of respect as their male counterparts in gaining tenure and recognition to eventually achieve the rank of Chair. Receiving tenure is strongly associated with the abilities to publish and obtain research funding supporting the department. Female faculty members publish less than their male counterparts if they are parenting, therefore resulting in poor publication records which leads to a reduction of promotion and increases the likelihood of leaving the institution (Penny et al., 2015). Once that WLB has shifted, women feel they are no longer respected by their peers or fellow instructors giving them the feeling of fewer adequacies in the opportunity to gain such a role of Chair in their department.

Purpose of the Study

The purpose of this study was to examine the influence of WLB on women who hold Chair faculty roles within medical academic institutions. The study expanded on previous research and theories examining WLB. It focused on women's determination to gain such a role and the affects, if any, to having a family. The study included rank, generational cohort, parental status, marital status, and working hours as related to their ability to produce an equilibrium of WLB.

Conceptual Framework

This study revolves around the conceptual framework of Clark (2000) and her Work-Family Border Theory. Clark (2000) developed this new conceptual way of thinking due to analyzing border crossings between work and life balance. Accordingly, Clark (2000) discussed how individuals "differentiate by borders that vary in permeability" and how the "degree of permeability affects how much individuals feel that they are in control or lack control of the transitions between work and home" (p. 752). This theory was designed to explain how employees manage or negotiate work and family with borders between them to attain balance (Clark, 2000). The theory explains how work and family influence each other and the contrast between work and family transitions.

Since there is a significant push in today's society to integrate work and life together, this theory provides the means to close the gap between work and life from previous theories that separated the two. Clark (2000) proceeded to investigate Lewin's idea of "life space" that seeks a psychological environment notion each individual lives in, therefore providing the basis of this theoretical concept of having domains of work and life with each crossing borders at some point in the individual's routine.

The significance of Work-Family Border Theory is the evidence of work and family overlapping at some stage of the balance. Clark's (2000) theory also describes the significance of awareness, permeability, flexibility, and blending of the other domain. Pertaining to an individual and not necessarily to a specific gender or job, Clark (2000) relates these stages to both females and males. However, when applying the theory to faculty members, specifically female, flexibility to work from home, online teaching, and

communicating with other faculty and students through wireless technology blurs

boundaries of those in other work environments that do not require hands-on activities

(Penney et al., 2015). "When boundaries are less clear employees have more difficulty

negotiating with family and employers about when and where work and home

responsibilities are carried out" (Clark, 2000, p. 758). This is the tendency for many

women in academia since tensions arise between expectations of parenting and

institutional pressure to perform, allowing for guilt surrounding their inability to meet the

expectations of both parenting and being an excellent faculty member (Penney et al.,

2015).

Research Questions

1. What are the advantages and/or disadvantages to gaining work-life balance
   while holding and retaining a Chair position as a female faculty member in a
   medical academic institution?

2. How do the demands required to sustain a Chair position as a woman affect
   the ability to achieve role balance at work and/or home?

3. What important factors determine the decision to endure a career
   compromise, if any, on female faculty members in medical academic
   institutions?

Overview of Research Design

This study was a qualitative phenomenological design with a focus on female,

Chair faculty members in a medical academic institution. The sample included

representation of different ages, ethnicities, and medical specialties. The study was

designed to help researchers understand the dynamics of WLB of prestigious faculty positions held by women physicians.

This design of study allowed participants to express their own approach, influences, and opportunities to gain Chair positions. It included an opportunity to gain information on how they incorporate WLB in the process of advancement, either positive or negative. Participants' physical emotions and verbal speech were observed during the study. Study design allowed for semi-structured, open-ended interview questions to guide the participants through responses without pressure to respond in a skewed direction or manner.

Significance of Study

This study has significance for HRD researchers and practitioners as most other studies on WLB reflect on general or medical academia faculty, and are not specific to higher level positions such as Chair. This study shows the significance of the executive level position defining work and family. As the significance of the study provides an in-depth view of this particular position, it provides related support measures for gaining insight to WLB, benefits, hindrances, and the potential for organizations to seek more benefits in adopting a better system for the balancing of work and family for women. This study also gives organizations the opportunity to create new policies and procedures for women to excel in the medical academic institution to gain this high profile position that is still male-dominated due to women forcing themselves to choose between a family and career.

Definitions of Terms

To help readers and researchers understand this study, certain terms are defined in relation to the study.

Work-life balance: "is achieved by meeting demands of an individual's work area and family and personal needs" (Karakose, Kocabas, & Yesilyurt, 2014, p. 1231). "Accomplishment of role-related partners in the work and family domains" (Thomas, 2014, p. 284)

Work-family border theory: "explains how individuals manage and negotiate the work and family spheres and the borders between them in order to maintain balance" (Clark, 2000, p. 750).

Borders: "The lines of demarcation between domains, defining the point at which domain-relevant behavior begins or ends" (Clark, 2000, p. 756).

Border-crossers: "People who make daily transitions between two worlds- the world of work and the world of family" (Clark, 2000, p. 749).

Domains: are two worlds consisting of work and home that have different associations with rules, thought patterns, and behavior (Clark, 2000).

Role balance: involves two patterns of orientation to include the behavior pattern of acting across roles and cognitive-affective pattern of organizing the inner-life of multiple selves. One shows the ability to become fully engaged in each role within a total role system approach to include attentiveness and care (Marks & MacDermid, 1996).

Role ease: "any felt ease in carrying out one's role performance in an unspecified residual category" (Marks & MacDermid, 1996, p.421).

Role strain: "any felt difficulty in carrying out a role and arises only when a person's total role system is over-demanding" (Marks & MacDermid, 1996, p.421).

Career compromise: involves the relative importance of various factors when a person has to face the realities of choosing a career (Hesketh, Elmslie, & Kaldor, 1990).

Faculty: "are expected to teach, meet with students, serve on committees, attend department meetings, and in some cases conduct research" (Sallee, 2008, p. 82).

Association of American Medical Colleges (AAMC): "initiated the Faculty Roster in 1966 to support national policy studies by collecting comprehensive information on the characteristics of faculty members at accredited U.S. MD-granting medical schools. It is a not-for-profit association comprised of all 149 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies" (AAMC, 2017, Mission section, para.1).

American Medical Association (AMA): "a professional association whose membership is made up of the largest group of physicians and medical students in the United States, including practitioners in all recognized medical specialties, as well as general primary care physicians" (AMA, 2017, About us section).

Chapter One Summary

Chapter One detailed the qualitative study of women in Chair roles and WLB. It provided a background and statement of the problem, purpose of the study, and theoretical underpinnings for the study. Research questions were provided. Overview of research design, significance of the study and definitions to key terms provided information for the research, theory, and practice related to human resource development.

Finally, definitions were clarified for the reader to understand specifics of the study.

Chapter Two contains the review of literature and research related to the problem studied

and outlines the method of gathering literature, WLB issues, border crossers, and faculty.

Chapter 2

Literature Review

Introduction

The purpose of this literature review of (WLB) and women in Chair faculty positions is to show the importance of incorporating the large demands of the position and balancing a life with family. The impact this issue has on human resource development (HRD) in institutions is usually power driven and determines the success of the faculty member by sacrifices made outside of the institution. Work and life balance do not exist in a particular space; however, it is a self-motivated phenomenon largely dependent on circumstances surrounding it and viewed from how or why it is being experienced (Matheson & Rosen, 2012).

While the literature recognizes that women are earning a larger than normal amount of doctoral degrees, they are still less likely to be hired into tenure-track positions compared to men in any field within the medical institution (Penney et al., 2015). According to United States figures, women make up only about one-third of all faculty in full-time positions in medical institutions and these women typically hold lower ranking faculty positions (Penney et al., 2015). Women also fall behind in career advancement within institutions especially in practices, rank, and the opportunity to gain tenure. Tenure-track options are very much dominated by males even in today's institutions where women have the same ability to gain success.

To gain more insight into the literature, the researcher conducted a literature search using the Google Scholar database, EBSCO Academic Search Premier Databases, and The University of Texas at Tyler library database set up exclusively for the human

resource department by the director, accessed through The University of Texas at Tyler online library. Google Scholar is a widely used search engine for articles, books, and other literature required for research. It is a comprehensive collection of publications, related works, citations, and authors (Google, 2015). Keywords used in the search of both databases included "work-life balance," "human resource development," "faculty," "medical education institutions", and "female faculty." This search resulted in many articles through Google Scholar and journal articles through EBSCO. Four articles were borrowed from other libraries through The University of Texas at Tyler Library System. Studies focusing only on faculty with no basis of WLB were excluded. Other research articles excluded were those outside of HRD and medical education institutions. The remaining articles identified through Google Scholar were of interest due to the subject criteria of female faculty and WLB keywords in the abstract or titles. A number of articles were eliminated after reading the introduction and determining there was no connection to faculty, HRD, or medical education institutions as this is the focus of the study.

Once the researcher narrowed down the number of articles, categorizing was the next step in the review process. The articles were categorized by the subject topics of female faculty, WLB, Chair faculty, and future research needed about female faculty gaining higher level positions. The remaining articles were placed in a separate category to represent medical education institutions, gender-specific relations, and general WLB.

Theoretical Foundation

Work-life balance. WLB means being able to maintain a balance between work and family responsibilities on all levels (Meharaj, 2015). To maintain a WLB,

institutions realize that most faculty have become detached from the four walls of an office or cubicle space due to technology allowing them to become mobile in general not just as an employee. Faculty do not have the normal daily eight-hour shift that most employees have, even at the executive level. Most faculty are available to students, patients, and other colleagues at all times due to the nature of their work, which consists of patient care, research, and devotion to publications for advanced rank gain. It is important to gain knowledge of the medical workforce as it is usually considered a non-traditional working environment. Female faculty members often feel pressure to succeed and find equality with their male coworkers. As women enter the medical academia at a rate twice of what it was ten years ago, they still lack the ability to achieve the Chair level in comparison to male faculty. Research continues to "identify the tenure process as privileging men" (Penney et al., 2015, p. 461). The work requirements of academics often mean that other personal factors, such as time spent with a spouse, children, or aging parents, are more difficult, and women have a disadvantage due to the demands at home (Penney et al., 2015). Therefore, women faculty attempting to achieve tenure are often perceived by society as viewing work to be more important than family (Lester, 2015).

WLB lines have been blurred; thus faculty must try to gain some definition of work and personal time or space (Thomas, 2014). Compared to other faculty, women faculty with children have been found to be more likely to incur this blurred balance of work and family due in part to perceived problems within the institution with requirements of lack of child care and the necessity of after-hours work (Strong et al., 2013). Faculty leaders are often selected because of their dedication to research and

whose commitments to research, clinical care, teaching, and administrative responsibilities take precedence and must be balanced with demands at home (Strong et al., 2013). Women faculty are required to find a way to balance both or choose to put their career first while sidelining a family. Blurring these lines in WLB is definitely critical and demanding; however, it can be done.

Previous literature focuses on quantitative studies of WLB with generalizations of faculty in the medical academic institutions and does not focus on higher ranking positions such as Chair. This position is considered a leadership role for the academic department. The higher the ranking title the more work is required of the faculty member and this is where difficulty arises for women faculty to advance due to family demands. Some are single mothers, divorced, caring for aging parents, or possibly starting a second career. Prior studies conducted focus on men and women faculty comparing different levels of stress, time restraints, and lack of publishing to achieve a tenure-track position. The idea that a woman can achieve a Chair position is rarely, if at all, a focus of these studies. "Nationally, women comprise only 14% of tenured faculty, 12% of full professors, and 8% of medical school department chairs" (Fox, Schwartz, & Hart, 2006, p. 228). These staggeringly low statistics show that most women do not achieve high ranking faculty status, most likely due to finding a balance between the position and family. Despite significant changes to medical institutions over the last few decades, women faculty continue to spend more time on family chores such as housework, finances, and childcare for family members than men faculty do (Misra et al., 2012).

Work-family border. This theory examines borders as a means to characterize the work-family balance. Clark (2000) introduced this new theory to dispel the negativity brought on by work and family activities and to justify that the primary connection between the two is not emotions, rather human. The theory explains how employees navigate between work and family by negotiation and management of "spheres" and borders to attain balance (Clark, 2000). Clark (2000) explains the idea of border-crossers who are able to transition daily between work and family, focusing their attention on goals, interpersonal styles, and fit of domain to find a balance. According to Clark (2000), balance is defined as "satisfaction and good functioning at work and at home, with a minimum of role conflict" (p. 751). To develop the theory further, Clark (2000) examined literature and collected stories from published research and defined border theory, domains, border-crossers, border-keepers, and other domain members. Border theory also distinguished between boundary theory by emphasizing that borders encompass psychological categories and tangible boundaries divided by time, place, and people associated with work, not family (Desrochers & Sargent, 2004). The theory was designed to provide a framework using the central concepts discussed below to gain a better understanding of harmony within the family and work areas of people's lives (Clark, 2000).

Domains. Clark (2000) viewed domains between work and home differently, instead comparing them through borders or the point where one dominant domain behavior begins or ends. Some domains could be more powerful, therefore intruding on the lesser of the power domain. Faculty members in medical academia who are untenured face a powerful domain due to being vulnerable for notice of non-reappointment and tend

to be more likely to struggle with the institution's expectations and demands that will interfere with their family lives (Penney et al., 2015). Clark (2000) reverts back to Lewin's transitions from one domain to another as moving to another country. Some moves are easier than others yet most have a period of adjustment. When faculty members have both a home and work domain, it can be difficult to transition from one to another as the two domains begin to blend together.

Most faculty have the domains of "the workplace and the home, between weekdays and weeknights, and between the working week and weekends, holidays, and vacations" (Misra et al., 2012, p. 301). These domains will cross over at some point and time due to the nature of the position. Domains are also categorized by the faculty member's desired means at home and work. At home, faculty are caring and giving. At work, faculty are dedicated and responsible (Clark, 2000). These desired means can allow for many emotions to cross over within the same domains. This will become a problem for most women faculty as there will become no distinction between the two, therefore causing family to feel neglected or being seen as a weak faculty member in the medical institution. Clark (2000) specifies that segmentation between the two domains will allow for separate emotional and intellectual approaches; however, there is really no time for the separation of the two once they have been crossed because the individual cannot identify the difference, especially after several years.

Borders. Work seems to be a priority for most people so it is set up as the first point of focus, followed by family. Borders are foundations that help set the tone for the differences in work and family. Borders are essential to most employees. With faculty, there is a difference mainly in part of the settings where they work. Clark (2000)

describes three types of settings: working within four walls of an office; having set office hours; and the separation of thinking, emotional, and behavior patterns. None of these apply to faculty. Borders are set according to their "permeability," which is the degree at the exact point that other borders cross into another (Clark, 2000). With faculty, this can occur at home or at the office. This happens when there is an open office door leaving the faculty available to whomever walks in and at home it happens with family in the household not knowing limitations or having boundaries set. This will be distracting for the faculty and emotions can run high. This is especially true with female faculty as they become the main attraction at home when children are involved. Other duties such as cooking, cleaning, and taking care of personal matters allow these borders to cross over and she could become immune to her actions for both settings.

Flexibility or the extent to which a border contracts or expands at certain points of domain demands, becomes crucial allowing faculty to decide on when family and work domains are most important. Faculty choose where to place their focus at certain times providing flexible thoughts, ideas, and control of emotions (Clark, 2000). Allowing faculty flexibility to control the situation and choose between work and family is an excellent idea to separate borders; yet it will rarely happen due to their demands at work and home. There will be very little time to separate the two especially for women faculty who reach a high-level position such as Chair.

Blending is presumed to be a positive border according to Clark (2000). She emphasizes the ability to blend both work and family in a non-domain setting allowing for permeability and flexibility to come together working in sync to provide the best concept of domains. For faculty members who are mothers, this could be an advantage

as they tend to children in the morning while checking emails, taking phone calls, and checking in with other colleagues. The disadvantage would be for the children as they are not considered a priority, just part of mom's routine. This situation could be seen as a way to enrich the faculty home life of mothers while not completely abandoning her role at work (Clark, 2000).

Border-crossers. Border-crossers are defined as those who are "peripheral or central participants in either domain" (Clark, 2000, p. 759). Clark (2000) explained border-crossers as a byproduct of self-creation as a natural flow of transition from home to work domains and who are able to have an innate ability to alter their domains and borders to fit their needs. To a degree, they are central participants having internalized the domain culture, demonstrating competencies for responsibilities, connecting with others in the domain, and personally identifying domain responsibilities (Lave & Wegner, 1991). Greenhaus and Powell (2006) explained self-reported identifiers for enrichment (positive spillover), family life (caregiver for ill or disabled parent), and rewards (role privileges) of work to family and family to work that included positive relationships between work-related and family-related variables. It is the authors' beliefs that positive roles in one area can produce positive experiences and outcomes in the other by the transferring of this positive experience to the other role therefore; allowing the participant to take on a variety of roles, enhance their personalities when learning to be tolerant, flexible, and diverse role senders.

Border-crossers will seem to be the norm for faculty, especially women. In some medical academic institutions, flexibility plus the demands for promotion and tenure opportunities can make it more difficult to establish work-life boundaries (Penney et al.,

2015). Women faculty can achieve both by becoming border-crossers, allowing for the domains to stay separate, and making the transitions from work to family and family to work by learning to adjust and identify the two areas. They must negotiate the time spent with family and work and concentrate on the important elements while continuing to focus on self-identification and boundaries.

Faculty identify the influence of their affiliation with members of each domain which gives crossers the power to make changes to each domain, adjusting to work and home, providing satisfaction with each, and still achieving the goals of being in a higher power faculty position. By identifying the domain and responsibilities that go with it, faculty will be able to internalize the values of each domain and manage the borders creating motivation and reducing conflict (Clark, 2000). Women faculty can begin to gain control of their future by improving balance in domains.

Role balance. Role Balance Theory studies a general orientation across roles in WLB focusing on how adult men and women balance work and family demands (Bishop, Welsh, Lounsbury, & Norona, 2016). Role balance perceives the role-identity of the individual whether it is from a behavioral pattern or a cognitive affect pattern of "one's inner life of multiple selves" (Marks & MacDermid, 1996, p. 421). The behavioral pattern consists of responses across roles in a certain way, either internally or externally, and cognitive affect pattern reflects one's effort to control multiple inner responses such as "I" or "me" (Marks & MacDermid, 1996).

Role Balance Theory suggest this function of balance is typical for women as they function with multiple roles throughout their lifetime, and how they organize these roles determines how it will affect their mental and physical health (Bryant & Constantine,

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2006). An individual who is highly balanced can allocate resources needed to quickly and efficiently problem-solve and deal with situations to gain a harmonious life balance (Chen & Li, 2012). Despite changes in social status and gender roles within society today, it is still presumed that women take on this responsibility to balance and prioritize the multiple roles to gain success and stability (Bryant & Constantine, 2006).

Role balanced orientated individuals develop ways to problem-solve their situations or conflict allowing for greater flexibility in their lives. Individuals are able to shift perspectives, control mental thoughts, and adapt to situational demands allowing for desired balance across roles (Chen & Li, 2012). Different roles could conflict with each other; however, when compared to men, women are better able to adjust roles to accommodate these conflicts allowing for a rewarding, balanced mental and physical healthy lifestyle (Bryant & Constantine, 2006).

Women faculty are more at risk for an imbalance of short- and long-term goals as these role patterns become strained due to occupational stressors, time, energy, goals, and strain on WLB (Matheson & Rosen, 2012). Role balance tends to be an overall sense of harmony, satisfaction, and little conflict at work and home. However, when the two become out of line, the balance becomes dependent on different aspects such as time, involvement, and satisfaction between both roles (Bishop et al., 2016). Effort, devotion, and attention within the roles can result in either role ease or role strain (Marks & MacDermid, 1996).

Role ease. Role ease is designed to be independent of role strain and does not relate specifically to work and family roles (Voydanoff, 2002). It is an unspecified category and requires separate analysis due to the assumptions that individuals with

habits to retain full attentiveness to all their roles are perceived to optimize full balance of their role management systems (Marks & MacDermid, 1996). Most women find it difficult to be caregivers to children and aging parents, community leaders, and volunteers in addition to working full-time (Fairchild, 2003).

Usually, more women fall into this type of role; however, they manage to find ease with balancing all roles. They are able to separate identities of caregiver, wife, and employee, remaining stress-free and maintaining congruence between their roles due to values and behaviors having similarities (Lobel, 1991). Role ease will result when performing either work or family roles aids in the performance of the other (Voydanoff, 2002).

Role ease consists of any role carried out without much thought, intuition, or role performance standards. Role ease for women faculty can be difficult as many find increasing demands and accountability both at work and home. Increased working hours of 50 to 60 hours per week are the norm for most institutions which leaves less time for family, including children (Achour, Grine, & Roslan Mohd Nor, 2014). Women faculty who carry out their performance at work with ease do so without pressures of home, often making a deliberate choice to remain childless to accomplish career goals (Beckett, Nettiksimmons, Howell, & Villablanca, 2015).

Role strain. Role strain can be a mediator between work characteristics and family outcomes for the individual and cause poor health in the process, especially for women (Voydanoff, 2002). Stress created from the strain of taking on too many roles sets the total role system out of control and over demand of the individual allows for distress between work and family. The individual will have trouble complying with role

expectations and adequately meeting demands of obligations with work and family (Voydanoff, 2002). Women's work characteristics and family outcomes become stressed allowing for psychological distress and worry which causes exhaustion and weakness in their health (Voydanoff, 2002).

Different roles, situational barriers, and demands can affect the strain an individual feels when prioritizing roles. For instance, mothers feel guilty when they are unable to be available for their children (Fairchild, 2003). Increasing role demands at work have a negative effect on women as the household demands or duties become neglected. Time demands between work and family leave women feeling depressed, anxious, and stressed (Fairchild, 2003). All of these common problems lead to role strain.

Role strain consists of spending too much time and energy on non-significant things at work and home and causes stress overload in either area. Characteristics of role strain are not enough time to accomplish everything, high demand, no time for self, and feeling overwhelmed (Marks & MacDermid, 1996). Women faculty continually find it difficult to balance productivity and progress with having to "do it all," which causes strain on themselves at work and home; therefore, many make decisions to abort faculty positions due to the frustration (Beckett et al., 2015). It becomes increasingly difficult to receive recognition from peers and daily tasks become more constraining as pressures to publish often increase, consequently leading to a lack of promotion over time (Bonneville, 2016).

Career compromise. Gottfredson's theory of compromise "predicts that elements internalized at an earlier age will be more resistant to change than elements

internalized later in development" (Hesketh, Elmslie, & Kaldor, 1990, p. 49). This theory relates to compromise and why it is so difficult for women to engage in such prestigious academic roles. In comparison to choice, the theory is hard to test due to challenges determining the degree of attributes that are compromised including sex type, prestige-role, and actual occupational titles (Hesketh et al., 1990). The difficulties women encounter entering these nontraditional roles could be based on one of these underlying attributes and their relation to other underlying interests (Hesketh et al., 1990).

Job classifications become important when career compromise is faced by an individual. Classifications consist of interest types and prestige of the job. Classifications are realistic, investigative, social and enterprising, and artistic (Hesketh, Durant, & Pryor, 1990). Artistic and social classifications tend to attract more women and realistic and investigative classifications attract more men (Hesketh, Durant, & Pryor, 1990). Relationships between classifications and men and women are important in career compromise factors because of the importance of values, work needs, and aspects (Hesketh & McLachlan, 1991). The desire for independence, job security, and family activities contribute to eliminating career choices for some individuals as compromises related to ideal occupations arise (Blanchard & Lichtenberg, 2003).

Tough decisions lie ahead of women faculty regarding whether to postpone childbearing to pursue their career or take on care responsibilities of having children (Fox et al., 2006). Compromise for women faculty can be an option as heavy care responsibilities are considered short-term in duration, such as elder parent care and young child care, yet at the same time can have a lasting effect on their faculty status in the future (Misra et al., 2012). Biological clocks for women wanting to have a family can

collide with future career goals of tenured positions making difficult choices necessary (Fox et al., 2006).

Disadvantages of choosing an academic career over family and vice versa include sacrifices of staying single or childless to advance their medical academic career or leaving the career before reaching full professor rank or higher (Beckett et al., 2015). "Motherhood and academic life are greedy institutions that call for total commitment and dedication of their participants" (Bonville, 2016, p. 78). When women faculty choose family over career, they become more productive later in life, between 50 and 60 years old. They no longer fit into the career path placed by most promotion policies and at this point, no longer strive for this promotional path to a higher rank faculty position (Fox et al., 2006). This becomes their career compromise.

Empirical Studies

Much research on the lack of women in Chair positions focused on cultural and gendered values. Other studies examined the structures of the organizations as they relate to advancements and work experience, barriers to women advancing, and inequality to institutional structures (Conrad et al., 2010). Areas such as inadequate training to include political awareness, administrative skills, and research experience have also been studied to determine the barriers to women advancing in medical academic institutions (Gabbe, Melville, Mandel, & Walker, 2002).

Hierarchy in the field has also been studied to reveal how much faculty move in and out of leadership positions and length of service. Such studies have made no impact on the lack of women Chairs (Conrad et al., 2010). Out of studies on hierarchy, a lack of

inclusion and transparency occurring at higher levels leading to a lack of decision making within the organizations can develop into inequality (Conrad et al., 2010).

One study found the "physicians with academic appointments worked longer hours and had greater conflict between work and personal life compared with physicians who only had a clinical appointment" (Lindfelt, Ip, & Barnett, 2015, p. 1573). Several studies attribute this to limited career flexibility, organizational climate at these ranks, and incompatibility with personal goals for WLB (Gunn, Freund, Kaplan, Raj, & Carr, 2014). In another study, the current generation, known as the sandwich generation, consists of "up to 40 percent of those caring for children and parents at the same time, with the majority of this responsibility falling to women between work and home" (Sallee, 2008, p. 82).

Several studies find researchers arguing that high education cultures were built on traditional models with male dominance. For instance, "gendered organizations assume the foundation of male model that privileges masculinity and creates a strict distinction between male/masculinity and female/femininity roles" (Lester, 2015, p. 141).

One study related to role balance involving women school counselors explored their ability to balance multiple roles, including personal and professional, and maintaining life satisfaction. The study found the women enjoyed their jobs of caring for students' mental health needs; however, they neglected their own lives resulting in burnout and undue job stress (Bryant & Constantine, 2006).

Another study of role balance viewed the marital satisfaction of couples working who had children. The study sought to demonstrate role balance in the marriage and if both were satisfied within the marriage. The study results showed a positive relationship

between role balance and marital satisfaction (Chen & Li, 2012). It also suggested that marital satisfaction can be affected by the spouse's role balance causing bidirectional interaction (Chen & Li, 2012).

A study on career compromise sought to understand the factors associated with new graduates in the banking industry. The study was conducted on graduates in the social science and arts field in Australia. Employment in the banking industry would be viewed as a career compromise. These graduates entered the banking industry only after searching for a job in their field. Out of the 100 graduates, only 30 felt working in the banking industry compromised their career goals. The other 70 did not feel there was any career compromise as most had never worked before graduating (Hesketh & McLachlan, 1991). The study only focused on new graduates and not those who were long-term employees. Analysis concluded that the graduates had unrealistic expectations after graduation. Graduates felt they were not well received by others in the banking industry which allowed for the idea of compromising themselves to lower pay and workload and working outside their field of study, which resulted in a false sense of security in career compromise (Hesketh & McLachlan, 1991).

One career compromise study investigated the importance of occupational preferences, interests, and choices. Thirty-seven participants were surveyed using hypothetical job descriptions at three levels of status: high; moderate; and low. The results showed not enough evidence between the three predictors. The study found no support for the Career Compromise Theory due to "lack of confounded relationship among occupational interest, lower social group respondents were underrepresented, and

the predicted importance of the three could be found in this lower social group" (Hesketh, B., Durant, C., & Pryor, R., 1990, p. 105).

Women in Faculty Positions

Faculty are those who educate, participate in research, and treat patients. For an individual to establish him or herself as faculty, he or she must earn a higher education degree, particularly a Ph.D. or M.D., to be considered medical education faculty. All faculty at this level must remain board certified and carry licensure to keep a department in compliance with Accreditation Council of Graduate Medical Education (ACGME). This accreditation also relies on the faculty obtaining National Institutes of Health (NIH) grants to be able to continue to contribute to research within a specific specialty.

Women faculty have slowly been increasing in academic medicine. "Women have represented nearly 50% of U.S. medical school graduates" in the last ten years even as academic medicine is still considered a male-dominant field (Valantine & Sandborg, 2013, p. 2). As of 2013, a report by the Association of American Medical Colleges (AAMC) showed that nearly 39% of full-time faculty were women in fully accredited U.S. medical schools. However, they only account for "19% of full professors, 13% of department Chairs, and 11% of deans" (Valantine & Sandborg, 2013, p. 2). Even though the gender gap is showing signs of narrowing, women continue to hold fewer senior leadership positions, such as Chair, compared to men (Diamond et al., 2016). Women faculty are underrepresented at senior levels as the path to promotions is multidimensional due to scholarly productivity and publications. Lack of women faculty in leadership roles sets up a vicious cycle of inequality sending a message to other women faculty who are striving for a leadership role that choices must be made to

advance their careers by giving up personal lives (Valantine & Sandborg, 2013). Struggles begin at this point with WLB. This could also be due to "lack of female role models in leadership positions" in the medical academic institutions (Valentine & Sandborg, 2013, p. 2).

Faculty members have very little time and face many demands both inside and outside the institution. However, the burden still remains on the women. A survey conducted of 4,400 ranked faculty found that women with children spend on average 35.5 hours per week with them as compared to the 20.3 hours men spent with their children (Sallee, 2008). The numbers as of today more than likely have been reduced for both women and men as there are dual-working households with greater work demands. Faculty who are mothers do tend to have lower academic tenure rank or non-tenure rank than those who do not have children. Those wanting to gain tenure-track positions either delay or choose not to have children as this causes conflict with demands and pressures of gaining this status faculty position within medical academic institutions (Misra et al., 2012).

Another aspect of why women fail to gain senior-level leadership positions, such as Chair, is the climate within the institution. Academic climate is defined "as the formal and informal institutional attitudes and programs to promote gender equity in the workplace" (Carr, Gunn, Kaplan, Raj, & Freund, 2015). Failure to support women in academic medicine remains a problem because of dominating specialties by men, seniority, work hours dedicated per week, and grants obtained for future research. A qualitative study by Carr et al. (2015) was conducted to gain further understanding of how climate affects the advancement of women in medical academics. The results

showed five themes based on the responses received from the study. These consisted of "a wide spectrum in the perception of current gender climate, continued lack of parity in rank and leadership of gender, continued lack of retention, lack of equity in compensation by gender, and disproportionate burden of family responsibilities and work-life balance on career progression for women" (Carr et al., 2015, p. 191). All of these play a major role in the ability for women faculty in medical academic institutions to gain higher ranking positions such as Chair. Climates identified in the study relate to the good ole' boy system, who a person knows, and gender biases. These three climate descriptions are still present today in most academic institutions. The persistent scarcity of women in Chair roles is a national concern and continues to raise questions about access to mentors, career development opportunities, and work environments (Yedidia & Bickel, 2001). Chairs have the power to influence this change of process by promoting and mentoring women medical academia faculty through the higher ranks; however, until it is enforced, women will continue to face challenges (Yedidia & Bickel, 2001). Women will continue to be at a disadvantage until the glass ceiling is broken. In some instances, it probably has been.

This study aimed to find out if women in Chair positions have made major sacrifices in personal and professional goals, the amount of time dedicated to gaining this position, balancing roles of work and family, and just how they gained their position. Chair positions have major responsibilities toward the medical community as they represent the institutions, students, researchers, and colleges. The department Chair is responsible for the success and satisfaction of the faculty members they oversee. It is important they support the university policies and implement them in the department.

Therefore, Chairs are responsible for creating an environment conducive to WLB (Quinn, 2008). It is important to define their specific Chair position, the ranks climbed to achieve it, and time spent getting there so they understand their role once it is achieved, especially for other women faculty following in their footsteps.

Table 1

Literature Review Summary

Work-Life Balance	**Meharaj (2015)**	Defined modern means of balancing responsibilities on all levels
	Thomas (2014)	Found that lines are blurred between work and family
	Lester (2015)	Perceived societal view that women faculty attempting tenure put work first
	Fox, Schwartz, & Hart (2006)	Studied statistics on high ranking faculty to show most women do not achieve Chair positions
Work-Family Border Theory	**Clark (2000)**	Developed the theory of borders to work-life balance
		Illustrated link between domains, borders, and border-crossers
	Desrochers & Sargent (2004)	Determined that border theory included psychological categories and tangible boundaries in work (time, place, people)
	Lave & Wagner (1991)	Identified with domain responsibilities on an internalized level
Role Balance Theory	**Bishop, Welsh, Lounsbury (2016), & Norona (2015)**	Defined theory of adult men and women balancing demands of work and family
	Marks & MacDermid (1996)	Implied a behavior/cognitive pattern to role identity both internal and external
	Bryant & Constantine (2006)	Identified this as typical for women during their lifetime
	Chen & Li (2012)	Studied highly balanced individuals who develop ways to problem-solve and gain harmonious life balance
Career Compromise Theory	**Hesketh, Elmslie, & Kaldor (1990)**	Related compromise to three interests of an individual to include sex type, prestige-role, and actual job titles
	Hesketh & McLachlan (1991)	Defined relationships between classifications more important in career compromise factors (values, work needs, and aspects)
	Beckett, Nettiksimmons, Howell, & Villablanca (2015)	Identified the disadvantage of family versus career dependent upon sacrifice chosen to achieve goals
Women in Faculty Positions	**Valentine & Sandborg (2013)**	Established women represent nearly half of U.S. medical school graduates in a male dominated field
	Sallee (2008)	Identified that women with children spend more hours with them than men
	Carr, Gunn, Kaplan, Raj ,& Freund (2015)	Defined academic climate as formal and informal
	Yedidia & Bickel (2001)	Discussed the persistent scarcity of women in Chair roles and the challenges that will continue

Chapter Two Summary

Chapter Two discussed the literature from previous studies, theories, and relevant sections to help the reader understand why this study was necessary. The relevant literature reviewed was gathered from several established locations and narrowed down by topic to guide the reader through the generic points of WLB down to women in Chair positions within medical academic institutions. Theoretical foundations were examined to show the connections between history and current events. Empirical studies discussed the previous research findings.

Chapter 3

Design and Method

Introduction

This chapter details the qualitative design and method of the study developed to better understand the experiences of women faculty in Chair positions within medical academic institutions. This study sought to gain knowledge of the meaning and impact of WLB among those in such a prestigious ranked position in the institution. It was designed to see the faculty's perceptions of the position within their work environments and personal relationships. The qualitative research methodology deployed collected, analyzed, and interpreted the data. Due to the limited number of women faculty holding these positions, the research used constructivism as the core for the study (Merriam & Tisdell, 2016).

Research Questions

1. What are the advantages and/or disadvantages to gaining work-life balance while holding and retaining a Chair position as a female faculty member in a medical academic institution?

   a) Were/are there any advantages or disadvantages in gaining this position?

   b) How have these advantages/disadvantages allowed you to manage your career and home life?

   c) Are your personal domains and work domains flexible enough for you to be able to balance between the demands of the two?

d) As a female in this role, how are you treated by your peers in relation to the demands of the job and home life?

2. How do the demands required to sustain a Chair position as a woman affect the ability to achieve role balance at work and/or home?

   a) How has the ability to sustain your Chair position and a household at the same time allowed for you to maintain a balance in roles of the two areas in your life?

   b) Were/are there times, while in this position, that you found yourself feeling strained between your role at work and your role at home?

   c) Thinking about your roles at work/home, do you find yourself at ease with both?

   d) What do you attribute to your success of balancing one or both roles?

3. What important factors determine the decision to endure a career compromise, if any, on female faculty members in medical academic institutions?

   a) Think about the moment when you achieved your position as Chair. Were there any obstacles, barriers, or sacrifices endured to accommodate your new role?

   b) Throughout the course of your career, have you had to compromise anything, big or small, to achieve your Chair role as a woman?

   c) How did you cope with the decision and stay on track in your career?

   d) What allowed you to achieve the role of Chair?

   e) Do you plan to continue your role of Chair in the near future?

Research Context

The selected medical academic institutions were from the southern region of the United States. The institutions are accredited through the AAMC as this status brings forth faculty members who are required to maintain their licensures for practice. There were thirty-six female faculty invited to participate from these institutions located in this region. Participants came from both clinical and basic science fields within these regional medical institutions. Choosing participants from both allowed for a less biased study as one requires clinical participation and research and the other requires more research and little to no clinical participation.

Research Design

This study was a qualitative phenomenological design with a focus on women in Chair positions within medical academic institutions. Selecting this particular phenomenological design explored the real-world setting of the participant without influence from the researcher (Golafshani, 2003). The study described the meanings and significances of experiences for each participant (Tong, Sainsbury, & Craig, 2007). The design of the study involved conducting interviews with open-ended questions that can be related back to answer the research questions and determine the WLB of these women, if applicable. The study was based on anonymity using participants as the identifiers. The study was designed to gain knowledge of how these women faculty control their destiny and what sacrifices, if any, were made in WLB in the process of gaining a Chair position.

Of interest with this study were factors of stressing the need for finding WLB in such a power-driven position and how it is related to the institution and individual. It was

of great interest to this study to learn how WLB was addressed depending on family demands outside of the position. Chair positions require a demanding role in both the home and work. The design was focused on women faculty without limitations to ethnicity, children, spouse, or elders.

Theoretical underpinnings: research design. Theoretical underpinnings were accounted for during the design of the study to ensure proper information was collected throughout the interview process as the focus on WLB takes center stage of the study. These theoretical underpinnings discussed in detail in Chapter Two were used to determine if all or none of them affect the findings of balance in regards to women in Chair roles within medical academic institutions.

Clark's (2000) theory was viewed within the study to determine if there was a border that defines the nature of gaining a Chair position and having a family with the possibility of conflict in gaining such a prestigious role. Borders and domains cross regularly in this theory with influence on family and work. The participants' responses were used as a guide in determining the possibilities of themes relating to this theory.

The theory of role balance was viewed as possibilities of either role ease or role strain during the interviews as responses were viewed by the hesitation or immediate response of the participants. Drawing from the actions, tone of voice, and response time to questions that were used as secondary data collection, this theory was to show association with either. Specific situations the participant exposed during the data collection process served as a guide to determinates of this theory.

Career Compromise Theory was to be determined evident in the participants' current faculty rank, years of service, and length of practice. Participants' dedication to

their career showed compromise determinants depending on family status too. Difficulty determining compromise was shown at the rank of Chair and years in position. Career compromise could not play a factor at all depending on the goals of the participants. Determining factors for this theory was difficult.

Research setting. The setting was in a relaxed state with no pressures to answer questions with which the participant was uncomfortable. The research setting was deemed where appropriate for the study in a professional setting such as in an office, whether at home or on campus. It was located where the interviewee and interviewer had complete privacy as to discuss the nature of the study and answer the open-ended questions. The participants were allowed to help make a choice in this as their time and effort were being given to the researcher.

Study sample. This study's sample came from medical academic institutions in the southern region of the United States located through the AAMC that listed women in current Chair positions. Participants were from basic science and clinical departments within the institutions as these are the two divisional sections in medical academia. Participants were chosen purposefully for this study.

Role of the researcher. The role of the researcher was to become the instrument. Therefore, the researcher demonstrated a personal interest in the study while remaining unbiased (Marshall & Rossman, 1995). It was important for the researcher to gain credibility by disclosing characteristics of self, report any personal or professional information within the field of study, and to recognize the credentials, experience, and training brought to the study (Patton, 1999). In an attempt to understand the participants' position, the researcher became immersed in the details of the activities and events by

becoming part of the phenomena of study (Lee, 1992). Since the researcher had substantial involvement during the research process, the researcher had to continually render transparency through the methods by which data was collected, analyzed, and presented (Horsburgh, 2003).

The researcher guided participants through the interview and questioning process. The researcher remained calm, friendly, and showed ability to read interpretations of the participant to determine if they were uncomfortable at any time during the process. The researcher stayed on track with the open-ended questions as not to lead or guide the participant toward any particular answers. The researcher was able to conduct interviews in a specific time set for the participant. The role of the researcher was to ensure anonymity for the participant by changing her name to "participant" and not identifying the department she chairs.

Reliability and Credibility

Reliability and credibility allowed the researcher to gain trustworthiness by requiring certain strategies. These consist of member checks, audit trails, rich detailed descriptions, and triangulation. Reliability can be defined as the "purpose of generating understanding" (Golafshani, 2003, p. 601). It allowed for consistency in the data as it was analyzed (Leung, 2015). The stability of the data confirmed reliability was met (Anderson, 2010). Credibility was dependent on the confidence of the researcher to be truthful of the research findings (Golafshani, 2003). It was important to include personal and professional information about the researcher that could have affected data collection and analysis to establish credibility (Patton, 1999). The methods chosen allowed for the researcher to study women as the primary instrument and be able to interpret

observations from the individual interviews (Merriam & Tisdell, 2016). These methods allowed the researcher the opportunity to conceptualize the problem or purpose of this study related to WLB (Merriam & Tisdell, 2016).

Member checks. Member checks strategy was used for reliability consisting of the researcher and participants viewing emerging themes from their interview. During the coding process, researcher results were reviewed to reflect the similar findings within each interview. This strategy was conducted throughout the coding process to guide themes and findings. It allowed for limited bias of the researcher's observations as the results and study progressed.

Audit trails. Audit trails were performed using detailed accounts of methods of data collecting and decision points during the study (Merriam & Tidell, 2016). The researcher continually kept accounts of data collected, notes, and other problems that occurred for review during the process. This process allowed for a running record of each meeting with all involved to include emails, phone calls, and other forms of communication. The data was systematically checked and interpretations were monitored and continuously confirmed for accuracy (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

Rich detailed descriptions. Rich detailed descriptions were used during the entire process, especially with interviews, allowing readers to have a direct description of the extent of all situations at the present time. Descriptions provided highly detailed information pertaining to settings, findings, and evidence presented in the form of quotes taken from the participants' interviews in context, therefore allowing the readers

information for future transferability in further research (Merriam & Tisdell, 2016). This study on WLB allowed readers insight for possible advanced research.

Triangulation. Triangulation was used to reduce systematic bias in study findings to guard the researcher from possible accusations of single biasness (Patton, 1999). Data sources were compared and cross-checked for consistency of information derived from each participant (Patton, 1999). The researcher compared observational data with interview data for consistency in perspective to the study (Patton, 1999). Using triangulation helped to produce understanding of the data and findings (Cohen & Crabtree, 2008). Reviewing the transcriptions and data from the coding of the interviews allowed for multiple measures to be revealed that the researcher may not have viewed or conceptualized during the process. This measure ensured credibility of data and allowed the researcher an opportunity to collect this data, advanced findings, and categorize the collective action reducing concerns for single source blinders (Merriam & Tisdell, 2016). Credibility was built during this triangulation process by clarifying and recognizing the participants' identity, credentials, and experience within the findings as readers have the ability to view how these factors could influence the researcher's observations and interpretations (Tong et al., 2007).

Data Collection

A qualitative research study was conducted for data collection with the researcher being the main instrument. Primary data collection approaches were semi-structured personal, in-depth, one-to-one interviews. This was a time-consuming and lengthy process. The collection process required flexibility on the researcher's account. Observations during the interviews were used as non-verbal communication during video

conferencing interviews. Observations through phone interviews included listening for hesitation, speech changes, and tone of voice.

The focus was on women faculty in Chair positions at medical academic institutions. They were recruited through the AAMC and AMA. These interviews gave an account of how the women gained their position and what measures it took for them to achieve it. Some measures included tenure-track, moving to a different institution, less time off with family, or ignoring hobbies.

Observation notes, audio recordings from interviews, and documentation review of the interviews were used as secondary data collection approaches. Due to the nature and length of the interviews, it was important to take notes during each interview to capture the moments of data accurately and systematically. This helped the researcher gain insight into attitudes, feelings, and other behaviors of the participant that are non-verbal. Reviews of the interviews were given more precise results instead of generalizing interviews. This gave the researcher a possible opportunity to seek a general pattern of themes.

The advantages of this data collection approach were to generate deeply detailed data and provide behavioral context for women faculty. By providing a personal account for the position these women hold, the focus of the data was to provide reasons of why and how they pursued this title. Disadvantages of this data collection approach included the amount of time required to complete the interviews. Results of a qualitative study could also be questionable research as quantitative is the norm for researchers.

The primary data collection procedure was through interviews. Interviews were approximately one hour in duration with a target time of 45 minutes. This time frame

allowed for working with the schedules of the participants and researcher as time was limited as expected for the participants. Single, one time interviews were conducted for each participant with interviews occurring on any day of the week to allow for accommodations to schedules and time of the year. Interviews were expected to gain insight into perceptions, opinions, feelings, emotions, and personal and professional experiences. They grasped the interpersonal relationships and environment of the medical academic institution and home life of the participant. As previously mentioned, interviews were held through video conferencing and phone. These various methods allowed for a more flexible schedule and greater chance of participation due to the distribution area of the participants and their schedules. The IRB approval documentation was provided to the participant during the invite to participate in the study and a verbal agreement was obtained upon starting each interview. The participant was aware of this information and was guided through the interview with open-ended questions allowing for each to be able to express their true statements and thoughts. Interviews were conducted in a quiet, dedicated space for the participant and researcher with little to no interruptions to allow for privacy.

 Once the individual interview began, the researcher initiated taking notes and observed behavior. Notes dictated the participant's thoughts, feelings, emotions, and verbal and non-verbal language depending on the method of interview. Each participant had the opportunity to address all thoughts, questions, and concerns about the interview conducted while the researcher maintained control of the interview.

Relevant documents pertaining to the medical academic institution's policies on the responsibilities of Chairs were studied by the researcher, if available publicly, as

supplemental information to better understand the role and demands of the position in comparison to the actual participant interview. If there were no policies in place at the medical academic institution, this supplemental information was excluded and based on the individual participant interviews.

After the interview concluded, the participant was thanked and informed of when the study was expected to be completed. They will be provided a copy of the study if requested. Researcher contact information was provided to each participant if there was any additional information they wished to provide or had further questions about the process of the study.

Data Analysis

Data analysis began immediately after the first interview was completed in an effort to capture the essence of the participant and while the interview was at the forefront of the researcher's mind. This allowed for all of the secondary data to be taken into account from the actual interview. Secondary data was added to the interview dictation as to be kept in order for future interviews and research. There was "an overall inductive and comparative analysis" performed to get the best data analyzed (Merriam & Tisdell, 2016, p. 237).

Interviews were transcribed by the researcher into Microsoft Word® as a document for ease of reading during the entire interview process and for ease of reading all dictated interviews once completed. Interviews were stored on a thumb drive for back up protection as well as all documents, dictations, and continuous work of the research project. The editing format was locked as to elude anyone from changing, adding, or deleting information with the exception of the researcher. Recorded interviews and

transcribed documents were made available to all participants. Other information from interviews was taken into account during the analyzing process. During the analysis process, research questions were viewed in an effort to answer them.

Once all interviews were completed and transcribed, initial coding was completed on each. This was achieved by using NVivo, "computer-assisted qualitative data analysis software (CAQDAS) developed by QSR International (Melbourne, Australia), the world's largest qualitative research software developer". (Wong, 2008, p. 259). This software allowed for qualitative inquiry beyond manual coding, data analysis, and assigning categories to find themes. Initial findings and coding schemes developed as each transcribed interview was processed. After all initial coding was completed; the researcher broke down the codes for each interview summarizing specific codes and themes from each document. The researcher created a final coding scheme and defined themes. The findings were pulled from each coded interview.

The researcher continued with aspects of narrowing down themes to reflect the study pertaining to WLB. Themes pulled from earlier accounts as mentioned above were used as a guide to creating more defined themes. This allowed for limited bias, forcing themes, and judgments of the study. Themes were reviewed for frequency in each interview. The most frequent themes were pulled and placed in a spreadsheet format. This allowed for final coding schemes to develop. Original themes and new themes emerging from the cumulative codes were grouped together to show the final themes.

The researcher held no bias to the study as the phenomenon of WLB is a struggle for everyone. Interest in the study developed out of the researcher's study of the topic throughout the educational program in which she is enrolled. The researcher does not

hold this position now and will not in the near future. However, the researcher was exposed to this Chair title in previous employment at a medical academic institution. Overall, the researcher's goal was to add to research pertaining to WLB, women in higher education, and Chair positions. Data were informed throughout this study with no bias.

Assumptions and Limitations

Assumptions for the study showed that women do not pursue the position of Chair in medical academic institutions since the demands required of it take away from family obligations such as parenting, taking care of elders, and tasking the position itself. Chair positions remain leadership roles for the institution and are still male-dominated in appointment. Women want the role and title of Chair so they become career focused and do not desire to gain in personal obligations such as marriage and children.

Some major limitations exist regarding social concerns, negative perceptions of work and organizations, negative personal concerns, and changes in the participants' work environment. Negative perceptions and concerns can also be carried over from work to home causing low morale in both places. Social concerns affect the environment for women as the possibility of participants showing regret in taking the position as delineation among other faculty were not respected. As a woman in a Chair position, they may well be exposed to harassment, fear of retaliation by male counterparts, and singled out by other women faculty members as to how she obtained such a prestigious position.

Limitations of the study could prevail due to lack of participant responses to request for participation and time restraints on the participant. Some may find the study useless to HRD and the contributions to future research. Time limits due to the

participant's schedule could prove to be difficult for participation. Participants might

have a bias to the position due to events in their careers preventing them from achieving

other domains of their lives such as children not understanding that WLB is directional to

human resources and their position.

Chapter Three Summary

Chapter Three discussed the design and method of the qualitative research study.

The plans were laid out in accordance with a brief introduction to the study. It was

followed by a brief statement of the study's purpose. Research questions were reiterated

from Chapter One. The main study design was given and the research setting was

visualized for the readers. Participants were detailed as to how the study located,

recruited, and gathered women in Chair positions with details of how the researcher

played a role and was involved in the study. Data collection approaches, procedures, and

analysis gave the reader a sense of the how the results were collected, processed, and

viewed to achieve results. The importance of reliability and credibility were stressed

through reiteration from Chapter One. Finally, possible limitations for the study were

given.

Chapter Four

Findings

This chapter presents results of the data collected and analyzed in this study. The purpose of the study is presented again for review. Next, the overview of the participants and their demographics are presented and described to provide background for the study. Findings are presented for each research question and connected interview questions are outlined. These findings are supported by themes revealed in the coding process of the participant interviews and described in detail to include portions of the coded transcripts from participants. Chapter Four concludes with the findings.

Purpose of the Study

The purpose of this study was to examine the influence of WLB on women who hold Chair faculty roles within medical academic institutions. The study expanded on previous research and theories examining WLB. It focused on women's determination to gain such a role and the affects, if any, to having a family. The study included generational cohort, parental status, marital status, and years in the position as related to their ability to produce equilibrium of WLB.

Research Participants

There were 10 women who responded to invites and agreed to participate. Participants were chosen purposefully from medical academic institutions located through the AAMC from the southern region to include Texas, Oklahoma, Mississippi, Alabama, and Florida and held current Chair positions. Figure 1 provides information for each participant's location. All participants were in full-time Chair positions within their

respected medical academic institutions. Individual interviews were conducted over a period of five months. Each participant was provided the IRB-approved consent (see Appendix B) for participation and demographic information (see Appendix D) was received at the time of scheduling the interview. Interviews were scheduled through email with assistance from the participants' personal assistants in the departments. On the designated date and time of the interview, the participants were asked permission to begin recording the session. Once recording was started, the IRB consent was reviewed for understanding of what the processes would be and why. The participant was asked to state understanding of IRB in detail.
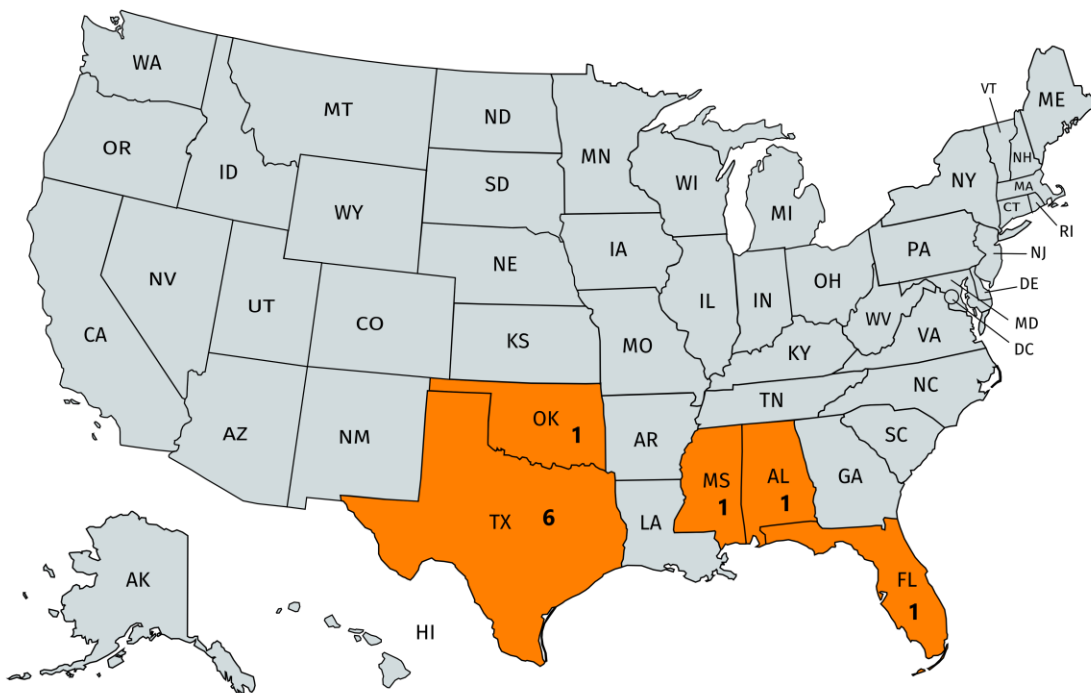
Figure 1. Geographic location of participants. N=10

Demographics

  The ten female Chair participants who chose to participate in this study were provided with a list of questions about demographics including generational cohort, race, children living in the household, aging parents in the household and marital status. Years as academic Chair was also included, however it was not part of the demographical information document. Of the 10 participants, three (30%) were identified as members of the Silent Generation born from 1945 and before, six (60%) were identified as Baby Boomers born between 1946 and 1964, and one (10%) identified as Generation X born between 1965 and 1979. There were nine white participants and one black participant. Four (40%) identified with children living in the household, while six (60%) identified with having no children living in the household. All participants identified with having no aging parents in the household. Nine (90%) were married and one was not (10%). Years of academic Chair ranged from one year to twenty years (see Table 2).

Table 2

Female Chair Demographics	
N=10	
Generational Cohort	
Silent Generation	*3*
Baby Boomers	*6*
Generation X	*1*
Race	
American Indian	*0*
Asian/Pacific Islander	*0*
Black/African American	*1*
Hispanic	*0*
White/Caucasian	*9*
Other	*0*
Children Living in Household	
Yes	*4*
No	*6*

Aging Parents Living in Household
Yes	*0*
No	*10*

Married
Yes	*9*
No	*1*

Years as Academic Chair
1-5	*6*
6-10	*1*
10-15	*2*
15+	*1*

Research Findings

The findings for the research questions stated in previous chapters are addressed using the coded interviews from the participants. The researcher used the data collected from the coding process to develop themes that correspond to the interview questions that relate to the research questions. The analysis includes direct statements from participants to detail the significance of each research question.

This analysis was obtained through the process of semi-structured interviews guided by a phenomenological study. This structure permitted themes to emerge upon saturation of data. It gave an in-depth understanding of women in Chair positions gaining WLB throughout the course of their tenure as Chair. Their experiences and dedication to finding this balance was expressed during the interview process. This process consisted of participants answering semi-structured interview questions (see Appendix B). These answers helped to support the research questions leading from theories addressed in Chapter Two. There were three research questions with additional interview questions for each permitting more information to be revealed by each participant.

Research Questions Restated

1.   What are the advantages and/or disadvantages to gaining work-life balance while

holding and retaining a Chair position as a female faculty member in a medical

academic institution?

     a.   Were/are there any advantages or disadvantages in gaining this position?

     b.   How have these advantages/disadvantages allowed you to manage your

        career and home life?

     c.   Are your personal domains and work domains flexible enough for you to

        be able to balance between the demands of the two?

     d.   As a female in this role, how are you treated by your peers in relation to

        the demands of the job and home life?

2.   How do the demands required to sustain a Chair position as a woman affect the

ability to achieve role balance at work and/or home?

     a.   How has the ability to sustain your Chair position and a household at the

        same time allowed for you to maintain a balance in roles of the two areas

        in your life?

     b.   Were/are there times, while in this position, that you found yourself

        feeling strained between your role at work and your role at home?

     c.   Thinking about your role at work/home, do you find yourself at ease with

        both?

     d.   What do you attribute to your success of balancing one or both roles?

3.   What important factors determine the decision to endure a career compromise, if

any, on female faculty members in medical academic institutions?

a.   Think about the moment when you achieved your position as Chair. Were there any obstacles, barriers, or sacrifices endured to accommodate your new role?

b.   Throughout the course of your career, have you had to compromise anything, big or small, to achieve your Chair role as a woman?

c.   How did you cope with the decision and stay on track in your career?

d.   What allowed you to achieve the role of Chair?

e.   Do you plan to continue your role of Chair in the near future?

The questions labeled with alphabetical letters were asked of each participant in the order listed here. All participants were given ample time to reflect and answer each interview question in detail. Each interview was recorded and transcribed. Participants were informed of the process and were allowed to verify their understanding of how the responses provided drove this study and its results. Transcripts were loaded into the NVivo qualitative analysis software to assist with coding themes within each response of the questions. The researcher used the coded themes identified with the software to compare with hand-coded themes. The revealed themes from these questions and coding processes are detailed as follow.

Interview Question One Themes

Interview question one (a). Were/are there any advantages or disadvantages in gaining this position?

Chairs were asked about advantages or disadvantages in gaining the position. The question was asked to get a better understanding of how the participant viewed her development into this position and to learn of her current state of holding this position.

Once this question was coded, three themes for advantages were identified: (1) growth

opportunities; (2) personal, financial satisfaction; and (3) leadership and decision maker

opportunity. There were three themes identified as disadvantages after the coding

process: (1) no downtime; (2) limited clinical time; and (3) no formal administrative

training. Table 3 identifies the number of responses for these themes related to question

one (a).

Table 3

Interview Question One (a) Themes

Themes	*N*
Advantages	
Growth opportunities	4
Personal, financial satisfaction	3
Leadership, decision maker opportunity	3
Disadvantages	
No downtime	5
Limited clinical time	4
No formal administrative training	2

Interview question one (a), theme one advantage: growth opportunities.

There were four participants that responded to this interview question specifying there

were growth opportunities within their institutions that came with the Chair position.

Identifying this theme stood out as these four participants acknowledge and emphasized

the utilization of these opportunities. Overviews of responses for this theme are

presented in Table 4.

Table 4

Interview Question One (a), Theme One Advantage: Growth Opportunities

	Participant Responses
Participant	
P1	I've had a wonderful opportunity to work with faculty and some wonderful staff over the years, and it has been very fulfilling for me. I think it has been a wonderful opportunity.
P3	It has afforded me the opportunity to learn volumes about aspects of medicine and medical school administration that I probably never would have investigated or learned that much about had I not been in this position.
P7	You get a lot of growth opportunities as a Chair.
P10	Career advancement, there's been a huge gain. I love it.

Interview question one (a), theme two advantage: personal, financial satisfaction. With coding completed, three participants responded to this interview question by indicating there was an advantage to gaining their Chair position to include personal, financial satisfaction. These participants expressed happiness with the increase in their pay that went along with increased responsibilities of the job. This theme was identified very clearly by these participants during the interview as well as during coding. Overviews of this theme are represented in Table 5.

Table 5

Interview Question One (a), Theme Two Advantage: Personal, Financial Satisfaction

	Participant Responses
Participant	
P3	It gives me a lot of personal satisfaction. I found that I really enjoy the whole process of hiring faculty members, helping them to develop their academic careers, and improving our entire academic and clinical operation. And obviously there are financial advantages as well, and so you can't deny that adds attraction as well.
P6	It is the ultimate service in academic medicine to become a Chair and be a

	part of the triple aim of education and clinic service and research. So as a committed educator and somebody committed to academics, this is the ultimate of that path to be a chairman.
P7	And then, of course, you get a higher paycheck, which is an advantage.

Interview question one (a), theme three advantage: leadership, decision maker opportunities. The coding process revealed three participants responded to the advantages of question one as being able to have leadership and decision-making opportunities for their respected departments that otherwise would not have been possible without being in a Chair position. These women talked in depth of the impact of becoming Chair and being able to have the ability to control their department to include managing other faculty, representing them, and building their department to gain success within the institution. Overviews of responses are represented in Table 6.

Table 6

Interview Question One (a), Theme Three Advantage: Leadership, Decision Maker

Opportunities

	Participant Responses
Participant	
P2	So it puts you at a position where I can make decisions, be a leader for our department, represent them really well. I think there's an advantage to being female and that I've been known to recruit a lot more women to my department in particular.
P8	Because of this position, I had the authority to structure the department and run the department in a way that I thought best, not just me but the mission of the department, for the other faculty, for our future. So being in that position gave me authority to set up agendas, make appointments, and to create a department that was as close as possible to what I thought was ideal.
P9	I think the advantages to having leadership positions like this are always going to be the ability to have more impact over the design and development of whatever it is you're Chair of. To make sure that the right people get on that bus, in leadership terms, that you can have the right

	people on the bus.

Interview question one (a), theme one disadvantage: no down time. After the

coding process was completed, there were disadvantages that prevailed from the

interviewed participants. There were five participants in agreement that there was no

down time for themselves, family, or friends. The typical day did not start at eight in the

morning and end at five in the afternoon as with most jobs. Their job as Chair was

revealed to have heavy dedication to the needs of the department. Overviews of coded

responses are represented in Table 7.

Table 7

Interview Question One (a), Theme One Disadvantage: No Down Time

	Participant Responses
Participant	
P3	I am working harder than ever. So you think when you get farther along in your career and you have more senior responsibilities in a leadership role that maybe you have more opportunity to have more down time. Well, that's absolutely not true. I have almost no down time now. And work-life balance can be very challenging.
P8	So if a problem is not solved by 5 o'clock, you can't go home. You have to stay and solve the problem. So that means, in a lot of situations, spending a lot of extra time at work and off hours, weekends, things like that. If something goes wrong, then it doesn't matter what time it is or what day it is. I have to stop everything and try to help solve the problem.
P9	The main disadvantages are that there are always a lot of associated meetings, and process, and many sort of, I would say, non-creative parts to being in a leadership position that are time-consuming, not necessarily time-wasted but time-consuming, and can often detract from the creativity that you hope to bring to such a leadership position.

Interview question one (a), theme two disadvantage: limited clinical time.

Four participants responded to this interview question indicating their limited clinical

time was a disadvantage to being in their Chair positions. This theme revealed when the

participants took on a more administrative role in the department there was little to no

time for them to see patients in a clinical setting and this was something that most found

upsetting as they enjoyed the opportunity. Overviews of the coded responses are

represented in Table 8.

Table 8

Interview Question One (a), Theme Two Disadvantage: Limited Clinical Time

	Participant Responses
Participant	
P3	Many department Chairs give up a lot of clinical work that they do. I haven't given up as much as most Chairs do. I'm still probably doing 50% clinical time because of my subspecialty and finding faculty.
P4	I think the most challenging disadvantage is limited clinical time. And for me, because we are an academic program, obviously, is limited educational time.
P6	I'm not able to practice clinical medicine as I have done my whole life, and it's like riding a bike and it's also that I'm at the apex of my skill set as a clinician and a surgeon. I haven't operated or seen a patient in four months. So my primary love and reasons for going into medicine are put aside for administrative issues in developing this new department.

Interview question one (a), theme three disadvantage: no formal

administrative training. Once coding process was completed, a final disadvantage

theme was revealed and identified by two participants. This theme was identified by

looking at the ability to lead as a department Chair from an administrative side. Most

participants concentrated on the personal disadvantages to achieving their Chair position;

however, the lack of formal training was mentioned by two participants. Overviews of

the coded responses are represented in Table 9.

Table 9

Interview Question One (a), Theme Three Disadvantage: No Formal Training

	Participant Responses
Participant	
P3	It was a very steep learning curve. I was not prepared when I got the job in the job. There was much that I had to learn. I had not really been involved with the department on finances all that much up to that point in time, even as vice Chair. And so I had to learn about that. In order for me to a do a good job, I asked if I could hire a coach for the first year to help me. I hired a coach for the first year. And that was so successful, and I learned so much.
P5	I think the biggest disadvantage for me is the fact that our training doesn't really prepare us to lead a department. Our training is strictly in the sciences, then transitions to clinical care. And so most of us did not have any formal curricular instruction in undergraduate or medical school. Very few people get any formal instruction on leadership, management, finances, etc. As a result, there is a lot of on-the job learning and, unfortunately, learning by trial and error.

Interview question one (b). How have these advantages/disadvantages allowed you to manage your career and home life?

Participants were asked to identify how the previous advantages and/or disadvantages allowed them to manage their career and home lives during their positions as Chair. Once coding was complete, two themes associated with advantages were identified: (1) receiving mentoring and (2) support from others. One theme emerged from the coding associated with disadvantages: impact to be home. Table 10 identifies the number of responses for these themes related to question one (b).

Table 10

Interview Question One (b) Themes

Themes   *N*

Advantages

Receiving mentoring	3
Support of others	5

Disadvantages

Impact to be home	4

Interview question one (b), theme one advantage: receiving mentoring. After

the coding process was conducted, the results revealed that receiving mentoring, whether

from outside or peers, helped establish boundaries and approval from others within their

departments and institution. Mentors allowed the Chairs to gain more confidence in the

administrative and financial side of the position. Most of the mentorship occurred

because the Chair asked for the assistance to better prepare for this type of role.

Overviews of the coded responses are represented in Table 11.

Table 11

Interview Question One (b), Theme One Advantage: Receiving Mentoring

	Participant Responses
Participant	
P3	I had really a deficit of faculty members so I needed to do a lot of faculty hiring, but I didn't have a lot of financial authority to work with, so I needed a lot of help with that. I think I might have not been so successful had I not really had somebody to really give me some extra training beyond what I had up to that point in time.
P4	I have been incredibly fortunate to work with a group of other Chair colleagues that are supportive and collaborative.
P5	I benefited greatly from some fabulous mentors, sponsors, and advocates that really helped pave the way for me and helped me avoid some of the landmines out there. One of the good things about a mentor who's experiencing the same thing really helps provide you input of what works for them, what problems, things to look for, avoiding pitfalls. So mentors are absolutely key in that respect.

Interview question one (b), theme two advantage: support of others. For all ten participants, at some point, managing their career and home life came with support of others to include spouses, children, other faculty, friends, and hired help. Support was described by several participants as simply having time with family while others needed the support of their spouse to be able to succeed in their Chair position. Overviews of coded responses are represented in Table 12.

Table 12

Interview Question One (b), Theme Two Advantage: Support of Others

	Participant Responses
Participant	
P1	I live with one of my best friends. And I think she has the same philosophy I do of being very committed to her job. And, so I think we've supported each other, but at the same time, we've been committed to our work.
P3	Fortunately, I have a husband who is very supportive, so I've been able to manage that.
P4	You have the opportunity to really collaborate with other departments across the institution when it comes to shared vision, shared goals.
P6	So I'm commuting on the weekend, and we have a lot of FaceTime at night to try to keep things together, and we have some vacation homes that we meet each other at. So it's been ok for me because I have so much work to do that if I get home at eight at night and I haven't organized dinner, its okay. He's very supportive of my career and very proud of me.
P7	And, then the support it requires. I probably call on more support from my family than I did before. So, my family and friends, I go to them more often for advice than I did before.

Interview question one (b), theme one disadvantage: impact to be home. This theme was identified during the coding process as negative due to the expressed feelings of missing out on things with family. Missing out on family dinners, children's events, and activities occurring with the participant's home life were just a few details

where emphasis was placed. The participants revealed this comes with the leadership

position and they are not alone in this area as females. Overviews of coded responses are

represented in Table 13.

Table 13

Interview Question One (b), Theme One Disadvantage: Impact to be Home

	Participant Responses
Participant	
P2	And so it does definitely impact my ability to be home for dinner. Usually, I can make things after 6:00. And not being there when my daughter gets up and goes to school and stuff.
P4	I think when we have deadlines and goals and projects, we tend to compromise those things that are important, but not critical and so instead of the going to the park with my family, I'll stay home and work on emails.
P5	There's no firewall between work and home and there's no balance between work and home. It's just a matter of if you can successfully integrate the two.
P6	They have not so positively impacted my home life because my husband is still at another institution and did not want to leave to join me here. He'll either retire, take a positon here, or something like that eventually.

Interview question one (c). Are your personal domains and work domains

flexible enough for you to be able to balance between the demands of the two?

Participants were asked whether there was balance between their home and work

life enabled by the flexibility with their Chair position. This was a yes or no question

with eight yes answers and two no answers from the participants. The Chairs elaborated

on why it was a yes or no answer and themes emerged. After the coding process, three

themes were identified: (1) no flexibility; (2) neglect of personal hobbies; and (3) need

outside support help. Table 14 identifies the number of responses for these themes

related to question one (c).

Table 14

Themes	*N*
No flexibility	3
Neglect of personal hobbies	2
Need outside support help	4

Interview question one (c), theme one: no flexibility. These coded themes

exhibited how the Chairs took on the roles of home and work with flexibility between the

two to find balance in their lives. Of the ten Chairs, two found no flexibility in the two

domains. Overviews of coded responses are represented in Table 15.

Table 15

Interview Question One (c), Theme One: No Flexibility

	Participant Responses
Participant	
P2	I don't think domains exist. I don't think that there is a way to do both domains and not miss something. I'm either going to miss a meeting because I want to go to my daughter's game or, when they were younger, pick them up from school or anything like that.
P4	I don't think they are their best. I don't think I have found the magic combination, if that makes sense. I don't know if balance exists. I think there is a give and take but I want to feel like I'm keeping it in the middle of the road. So I don't think I'm there yet, but I definitely recognize that if you don't do this with intentional effort, that it won't happen.

Interview question one (c), theme two: neglect of personal hobbies. Chairs

expressed the need to give up hobbies such as gardening, exercising, and other activities

that are enjoyable to them due to work schedules and demands in their jobs. This theme,

identified through coding, allowed them to reflect on these hobbies and how they felt about giving them up or not actively participating at this time. Overviews of the coded responses are represented in Table 16.

Table 16

Interview Question One (c), Theme Two: Neglect of Personal Hobbies

	Participant Responses
Participant	
P2	I work nights so I can be with my family. And that means I can be clinically awake when they're not wake. That gives me more time at home at the cost of less sleep. I give up sleep.
P6	I have a problem that I put so much energy and focus into this role that I have neglected hobbies, exercise, etc. So I'm not very good about the work-life balance thing.
P8	I had to set aside some hobbies that I had when I assumed the responsibilities here. I couldn't do my tennis lessons anymore. I had to give up my garden because it was too hard to keep the weeds out.

Interview question one (c), theme three: need outside support help. Four participants found it was necessary to have outside support help such as a nanny, housekeeper, or personal assistant to help with everyday things to include cleaning their homes, running errands, taking care of children, cooking dinner, and any other personal things they either did not want to do or did not have time to do themselves. Overviews of the coded responses are represented in Table 17.

Table 17

Interview Question One (c), Theme Three: Need Outside Support Help

	Participant Responses
Participant	
P5	One of the benefits of being a physician is you can afford to hire support. So fairly early on, I learned the advantages of having a

	housekeeper, a nanny, even having people grocery shop for me.
P6	So when my kids went to college, I did not get rid of my nanny. She became my house manager and housecleaner, and she took the car in for repair, and she did all the tasks that I would be doing if I was at home and not working.
P7	So you have to choose what you're going to spend your time doing and what you're not going to spend your time doing. So I use the example: I really do not like to clean my house, and I don't like to do the laundry or ironing. I hire that out. I still have a nanny at my age. She takes care of me. My own kids tell me "Mom, you're so spoiled! You have a nanny."
P8	And then I had a housekeeper make sure that while the kids were at school she got all the housework done, sometimes she would even cook for us.

Interview question one (d). As a female in this role, how are you treated by your peers in relation to the demands of the job and home life?

Chairs were asked to explain how they were treated by their peers in relation to the demands of the job and also their home life. As each participant reflected on the roles, most had positive responses. There were a few that recalled some hardships during the beginning of their careers; however, the hardships passed quickly. After the coding process, three themes emerged: (1) respected by peers; (2) supportive faculty; and (3) no difference. Table 18 identifies the number of responses for these themes related to question one (d).

Table 18

Interview Question One (d) Themes

Themes	*N*
Respected by peers	5
Supportive faculty	3
No difference	3

Interview question one (d), theme one: respected by peers. During the coding process, this theme was indicated and participants shared how they were treated by peers in general and as a female in a Chair role. The participants expressed how fellow Chairs and faculty showed excitement and they are respected by peers. Some of the participants discussed how it has affected the department with regards to family life and understanding. Overviews of the coded responses are represented in Table 19.

Table 19

Interview Question One (d), Theme One: Respected by Peers

	Participant Responses
Participant	
P1	I think I'm treated very well. I have absolutely no concerns. And as far as how I'm treated by my fellow Chairs, I think with a great deal of respect. I think it's the job of the Chair is the main thing rather than whether it's a male or female.
P2	I have a really good network. They all get it. They're getting taken away from their home lives too. And so we have a mutual understanding that there are things we can't do with our families.
P6	So my peers have been over the moon about me getting this position, and they are happy for me just as a person in my unique self. But they're very happy that a woman has gotten a position as Chair. I think there have been only maybe 10 to 12 Chairs in my field that are women, so I've had a lot of celebration especially from women but equally from men.
P7	I think my peers see me who I am and they've been very nice. My peers are nice to me.
P8	So we've really tried to create a culture where everyone likes being at work; they are respected, they are covered for. So I think now there's tremendous respect and support for me and my need sometimes to be at home or take care of a family issue that it's because I do that with other faculty. We always say family first; job second, even though our jobs are so important to us so we spend most of our waking time doing them.

Interview question one (d), theme two: supportive faculty. A few participants felt support from their current faculty. They expressed receiving a great deal of support

from other members outside of their respected departments. It was important to them to be able to collaborate with other colleagues due to this support. Participants were happy to know their peers were in agreement with their Chair status. Overviews of the coded responses are represented in Table 20.

Table 20

Interview Question One (d), Theme Two: Supportive Faculty

	Participant Responses
Participant	
P2	My peers are very supportive of me and I don't think treat me much different than they do their male colleagues. They definitely support me and commiserate with you.
P3	I would say when I first became Chair I was the first woman Chair at this institution. They had never had a woman Chair in any position so I was really-I didn't know how that was going to go but the dean was very supportive. The CEO of the hospital was very supportive. All of the fellow Chairs-almost every single one of them-was really supportive.
P4	I have been incredibly fortunate to work with a group of other Chair colleagues that are supportive and collaborative. They all have families and are respectful of family life. I've not had a situation where I was not supported to be who I am in my personal life or to do things that are reasonable for that. I think people are largely flexible because they understand and they value family themselves.

Interview question one (d), theme three: no difference. There were three participants who felt no difference in the way they were treated by their peers in the Chair position. These participants felt that whether it is a woman or man in the Chair position, their peers treated them the same. Overviews of the coded responses are represented in Table 21.

Table 21

Interview Question One (d), Theme Three: No Difference

Participant	**Participant Responses**
P7	Hard to tell because my peers treat me as they always have. Nobody's treating me really different because I'm Chair. I have a fairly strong personality in that I believe in boundaries, and I don't mind stating them. Not meanly. And so people don't step over those boundaries very often.
P9	I don't think there's much difference. Well, I mean, it's just interesting when you're a female Chair, and then there are not many other female Chairs. But honestly, I would say in academics, the way it runs right now-and it's true for men as well, it's no different.
P10	I don't feel treated any differently when it comes to work-life balance. So my specialty has been for centuries the underdog in the hospital system. So I have to say I don't know how much is because of a woman, how much is because of my specialty, and how much is that I'm conscious about it.

Interview Question Two Themes

Interview question two (a). How has the ability to sustain your Chair position and a household at the same time allowed for you to maintain balance in roles of the two areas in your life?

Chairs were asked to discuss the ability to keep their positions and run a household at the same time while maintaining balance of both roles. The question was asked to determine how these women maintained both areas of their lives especially with such a demanding job role. Most Chairs did express that balance was difficult no matter how hard they tried to work on doing both. These participants were dedicated to both areas; however, they did face challenges to accomplishing balance. This question was coded and three themes were identified: (1) compromise and choice; (2) delegate duties

at home and work; and (3) strong support system. Table 22 identifies the number of

responses for these themes related to question two (a).

Table 22

Interview Question Two (a) Themes

Themes	*N*
Compromise and choice	4
Delegate duties at work/home	2
Strong support system	5

Interview question two (a), theme one: compromise and choice. There were

four participants who expressed having to compromise and make choices to be able to

achieve balance in their lives. Most spend so much time at work they realized there is no

way to do everything and discussed the ways they have had to compromise things at

work and home plus endure choices that did not always reflect the best for them in the

process. Overviews of responses coded for this theme are presented in Table 23.

Table 23

Interview Question Two (a), Theme One: Compromise and Choice

	Participant Responses
Participant	
P2	Balance is always relative. I've made it work by choices I've made along in my career. That I only work the night shift, clinically. I think balance is give up something, and I give up sleep to make sure I can do things.
P4	I've probably been more work heavy than home heavy. So my husband and I are trying to both be very purposeful about making sure that there's time that is non-negotiable. We tend to compromise those things that are important, but not critical. My husband and I make effort to have dinner together every night with no cell phones.
P5	There is no balance. So you just learn to give and take between the two at times in life. One may be a priority over the other one but it flexes

	according to me.
P7	As a woman you cannot do everything. I mean, there's no way. So you have to choose what you're going to spend your time doing and what you're not going to spend to your time doing. I can only do what I can do. And I put the things that are important to me out there, and I say a lot, and I mean it with my whole heart, "God is good."

Interview question two (a), theme two: delegate duties at work/home. There were two participants who expressed the importance of delegating things such as chores or duties they did not like to do to hired help. It was important for them to have these individuals to delegate to as it freed up their time to do other things. Overviews of responses coded for this theme are presented in Table 24.

Table 24

Interview Question Two (a), Theme Two: Delegate Duties at Work/Home

	Participant Responses
Participant	
P6	Oh, you have to delegate. You have to delegate an entire village. So delegation, getting great people to help you extend yourself so you can really work at the apex of your skill set. If you like doing laundry, go for it, but I don't want to do laundry or pick up laundry. So, delegate and find folks that can really help you out.
P7	So I use the example: I really do not like to clean my house, and I don't like doing the laundry or ironing. I hire that out. And so I think balancing is to be able to ask for help, to get help, and to know your limits.

Interview question two (a), theme three: strong support system. This theme was identified by half of the participants who expressed great gratitude for the support they received at home and at work. They viewed support as a key to success in their careers and home life in at least attempting balance in their lives. Many had spouses that

picked up the role at home while fellow faculty picked up the support at work.

Overviews of responses coded for this theme are presented in Table 25.

Table 25

Interview Question Two (a), Theme Three: Strong Support System

	Participant Responses
Participant	
P1	I've had the support of my dean and fellow Chairs.
P2	They were pretty balanced. My husband's a pretty independent guy. He's got his own career. He does all of the cooking pretty much. So he has taken on the role of being our weeknight chef. And so we've really struck a good bargaining relationship. We don't fret about things a lot.
P8	It's difficult at times to maintain balance and perform both your responsibilities at home and those in your position because you have to. I have a strong support system. So my husband was key. When my children were small, my housekeeper was key. And at work, I have had, for all of my career, extremely supportive and reliable assistants. These are the kind of support people you need.
P9	So I don't think it's very easy to be a woman in a leadership role and have a great balance. I've always had a partner in terms of raising my kids. My husband and I have been together since college and gone through our entire career together.
P10	I have a stay-at-home husband and that is a major help. He is retired.

Interview question two (b). Were/are there times, while in this position, that you found yourself feeling strained between your role at work and at home?

This question was coded and one main theme was identified: feeling of guilt. Participants were asked whether they felt any strain between the two roles while in the Chair position. Most did not feel any strain and expressed no distress or concerns regarding work or home. However, three identified with feeling a strain between the two causing a feeling of guilt mostly at home. Table 26 identifies the number of responses for this theme related to question two (b).

Table 26

Interview Question Two (b) Theme

Theme	N
Feeling of guilt	3

Interview question two, theme: feeling of guilt. After coding was completed, one main theme emerged. Three participants expressed concern for feeling guilty and having to make the decision to work or be away from home for certain events due to work demands. Participants expressed concern for themselves and letting others down due to the decision they had to make pertaining to work. Overviews of responses coded are represented in Table 27.

Table 27

Interview Question Two (b), Theme: Feeling of Guilt

	Participant Responses
Participant	
P3	There are always things you miss. So you feel somewhat bad about those things. I mean I tried to do what I could but I missed some things, and you do feel a little guilty about that from time to time. I mean one son's birthday is at the time of an important national meeting every year, so I went to this meeting every year for the past 25 years. So I've missed his birthday 23 of those 25 years. The only times I haven't missed it is when he came with me to the meeting.
P5	Oh, I would say every day. I don't think there is a day that goes by where there's not some low-level friction and my family understands this but it makes me feel guilty, which adds another layer of stress. So that friction is there always. That stress is always there. You just have to learn how to manage it and forgive yourself because it's always going to be a struggle.
P6	Oh, yes. Well especially for me because I left my husband back home. So there's been the guilt trips that have been placed upon me episodically, and I try not to get upset, try to make it home most weekends. So yes, there has been strain.

Interview question two (c). Thinking about your roles at work/home, do you find yourself at ease with both?

The purpose of this question was to reveal whether the participants were at ease with the roles they have taken on at home and at work. As most Chairs have discussed the need for more time at home due to the large number of hours required of their dedication to this leadership role, the researcher desired to know whether participants had found a comfort zone between both roles. There were few participants who expressed their ease with both. This question was coded and two themes were identified: (1) choices and (2) stress. Table 28 identifies the number of responses for these themes related to question two (c).

Table 28

Interview Question Two (c) Themes

Themes	*N*
Choices	4
Stress	2

Interview question two (c), theme one: choices. There were four participants who expressed the only way to feel at ease with both roles was to make choices in how to achieve success as a Chair, raise a family, and find balance to such a degree. Participants were at different stages in their careers when discussing choices being made and learning to handle the decision made by these choices to feel at ease with both roles. Overviews of responses coded are represented in Table 29.

Table 29

Interview Question Two (c), Theme One: Choices

	Participant Responses
Participant	
P2	I've made some choices a long time ago on how I wanted to be and was fortunate to be able to be the soccer mom, attend all of the practices and stuff because I worked nights and I could balance my career, kind of, and family.
P4	I haven't found that yet. My friend said that balance is not possible but you can definitely have integration and so I want to feel like my work life and my home life – not just as wife- but just me. I want to be sure that I'm making time for all parts of me and those are all integrated in a way that works. I manage those parts of my life. I am definitely proud of the work that I've done in terms of taking on this new role and recognizing that if you don't create an effort to make that integration work, it won't happen.
P5	I don't know if I would describe it "at ease." I've learned to kind of slow things down and realize that everything doesn't have to be done in a day. It is definitely more comfortable than it used to be and I have definitely become more forgiving of myself and others. I give myself more latitude which takes some of the stress off. You have to learn to manage it.
P8	I am now because I've been doing it for a long time. At the beginning, it's really tough. You're learning your ropes and you're a minority. I'm confident now. I know how to manage situations now. You make choices along the way and it doesn't mean that you don't have balance.

Interview question two (c), theme two: stress. There were two participants who expressed stress between the two roles. There were times where stress was due to the work and partly due to home situations. Participants discussed stress with spousal loneliness and work frustrations. Overviews of responses coded are represented in Table 30.

Table 30

Interview Question Two (c), Theme Two: Stress

	Participant Responses
Participant	
P6	It's actually him (my husband) getting used to me being gone. That's allowed me to come to be more at ease when that external angst has calmed down. That's the only thing that's allowed me to feel like things are more balanced. He wanted me to be there at night and he was missing me more than I was actually missing him, not on a spiritual level but just a physical habit type level. I was actually okay with working here every night late or whatever it required and then having my time back in hometown on the weekends.
P9	I wouldn't say always feeling at ease with both because I definitely feel like that I want to be able to have more of my work life centered during the week and during regular business hours. I do start getting stressed when it appears that there's absolutely no balance and even as much as I'm trying to have balance, little fires continually have to be put out. That's frustrating.

Interview question two (d). What do you attribute to your success of balancing one or both roles?

Several of the Chairs expressed that balance is continuous in their lives. During the interviews, Chairs discussed the importance of having support from those around them as well as what they are willing to take care of in the daily process of work. This question was coded and two themes were identified: (1) supportive family, friends, and employees and (2) delegation. Table 31 identifies the number of responses for these themes related to question two (d).

Table 31

Interview Question Two (d) Themes

Themes	*N*
Supportive family, friends, and employees	5

Interview question two (d), theme one: supportive family, friends, and

employees. There were five participants that gave credit to their attributes of success of

balancing one or both roles to their spouses, children, and employees within their

departments. This theme was revealed as a huge success for these women to be able to

achieve this opportunity. Overviews of responses coded are represented in Table 32.

Table 32

Interview Question Two (d), Theme One: Supportive Family, Friends, Employees

	Participant Responses
Participant	
P1	I think it's having a supportive family in the first place, having someone who respects what you do, and has their own thing to do. I think having a lot of support among friends.
P3	Part of it was having a lot of support both from the people I work with as well as from my spouse and my children for that matter.
P6	Well I haven't right exactly got balance, so I think you have to have supportive people in your life. I think my husband has to ultimately be supportive; my son at home had to be supportive. Everyone's got to pick up new roles because I have a new role. If they weren't doing that or supportive of me in this position, ultimately it would not go well.
P8	Well something that I've already eluded to is having a very, very supportive husband and partner who has been a real partner at home with our children and real partner at work, and really proud of my success, and always wanting to help me be successful just like I wanted him to be successful. That's the most important thing. Then having the opportunity to hire really good people and create a culture to have a whole, supportive faculty. I think the support from the people you supervise is important.
P10	I would give credit to my husband. I would give credit to my son.

Interview question two (d), theme two: delegation. There were two

participants that identified part of their success of balancing one or both roles was the

ability to delegate things they could not do themselves. During the coding process, this

theme revealed the importance of delegation to be successful. Overviews of responses

coded are represented in Table 33.

Table 33

Interview Question Two (d), Theme Two: Delegation

	Participant Responses
Participant	
P4	I think it is the willingness to delegate. The art of delegation is important. That includes being able to support people and develop them so that you can delegate. Recognizing that you can't do it all yourself and you shouldn't do it all by yourself. Obviously, they are helping to create that balance.
P5	That's one thing I do well. I stay on top of deadlines. I'm organized in my schedule and I am remarkably good at delegating things. I delegate a huge amount of what I do at home and work. That was something I learned early on. So I think organization and delegation.

Interview Question Three Themes

Interview question three (a). Think about the moment when you achieved your

position as Chair. Were there any obstacles, barriers, or sacrifices endured to

accommodate your new role?

This interview question detailed the participants' ability to reflect on hard times

that may have been endured upon accepting the Chair role they currently hold. Four

themes were revealed during the coding process and described the obstacles, barriers, or

sacrifices participants faced during this transition whether at home, work, or both.   These

four themes were identified: (1) unprepared for financial duties; (2) relinquish teaching

duties/patient care; (3) discrimination; and (4) time management with family. Table 34

identifies the number of responses for these themes related to question three (a).

Table 34

Themes	_N_
Unprepared for financial duties	2
Relinquish teaching duties/patient care	3
Discrimination	4
Time management with family	3

Interview question three (a), theme one: unprepared for financial duties.

There were two participants that expressed the inability to be prepared for the financial

aspects of the Chair role within their department. The understanding was not there in the

beginning and was not expected. Overviews of responses coded are represented in Table

35.

Table 35

Interview Question Three (a), Theme One: Unprepared for Financial Duties

	Participant Responses
Participant	
P1	I don't think that I was as prepared from the financial point of view, being able to understand all the finances and everything.
P3	The Chair before me didn't engage me in the financial affairs of the department really at all except for to complain occasionally about the things that the dean wanted him to, so I didn't learn a lot about what it meant to be Chair. It took me a little more time.

Interview question three (a), theme two: relinquish teaching duties and

patient care. There were three participants who expressed a great loss in giving up their

teaching duties and how hard it was for them to sacrifice this area of their career.

Teaching other faculty about patient care was a joy to them; however, most have had to

give it up altogether or only teach on a limited basis. Overviews of responses coded are

represented in Table 36.

Table 36

Interview Question Three (a), Theme Two: Relinquish Teaching Duties/Patient Care

	Participant Responses
Participant	
P1	I had to pull back considerably on my patient care and teaching to some extent but the main thing was patient care. I was at 60 to 70 percent taking care of patients and had to pull back to about 30 to 40 percent. That was hard for me because that was extremely important and rewarding for me.
P4	The thing that was the biggest compromise for me is that I came into academic medicine because I loved teaching. That's my skill. That's my talent. Letting go of that in the amount of time that I had been able to do it before has been the most difficult thing for me.
P5	A very straightforward, obvious sacrifice is having to give up the contact time with patients. I only see patients one day a week now instead of four days a week.

Interview question three (a), theme three: discrimination. There were four

participants who indicated discrimination within their department and institution. This

theme revealed the struggles these Chairs have faced since accepting the position. The

problem with being a female in this leadership role was expressed by participants.

Overviews of responses coded are represented in Table 37.

Table 37

Interview Question Three (a), Theme Three: Discrimination

	Participant Responses
Participant	
P3	I still think there are some men faculty members that see me a little bit differently than if I was another man. Some of them are a little patronizing from time to time. It's hard to insult me so it doesn't really

	bother me, but I recognize it, that in the back of their minds they kind of wish I would be more aggressive or more male, I suppose, than I am.
P7	With much personal distress, not so much that the institution felt it, but personal distress in trying to turn the Titanic, the naysayers. I mean it was horrible. I got tired of putting bandages on the knife wounds in my back. The first two years were hell because I was Interim Chair. Once I became Chair only fifty percent of the department didn't want me here. It has gotten better over the years.
P8	I was the first female department Chair in my department at this institution and quite frankly, I think the dean was under duress to appoint a female Chair. Most of the other Chairs, the last thing on earth they wanted, was a female Chair. The vast majority were not helpful. They were not friendly. They ignored me at meetings. They would interrupt me if I tried to speak. They would yell at me. So it might be kind of hard for you to understand the reality of the way things actually were because they're not that way now. There was a gender barrier for sure.
P10	My main challenge was when I took the job, I had faculty that were no longer productive and I had a handful of dysfunctional faculty. When I came on board, the dean asked that we move to a more clinical revenue and build a centralized clinic to support ourselves. Some faculty were not on board, some left, some were acting out and angry, and in one case we had to terminate. The hardest part of my job so far is establishing myself, trying to create an atmosphere, a movement of willingness to change, and some in the mix who were not champions, not bystanders, were really obstructive.

Interview question three (a), theme four: time management with family.

Three participants expressed the main obstacle at home to overcome was time with their

family and managing time to be involved with them. This theme was revealed in the

coding process establishing the need for their families to understand and converse over

their time constraints while in their Chair position. There would be less time at home,

more meetings, and longer hours. Overviews of responses coded are represented in Table

38.

Table 38

Interview Question Three (a), Theme Four: Time Management with Family

	Participant Responses
Participant	
P3	My husband and I had to have a conversation that I would be home less evenings and I would probably be staying at my apartment more often than I did in the beginning of my job here. It was something we had to be very open about.
P4	In the beginning when my husband and I talked about this decision, his biggest thing was time. I have been so careful to make such an effort to be intentional about trying to be wise in how I spend my time. It is a very expensive currency. I just want to spend it well.
P8	I would say, yes, there were because there were suddenly a lot of early morning meetings and late afternoon meetings that I had not been accustomed to going to. Those were things that I didn't have a choice about. So I had a little less time with my daughters.

Interview question three (b). Throughout the course of your career, have you had to compromise anything, big or small, to achieve your Chair role as a woman?

As this question was asked of the participants, two found themselves explaining the lack of hobbies, doing things they may have enjoyed, and taking time to do them. Two participants expressed the lack of friendships and not making time to develop them. All of these participants expressed the desires for hobbies and friends; however, they did not have the time to devote to them. The two identified themes were: (1) gave up hobbies and (2) not many friends. Table 39 identifies the number of responses for these themes related to question three (b).

Table 39

Interview Question Three (b) Themes

Themes	*N*
Gave up hobbies	2

Interview question three (b), theme one: gave up hobbies. There were two

participants who expressed desires to develop hobbies or do something they might have

enjoyed. They chose to give them up due to their leadership roles. Overviews of

responses coded are represented in Table 40.

Table 40

Interview Question Three (b), Theme One: Gave Up Hobbies

	Participant Responses
Participant	
P5	I haven't developed any hobbies like I probably would have if I weren't in this leadership role. I would probably do more non-work related travel than I do now.
P8	So there are a lot of things I might have liked to do to my home. I might have liked to decorate it. I might have liked to do a lot more to my garden. I decided to give up my tennis lessons. I had planned to make a quilt and I never made it. I thought about taking piano lessons instead of just helping my kids with theirs. So there are some personal hobby type things that I did have to give up.

Interview question three (b), theme two: not many friends. Two participants

discussed the lack of friends as a compromise to achieve the Chair role. The time spent

with family and work did not leave much time to develop friendships. Overviews of

responses coded are represented in Table 41.

Table 41

Interview Question Three (b), Theme Two: Not Many Friends

	Participant Responses
Participant	

| P3 | I don't have a lot of friends. I don't go out with the girls. We have some couple friends we will go out to dinner with or will see periodically, but we don't spend as much time with friends as we might. We don't have much social involvement. |
| P8 | The biggest compromise for me as I look back over the years, now that my children are gone from the house, is I spent all my time at work and the rest of my time with my kids and husband so as far as the number of friends I have is a handful. |

Interview question three (c). How did you cope with the decision and stay on track in your career?

It was important to understand how these participants coped with the decisions they have made to compromise things, take on this role, and stay on track with their careers. Participants focused on the important issues that were of great concern to them during this decision. Each had their own stories and descriptions of coping and continuing with their Chair positions. After the coding process, two themes were identified: (1) support and communication with others and (2) focus on position. Table 42 identifies the number of responses for these themes related to question three (c).

Table 42

Interview Question Three (c) Themes

Themes	*N*
Support and communication with others	3
Focus on position	5

Interview question three (c), theme one: support and communication with others. Three participants expressed the desire to have a support system and ensure communication was taking place. They discussed the necessary means to have others understand their desires to stay on track with their careers and be able to talk openly.

Participants also expressed the desire to stay focused on the present job and continue to give it everything. Overviews of responses coded are represented in Table 43.

Table 43

Interview Question Three (c), Theme One: Support and Communication with Others

	Participant Responses
Participant	
P1	Probably some support with my home life and to talk that over with someone who's in the same situation such as with Chair colleagues. Leaning on both peer support, family support, and my executive coach helped.
P2	I think that my career path and trajectory really continues to be built on the foundation that I've always had really great colleagues across the country that I can collaborate with and having them support and include me in this collaborative group. I think that foundation I created over many years is still the foundation that supports me.
P3	There was a point in time I had budgetary restraints and I had to let some people go and that was personally very hard for me because I actually get quite attached to my faculty members. I just had to talk that through with peers and with my husband and with people that were supportive of me.

Interview question three (c), theme two: focus on position. Five participants expressed the need to focus on the current job and recognize the position they have achieved. The participants were open and honest about self-perception and taking a look at themselves and what they have accomplished so far. Overviews of responses coded are represented in Table 44.

Table 44

Interview Question Three (c), Theme Two: Focus on Position

	Participant Responses
Participant	
P3	I think what really helped me keep balanced is keep a positive attitude,

	keep looking at things that have gone well in addition to things that are not going so well. You have to give yourself credit for your wins and not focus entirely on your losses and you will be able to maintain a much more positive outlook I think.
P4	For me it's just been about recognizing the opportunity and then trying to stay very, very, grounded in the work that is before me. I try to consistently do some self-assessment and make sure that I am being true to who I am and what I believe and to do that while always sort of evaluating what's in front of me and what decisions we have to make for this department.
P5	I think over the course of time, just consistently looking at things and identifying ways to do things better or solutions for problems. I think that just builds on itself and you, kind of before you know it, end up in a leadership position.
P8	I just stayed focused on the jobs at hand, the ones I had actually been given, rather than seeking additional new ones.
P10	Never lose focus of your aim and your desires being here as well as whatever step you are in your career, make sure you are having fun and enjoy your next step.

Interview question three (d). What allowed you to achieve the role of Chair?

To have an enhanced understanding of how the participants gained their position as Chair, this question was asked of all ten participants. Most participants admitted it was due to the previous Chair retiring or leaving and they were next in line to step into the role. However, four participants expressed how they were given the opportunity to achieve the Chair role. After the coding process, one theme was identified: opportunity. Table 45 identifies the number of responses for this theme related to question three (d).

Table 45

Interview Question Three (d) Theme

Theme	*N*
Opportunity	4

Interview question three (d), theme: opportunity. Four participants expressed how they were able to become Chair whether it was by applying for it or being recruited

for the positon. In due time and processes, they were chosen to lead their respected

departments, whether it was with ease or just being in the right place at the right time.

Overviews of responses coded are represented in Table 46.

Table 46

Interview Question Three (d), Theme: Opportunity

	Participant Responses
Participant	
P1	I think it was just an opportunity. The initial opportunity was as Interim Chair. During the time that we were searching for a new Chair, I discovered that I thought I could do it. I could do the job. I enjoyed the interaction with the faculty and the challenges and I threw my hat in the ring and was one of the candidates. I was kind of second choice and that was a little hard, thinking, "Well, I'm second choice." Two women colleagues said "You've got to do it. Get over it. This is your opportunity. You may not have been first choice, but you can show them that you're the best choice." So I took it and I've been very glad I did.
P6	I didn't even apply for this job until somebody asked me to from the search committee because I'd been identified as somebody who would be mission-aligned, culturally-aligned. The more I looked in to it, I applied. As the interview process went down the pike and it was narrowed to me, I became more and more- this is just the most amazing opportunity that I have to convince everyone including my spouse, this is an opportunity of a lifetime. Then I got.
P7	Well, the person that was Chair, he was here for seven years as Chair and him and the dean got crosswise, so he left. An Interim Chair was brought in, one of my mentors, and he decided he wanted to go part-time but the dean said no. The dean asked him who can do it. He told the dean all you got was me. That's how I moved into the position. I probably would not have been on the dean's mind. I mean everybody here knows me because I've taken, over the years, very many different leadership positions. So when opportunities came, so all the leadership classes, I took every last one. Then I also became director of the department and it was a fabulous opportunity.
P8	When the time came, someone in the dean's office actually invited me to throw my name in the hat. The university had become enlightened and was starting to seek opportunities for women to become leaders throughout the university and medical school. It was one of the last bastions of male-dominated leadership. I have had the incredible opportunity to be Chair of a department, to design and start a major clinical program.

Interview question three (e). Do you plan to continue your role of Chair in the near future?

All ten participants were unanimous in answering this question and were planning on staying in their current Chair role within their respected department at the universities. Several participants gave explanations of their plans. With a coded theme of yes, overviews of responses are represented in Table 47.

Table 47

Interview Question Three (e), Theme: Yes

	Participant Responses
Participant	
P1	My plans are to continue for a few more years. I don't know that there's going to be a definite date that I will stop everything, but I imagine being Chair for two to four years is probably max.
P3	I'm actually past retirement age right now. Now that I'm of retirement age, I realize that I probably ought to start being a little more deliberate about thinking about that. I think having a succession plan is important as you get advanced in your career. That being said, I really am still really enjoying my job.
P4	I do. I feel so privileged to have the opportunity and my goal is to do it as long as I can for as long as it is for me to do it.
P5	I think so. I guess I'm in my eighth year and I still feel like I have things I want to accomplish and I still enjoy my job. I still want to come to work every day. So yeah, I think I'll continue in this role for at least the time being, as long as they will have me.
P7	I plan on continuing until it's not fun. As long as it continues to be fun and a challenge and I think I'm making a positive impact, I'm going to do it. When that ends, I'm done.
P8	So right now I'm doing an incredible research opportunity, just once in a lifetime opportunity, which is wonderful, that takes up forty percent of my time. I am planning my succession right now. I don't plan to step down from this position, but I am beginning to lay the ground work for that.

Summary of Findings

This research study focused on three research questions and thirteen interview questions to guide a better understanding of females in Chair positions. The research was based on three theoretical foundations located in the literature review section: *Work-Family Border Theory; Role Balance Theory;* and *Career Compromise Theory*. Each research question was developed to enhance the findings of these theories in relation to women in Chair roles. The study was designed to gather a mixture of women from the southern region that held this particular leadership position to determine if there were any key themes that would relate back to these theories and help provide answers to others who wish to achieve this position.

Research question one. What are the advantages and/or disadvantages to gaining work-life balance while holding and retaining a Chair position as a female faculty member in a medical academic institution?

This research question, along with the four interview questions, was designed to determine if the perceived WLB could be gained and achieved while in this leadership position especially as a female. Coding was processed and upon saturation was considered complete. The revealed themes from all four interview questions were collected with the main themes being considered aggregated. The following themes emerged: support by faculty, family, and outside help and little to no downtime for self, family, or clinical duties (see Table 48).

Research question two. How do the demands required to sustain a Chair position as a woman affect the ability to achieve role balance at work and/or home?

Research question two and the four corresponding interview questions were designed to know if the demands of this leadership position had any effect on their ability to balance two separate roles as a woman and find balance between both. After coding was completed and saturation was reached, the revealed themes from the four interview questions were collected to determine if main themes were exposed. These themes were aggregated and the following emerged: choices; delegate; and strong support system (see Table 48).

Research question three. What important factors determine the decision to endure a career compromise, if any, on female faculty members in medical academic institutions?

Research question three and the five corresponding interview questions were designed to understand the impact of the position and the compromises that it took to reach this level of leadership within their respected medical academic institutions. Also, it was important to view these compromises from female leaders as they are usually the caretakers at home as well. After coding was completed with saturation reached, the revealed themes from the five interview questions were collected to determine the main themes identified. The themes were aggregated and the following emerged: time management with family, friends; patient care/teaching; and hobbies (see Table 48).

Main Aggregated Themes

After all themes from each research question were aggregated, main themes emerged to correspond with each. These themes represented the most common significant impact on each participant during the research phase of the study. Using these

repeated themes from the interview questions, coding, and saturation, main aggregated

themes were revealed.

Table 48

Main Aggregated Themes

Main Themes	N
Support by faculty, family, and outside help	10
Little to no downtime for self, family, or clinical duties	10
Time management with family, friends, patient care/teaching, and hobbies	10
Choices	9
Delegate	4

N=total responses for each theme based on ten participants.

Chapter Four Summary

Chapter Four presented the findings of the study through data collected in

interviews and analyzed through the coding process. The purpose of the study was

presented. Demographics from participants were graphed and tabled to provide

transparency for the study. Research findings were presented through interview questions

and coded themes. The main themes were presented for each research question and

affiliated interview questions through segments of transcripts dictated from recorded

interviews during data collection. Main aggregated themes were presented as the final

phase of themes corresponding to the research questions. These themes were presented

as the majority of coded themes from all the participants.

Table 49

Summary of Research Findings

Research Question One: What are the advantages and/or disadvantages to gaining work-life balance while holding and retaining a Chair position as a female faculty member in a medical academic institution?	Research Question Two: How do the demands required to sustain a Chair position as a woman affect the ability to achieve role balance at work/home?	Research Question Three: What important factors determine the decision to endure a career compromise, if any, on female faculty members in medical academic institutions?
To maintain balance by having a supportive family, the support of others, and have outside support help.	To sustain a Chair position and have role balance, choices are made to give up time with family and friends.	There is compromise of teaching and patient duties.
To gain WLB, a person needs to be respected by his or her peers.	Delegation must take place in the home and at work. Roles are reassigned to spouse and children at home. Things must be delegated out to hired help such as cleaning and cooking.	Female faculty often deal with discrimination when they compromise.
There is little or no time for clinical duties, family, and hobbies.	Due to these choices, there are often feelings of guilt associated with them.	Time management with family is compromised.
There is no flexibility to do things outside of the position, therefore, things do not get done.	There is a strong support system from family, friends, and employees.	Focus on position becomes a priority over family, friends, and hobbies.

Chapter Five

Discussion

Introduction

This final chapter discusses the summary of the findings for each research question. The summary includes a brief overview of the study to include the process of data collection, coding analysis, and results for each. Implications of the results for theory, research, and practice are discussed using data results from the findings. Limitations of the study are discussed giving accounts for the reasons they existed in this study and how future research can help alleviate some of those limitations. For future research, recommendations to improve this study are discussed to help be a guide for those researchers wanting to add to the rich content of literature. A summary concludes this chapter.

Summary of the Findings

This research study focused on women in the southern region of the United States that held Chair positions within medical academic institutions. There were 10 participants who volunteered an hour or so of their time to dedicate to this study. Semi-structured interviews were challenging to obtain as the spring and summer months were dedicated to conferences and heavy workloads due to vacations. The participants who were interviewed included those who had held the position for over twenty years to those who had been in the position a year. Participants were very responsive and gave great accounts to their time in the position. Most supplied ample information and were very pleased to know that a study was being conducted on this particular area of their lives as they recognized WLB is a constant struggle though most did not have children living at

home and none had aging parents living with them. These ten participants showed that time was an expense as all except one had their administrative assistants contact the researcher to schedule their meeting time so as to not schedule a calendar conflict.

During the interview process the participants seemed to be relaxed and comfortable discussing colleagues, family, and their own accounts of balancing time and the demands of the job. These Chairs were very consistent in their answers as themes were revealed with each interview as it was coded. The coding process exposed themes relative to time with family being limited and the need for constant support. It was important for the researcher to transcribe each interview as soon as possible after it occurred as to reveal themes as the study progressed. Saturation was reached at the half-way point of the study. The data provided large amounts of detailed accounts for each question from each participant. After all the interviews were conducted, coding was completed, and themes were revealed, it was evident saturation was reached. Each research question is reviewed below.

Research question one. What are the advantages and/or disadvantages to gaining work-life balance while holding and retaining a Chair position as a female faculty member in a medical academic institution?

This research question focused on the idea that WLB was not easy and had challenges. There were both positive and negative aspects of WLB for these women in their Chair positions. Interview questions were created to gather information about these advantages and/or disadvantages to gaining the position, finding ways to manage their career and home life, finding flexible domains between the two, and finding out how they are treated by their peers when it comes to finding WLB.

It is evident from the main aggregated themes revealed during the findings of the study that advantages and disadvantages do exit. The first main aggregated theme was to have the support of family, faculty, and outside help to find WLB (see Table 48). This theme was expressed by all ten participants at some point during the interview process for research question one. It was very important to these participants to have support from their spouses and children. For them to see her work as important let her know she was doing something right in her career and at home. To have the support of faculty within the department and university let the participant know she was generally respected for her work and how she held the job relevant to her home life. Support from outside help gave the participants an opportunity to enjoy not having to worry about a clean house, laundry, and at times, dinner. If the participant had children, they were more at ease knowing the nanny was there for them and helping out. This support system gave the participants more time to focus on their Chair position and what was really important, family time.

The second main aggregated theme, considered to be a disadvantage, was that this position allowed for little to no downtime for self, family, or clinical duties. The participants expressed feelings of guilt and stress at times due to not having enough time in the day to spend with their families, especially spouses. Most participants had spouses that were also in academia and the strain was understood; however, those with children, no matter what ages, expressed a sense of lost time with them at some point in their lives. These participants were discouraged during the first part of their career as Chair as they were forced to give up most or all of their clinical and/or teaching duties. All participants expressed the happiness and reward they felt from being able to see patients and teach other medical staff in the department. Once they became Chair, there was little to no time

for this due to administrative and financial duties that were associated with this leadership position. Last, there was no time left for them. Participants accepted the notion they gave up all their personal "me time" for others. This was not hard for most participants as they were already limited on time due to clinical or teaching duties, being on call, and spending time with family on their days off. However, participants reflected on the times they used to be able to read a book, catch up with friends over lunch, and do research. The participants expressed they do the best they can with what time they have and make the most of the opportunity to be in a Chair position as there are not many women who have their privileges.

Research question two. How do the demands required to sustain a Chair position as a woman affect the ability to achieve role balance at work and/or home?

This question was developed with the idea of role balance being achieved in two separate functions at work and at home while finding out if the demands required of this position allowed for there to be any balance at all. Interview questions were developed from this research question to reveal how these participants felt at ease or strained during either role while trying to find balance. It was important to know to whom these participants attributed their success of balancing either or both roles at any time while holding this position.

Main aggregated themes revealed the participants' thoughts on how to manage both roles while sustaining a Chair position. The first aggregated theme expressed was the decision to make choices in their work and home lives (see Table 48). This meant giving up family time for their work and giving up work for family at certain periods in their lives. Most participants desire to spend more time with their spouses, especially

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those who live away from them currently due to their spouses working at a different institution in a different city or state. The participants expressed that at times they wish there could be more balance in work hours and most of their workload be conducted during a normal business day. However, this is just not possible in this position.

The second aggregated theme revealed was being able to delegate to family, outside help, and employees the things that they did not have time to do or did not like to do. Participants expressed the need to hire help to clean the house, feed the animals, do the laundry, and other chores participants felt were necessary to outsource. Many participants still had a nanny or housekeeper, even though their children were grown and not living in the home any longer. Participants expressed the need for their spouse and adult children to take on new roles within the family as it allowed them more time at work. It was important to participants for all to work together to achieve some type of balance. Participants felt it was necessary to learn to delegate at work. Delegation to their administrative assistants was important as these assistants managed participants' calendars, time, travel, meetings, and personal lives. Participants expressed the need for employees to be able to do the job delegated to them for the department to run smoothly. Faculty delegation was important to these participants to ensure coverage with patient care and teaching. One participant discussed the need for delegation of presentations for the department when needed as she could not always be there for the invites. The participant chose another faculty to give the presentation on her behalf. Overall, participants agreed that delegation and help was necessary for their respected department's survival.

Research question three. What important factors determine the decision to endure a career compromise, if any, on female faculty members in medical academic institutions?

Last, the third research question was developed to determine the extent of compromise the participants had to endure with their career and what factored into the decision to compromise. There were five interview questions developed from this research question to understand the obstacles, barriers, or sacrifices that occurred during the decision to accept the Chair position. The questions were also developed to understand how these women coped with certain decisions of compromise in areas of their lives to stay on track in their career.

One main aggregated theme was revealed during the final coding process. Time management with family, friends, patient care/teaching, and hobbies was revealed as the main factor in compromising for the participants (see Table 48). The participants all agreed that time was not on their side either at work or home. There was always some give and take in both roles. Most agreed that time spent with family was the most sacrificed out of all these factors. Next was patient care and teaching as nearly all agreed this was their passion and why they went into medicine in the first place. It was enjoyable to them and when participants sacrificed patient care it was hard. Patient care was also their teaching time with new residents and faculty. Some participants have not completely let go of their patient care as they view it as a necessity to stay active with all faculty.

Participants expressed not having much time outside of work which left them little to no time to develop friendships. Most had just one or two friends outside of work

and that was tough as they did not always understand the participant's workload. Other participants had colleagues they considered friends. These were both male and female faculty at their institutions as well as outside institutions. Most considered them work confidants who understood the participant's job and duties that went along with being Chair.

Participants agreed there was no time for hobbies or they had to let hobbies go as they no longer had time for them. Hobbies mentioned by participants included gardening, cooking, tennis lessons, piano lessons, and quilting. Either participants gave up the hobby or never had time to begin the hobby. Some hobbies revolved around the participants' children and spouse including traveling, going to the park, and taking lessons with them. Participants expressed not much need for hobbies as their time was already consumed; however, it would have been nice to continue them or pick them up at some point in their career.

Implications for Theory, Research, and Practice

Theory. This study revolved around WLB of female Chairs. This was a very broad study area so three theories involving WLB were used as theoretical underpinnings (see Chapter Two). Work-Family Border Theory was the main theory for this study with two theoretical guided theories, Role Balance Theory and Career Compromise Theory, used to direct the research questions and interview questions. The idea of borders along with compromising their careers all while trying to balance home and work life represents a combination of these theoretical underpinnings relating back to the concept of having WLB. Crossing over theories into a new or existing WLB theory demonstrating certain levels of leadership positions represents approaches to theories that

would allow for deeper research and richer testing in this field and to be able to make further contributions to the area of WLB.

Research. Since this study was a phenomenological, qualitative study, the research involved dedication of time between the researcher and participants. Most studies in the area of WLB use quantitative studies that reveal statistical numbers to determine results. The results of this type of study do not give researchers insight into the meaning behind the answers that were given due to survey data collection methods. More research on WLB of women in leadership roles would enhance and strengthen the desire to understand their careers, especially in quantitative data collection. Focusing on more qualitative studies could give more women the desire to want to achieve their goal of gaining a Chair position or leadership position with academics as they would know exactly what it takes of them to do the job.

Practice. This study emphasized the need for learning the practice, structure, and design of the Chair position. Most participants expressed the need for training to perform the administrator duties associated with their Chair position. For practice implication in HRD to be effective, participants must be given the proper training for the financial operating system of the institution. There should be a detailed delivery system to learn by and in certain circumstances, have the outgoing Chair provide training. Most participants hired an executive coach to teach them how to run the administrative side of their department. There should be an executive coach on site or at least affiliated through contract to help with this portion of the leadership role.

Future Research

Female Chairs were chosen from the southern region within the United States through the AAMC website for this particular study. Future research to include all regions of the United States should be performed in a quantitative study with comparison between each region to determine if there are any factors that determine more or less WLB in certain regions. There should be a pilot study conducted to include male Chairs to determine if there is a difference in roles compared to women before continuing with the larger research study.

Additional questions should be asked of the participants regarding their spouse's role in the academic institution as most participants for this study indicated their spouse was also in academia. Research could benefit greatly in knowing the role each spouse holds in this field. Once that information is revealed, a study between spouses could be conducted in relation to WLB. Comparison between each spouse's answers coded, themed, and revealed to both at the same time with feedback from both, with each being in academia, would give insight as to how the two view WLB in their households.

Limitations

Limitations involved with this study included most participants had been in their positions for an average of five years, lacking in range of years of service in this position. This was a purposeful sampling study allowing for limitations of invites for participants. There was a heavier participation from one state within the region. The availability of invited participants was limited in several states within the southern region due to lack of women in Chair positions.

Potential for biases may occur and reduce the validity of data interpreted from the transcribed interviews due to the ease of conversation and getting to know the participant during the interview process. Some participants were more personable than others and it was easier to conduct the semi-structured interviews. This could come from the researcher's own background from being previously employed with a medical academic institution.

Conclusion

This study revealed that WLB continues to be challenging even in a high level leadership role such as a Chair. Participants expressed the desires and need to have balance in their lives; however, it is not that easy. This study contributes to the literature of WLB as it applies to other women who are in a leadership role or desire leadership roles and want to "have it all." The study shows a person cannot do everything all of the time and sacrifices are definitely made by all involved with the process of balance. These participants are proof that desires, wants, and needs must be met for there to be some type of balance. These women rely on nannies, personal secretaries, and others to have success in their careers. Their careers are made possible by having the resources available to them to be able to achieve all they do in their Chair position.

Chapter Five Summary

Chapter Five presented a brief introduction followed by the summary of findings detailed by each research question. Each research question discussed identified the main aggregated themes and the impact each had on WLB. The discussion included participants' general expressed ideas and desires to accomplish balance. Implications for theory, research, and practice were discussed explaining how this study contributed to the

theoretical underpinnings detailed in Chapter Two, along with research contributions and practical applications for this study. Limitations of the study were defined and suggestions for how they impacted the study were discussed. Future research opportunities were detailed for researchers. These suggested research opportunities would continue this study or add to it at a later date. The chapter was completed with the conclusion.

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- Written consent form using the UT Tyler Consent Template unless a waiver of written informed consent is requested
- Signature page of Thesis or Dissertation Committee members showing proposal approval for graduate students
- Brief research proposal that outlines background and significance, research design, research questions/hypotheses, data collection instruments and related information, data collection procedures, data analysis procedures. **Most of this can be copied and pasted to relevant parts of the application but please keep Background & Significance brief for the application.**
- CITI certifications for PI, co-investigators, and research assistants participating in recruitment, data collection, data analysis, or, if they have any exposure to identifiable data (if training has not been completed at UT Tyler within a 3 year period of time)
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Principal Investigator	*Dunn*	*Stephanie*
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PI Phone PI Email	*318-773-3999* *sdunn4@patriots.uttyler.edu*
Co-Investigator(s)	Click here to enter text.
Co-Investigator(s) Email and Telephone	*Click here to enter text.* *Click here to enter text.*
Secondary Contact Person in Absence of PI	*Dr. Jerry Gilley*
Secondary Contact Person's Telephone and Email	Phone: *Click here to enter text.* Email: *jgilley@uttyler.edu*
Title of Proposed Research	*EXAMINING WORK-LIFE BALANCE OF FEMALE FACULTY IN CHAIR ROLES AT MEDICAL ACADEMIC INSTITUTIONS.*
Source of Funding	☐NIH ☐Local ☐ Industry ☐ Other Federal (Specify) ☒Other (Specify) *No funding for proposed research.*

1. **Designate the category that qualifies this proposal for what you believe will be either exempt or expedited review** (see UT Tyler Exempt (page 8) and Expedited Categories (page 9) at the end of this application) and justify this designation by responding to the statements below each category

   Category # *6 and 7 Expedited*

   Category #6- Data collection will consist of voice, video, or digital recordings during the interview process of individuals for research purposes.

   Category #7- Research on individuals will include one-on-one interviews with department chairs in medical academic institutions.

2. For proposals involving Personal Health Information (PHI) data: If this is a retrospective chart review (Category 5) (health records research), or, data involves review of PHI, refer to the IRB's HIPAA policies and procedures in the IRB Handbook and complete any appropriate forms. All can be located on the UT Tyler IRB site: http://www.uttyler.edu/research/compliance/irb/

2a. Does this protocol include the use of PHI? ☐ Yes ☒ No

NOTE*: If the protocol includes the use of PHI, refer to the IRB Handbook on HIPAA policies and relevant forms that must be completed before IRB approval can be obtained.*

3. **Clearly Stated Purpose Of Study and Design:** *The purpose of this study is to examine the influence of work-life balance on women who hold Chair faculty roles within medical academic institutions. The study will expand on previous research and theories examining work-life balance. It will focus on their determination to gain such a role and the effects, if any, to having a family. The study will include rank, generational cohort, parental status, marital status, and working hours as relates to their ability to produce an equilibrium of work-life balance. This study will be a qualitative phenomenological design with a focus on women in Chair positions within medical academic institutions. The design of the study will be to conduct interviews with open-ended questions that can be related back to answer the research questions to determine the work-life balance of these women. The study protects confidentiality of participants with identifier known only to the PI. The study will be designed to gain knowledge how these women faculty control their destiny and what sacrifices, if any, were made in the process of gaining a Chair position in work-life balance. Of interest with this study will be the factors of stressing the need for finding work-life balance in such a power-driven position and how it is related to the institution and individual. It will be of great interest to this study to learn how work-life balance is addressed, depending on family demands outside of the position. Chair positions require such a demanding role in both home and work. The design will be focused on women faculty without limitations to ethnicity, children, spouse or elders.*

4. **Research Questions and/or Hypotheses, if applicable:**
Research Questions:

1. *What are the advantages and/or disadvantages to gaining work-life balance while holding and retaining a Chair position as a female faculty member in a medical academic institution?*
2. *How do the demands required to sustain a Chair position as a woman affect the ability to achieve role balance at work and/or home?*
3. *What important factors determine the decision to endure a career compromise, if any, on female faculty members in medical academic institutions?*

5. **Brief Background and Significance of Study** (include enough information and citations to indicate literature gaps and why it is important to do this study)**:**

Background: Work and family demands are becoming an increasing issue as responsibilities continue to grow for individuals such as longer working hours, balancing demands and multiple roles within households (Boles, Howard, & Donofrio, 2001; Yavas, Babakas, & Karatepe, 2008). Employees have become detached from the four walls of an office or cubicle space due to technology allowing them to become mobile in general not just as an employee. Work-life balance issues have been blurred; thus it is the sole responsibility of the employee to gain some definition of work and personal time or space (Thomas, 2014). Workers desire the opportunity for flexibility of work location; organizations are adopting mobile workplaces, therefore requiring workers to perform a stronger commitment to work-life balance (Thomas, 2014). Continually connecting with others outside of normal working hours has led to an increased amount of time working outside of the traditional working day (Thomas, 2014). According to Thomas (2014), 44% of employees have reported feeling overworked and overwhelmed. Academic institutions of the years have become an organizational culture of their own as most provides high levels of autonomy, resulting in employees thinking of this as an ideal profession for work-life balance (Penney, Young, Badenhorst, Goodnough, Hesson, Joy, McLeod, Pelech, Pickett, Stordy, & Vaandering, 2015). However, the flexibility present within academic institutions, coupled with the demands of promotion and tenure, can make it more difficult to establish work-life boundaries (Gatta & Roos, 2004). For many women in medical academics, tensions arise between societal expectations of marrying and raising a family and institutional pressure to perform, leaving a sense of guilt surrounding their inability to meet the expectations of either succeeding in the home and performance in academia. Work-life balance isn't just for faculty with children or elder parents; it is for the varied work-life needs of a diverse faculty (Quinn, 2008). Faculty have many demands on

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them especially at the Chair level to succeed and support all faculty as they are leaders of the medical academia. Chairs are the supporters, encouragers, and policyholders within their departments of the medical institution.   Work-life balance is unique to all faculty and will vary from one's life and career path (Quinn, 2008). Research is limited in the study of medical education especially women in Chair positions within the medical community. There are many articles and research on work-life balance with most concentrating on lower and mid-level positions within an organization. The research focuses on the organizational balance and policies of the medical education institution not so much on an individual faculty level. Most studies are quantitative and do not focus on individual thoughts, feelings, dedication to work/family, or harmony between the two. There are few qualitative studies in medical academia concentrating on women at Chair levels. This also stems from women faculty still lagging in the medical rankings compared to men. Although more women hold leadership roles than in the past, patterns of continuous underrepresentation in these positions exist (Morahan, Rosen, Richman, & Gleason, 2011).   Several prior studies revealed that many women take on the full responsibility of parenting while working in these institutions along with conducting research, clinical duties, taking call, and putting extensive hours. In doing so, some continue to strive for advancement to higher leadership roles, such as Chair's (Isgro & Castañeda, 2015). "More than 50% of recent Ph.D.'s awarded by American universities are now granted to women, with women accounting for 38% of faculty members overall" (Isgro & Castañeda, 2015, p. 175).   With such a high number of medical degrees awarded, there is still a lag in women faculty members to include higher levels of rank such as Chairs.   Women tend to be more represented in less prominent teaching institutions such as community colleges and in less secure positions such as non-tenure, adjunct, or part-time instructors (Isgro & Castañeda, 2015). These are also considered to be of lesser pay and value to the institutions while men are in higher ranked academic positions (Isgro & Castañeda, 2015). This trends with women faculty who are mothers compared to men or childless women faculty (Misra, et al, 2012). Women faculty with children endure barriers in a higher academic institution to include meetings afterhours, lack of on-site childcare, and research after normal business hours (Strong, De Castro, Sambuco, Stewart, Ubel, Griffith, and Jagsi, 2013).   Most prior studies focused on gender inequality and women playing the major role in parenting however with current changes in leadership roles within the household many women finding new ways to handle the work-life balance. Work-life balance can be found throughout institutional context in the form of supportive departments, flexible work expectations, and perceptions of power for women which create

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circumstances allowing opportunities for work-life balance (Lester, 2015). ***Significance of Study:*** *This study will have significance for HRD researchers and practitioners as most other studies on work-life balance reflect on general or medical academia faculty, not specific to higher level positions such as Chair. This study will show the significance of the executive level position defining work and family. As the significance of the study will provide an in-depth view of this particular position, it will provide related support measures for gaining insight to work-life balance, benefits, hindrances, and the potential for organizations to seek more benefits in adopting a better system for balancing of work and family for women. It will also give organizations the opportunity to create new policies and procedures for women to excel in the medical academic institution to gain this high profile position that is still male dominated due to women forcing themselves to choose between a family and career.*

6. **Target Population:**

    a. **Ages:** *30-80*
    b. **Gender:** *Female*
    Explain below if either gender is to be purposely excluded.

Male individuals will be excluded as the focus of the study is on females in chair roles and work-life balance.

    c. **Are all racial and ethnic groups included in general recruitment?** ☒ Yes   ☐ No

    Explain below if a racial or ethnic group is to be purposely excluded.

Click here to enter text.

    d. **Number of Anticipated Participants with Justification:** *10-16 anticipated participants or until data saturation is reached as agreed upon by dissertation committee. The institutions will be chosen randomly from southern regional medical academic*

institutions located through the AAMC. The departmental chair

participants will be randomly selected from these institutions.

e. Inclusion Criteria for Sample Eligibility: *The participants*

will all hold departmental chair positions within the medical

academic institutions.

Note: *Any study involving **prisoners** requires a full board review, and may not be approved under expedited review.*

7. **Explain the locations or settings for (a) sample recruitment and (b) data collection:**

    a. **In what settings (e.g., specific classroom, organizational meetings, church, clinics, etc.) will you do sample recruitment?**

They will be recruited through the American Association of Medical Colleges (AAMC) focusing on Southern regional states. The primary data collection approaches will be semi-structured personal, in-depth, one-to-one interviews.

    b. **In what settings will you collect your data?**

The setting will be relaxed with no pressures to answer questions the participant is uncomfortable with at scheduled time of interview. Research setting will be via Zoom video conferencing. The PI will be located at home computer with in home office setting. The interview will be set where the interviewee and interviewer will have complete privacy as to discuss the nature of the study and answer the open-ended questions.

8. **Prior to sample recruitment and data collection, who will you first obtain permission to do the recruitment and data collections.** For example, if sample recruitment and/or data collection will occur in settings other than public settings, you may need permission to do this. For example, in business organizations, you will need approval from a

manager or owner of the business; in academic settings, you may need

permission of course faculty to recruit their students; in school districts,

you may need permission from a superintendent, principle and/or

teachers.

I will obtain permission to do the recruitment and data collections from the participant themselves directly. The medical academic institutions are publicly available to all through the AAMC website.

9. **Who will be recruiting the sample (humans, records, etc.)?** This could be the PI or another person who is asked by the PI to recruit.

The PI will be recruiting the sample.

10. **How will recruitment be done?** For example, will recruitment be done by email (if so, indicate how email addresses are obtained), face to face, etc.?

The recruitment will be done by email or by phone depending on the availability of information provided via the Association of American Medical Colleges (AAMC).

a. **Copy and paste text, verbal scripts, graphics, pictures, etc. below from any flyers, ads, letters etc. that are used for recruitment of participants**. This will be what will be said in emails, etc. to potential participants as the general announcement for recruitment.

NOTE: This is never an "N/A" option. You may also add these as separate attachments and indicate so in space below.

Dr. (Full Name): Hello, my name is Stephanie Dunn and I am a

PhD student at the University of Texas at Tyler conducting a qualitative

dissertation study on work-life balance of female faculty in chair roles at

medical academic institutions. I am writing to ask for your participation

in my research study. The process would involve about an hour of your time to answer questions in a video conferencing setting. Your contribution to this research will help other female faculty in achieving this position within medical academia. Your participation and time will be greatly appreciated. Please let me know dates and times you will be available to participate in this research study. Sincerely, Stephanie Dunn, PhD Candidate The University of Texas at Tyler

College of Business and Technology

sdunn4@patriots.uttyler.edu

11. **Informed Consent**

. **Prospective research ordinarily requires written informed consent. Inclusion of children (under 18 years) requires permission of at least one parent AND the assent of the child (refer to UT Tyler's Policy on Informed Consent of Children).**

If written consent is to be used, terminology must be about the 8th grade level, or as appropriate for the accurate understanding of the participant or guardian.

If there are questions about the literacy or cognitive level of potential participants, there must be evidence that the participant is able to verbalize basic information about the research, their role, time commitment, risks, and the voluntary nature of participating and/or ceasing participation with no adverse consequences.

Please use the templates posted under the IRB forms as a guide, and attach as a separate document with the application submission.

Do not copy and paste from this document into consent form. Use simple and easy to understand terminology written at no higher than 8th grade level.

12. **If you are requiring signed consents, skip #12 and #13 and move to Item #14.**

This section ONLY for those requesting a waiver or alteration of SIGNED and written informed consent:

All four criteria **must** be met in order to **NOT** have signed written informed consents as a requirement for your study.

In other words, you must answer "yes" to all four of the criteria below in order to NOT have written and signed informed consents.

If you are requesting a waiver of written and signed informed consent, Indicate "yes" if the statement is true about your proposed research:

1. The research involves no more than minimal risk to the subjects ☒ Yes   ☐ No

2. The waiver or alteration will not adversely affect the rights and welfare of the subjects
        ☒ Yes ☐ No

3. The research could not practicably be carried out without the waiver or alteration,
        ☐ Yes   ☒ No **AND**

4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation   ☒ Yes   ☐ No.

13.   **When prospective informed consent is waived, explain how you will obtain permission to use participant's data. If no permission is planned, please explain your rationale.**

Any online survey should always present general purpose of the research, risks, benefits, and PI contact information, and then participant should have the options presented to "I agree" or "I do not agree" to participate in the research. If they select "I do not agree" the survey should be set up so that the participant exits out and has no access to the survey.

The participants will give verbal consent to participate in research study with an understanding their information will not be disclosed. The consent form will be sent to participants prior to the interview and asked to review it carefully. At the time of the interview, ask the participant for permission to turn on the Record button, and then once that is done, state this: "As per your consent, we are recording this session, but please feel free to tell me at any

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time if you would like to turn off the recording. I'd like to review the consent form with you now. (at this point read through the consent). Can you please tell me your understanding of what we are doing today and why? (here you want them to acknowledge they are being interviewed for a research study to explore their experiences of entrepreneurship, or something at least similar). What do you understand the risks to be from participating in this study? What do you understand as to the options of voluntarily participating in this study? (they should state they are under no coercive influences and that they are free to stop at any time without any undue consequences). PI will read this script verbatim and will not proceed unless there is solid verification that the participant is participating with informed consent.

14. **Detailed Data Collection Procedures** ATTENTION: Be very specific for this item.

Specify **who, what, when, where, how,** duration type of information for your procedures.
Write this section as if you were giving instructions to another person not familiar with your study. Please bullet information if possible.

- *Who: Female Chair Faculty members in a medical academic institution within the southern regional area.*
- *What: Semi-structured interviews using Zoom technology.*
- *When: Upon IRB approval, interviews will begin following verbal, recorded informed consent as described in #13...*
- *Where: The PI will conduct interviews via video or phone conferencing in a recorded session. The participant will have the option to be visible or pictured.*
- *How: Via email distribution from contact information obtained through the AAMC website.*

15. **Data Analysis Procedures:**

Data analysis will begin immediately after the first interview completion in an effort to capture the essence of the participant and while the interview will be at the forefront of the researcher. This will allow for all of the secondary data to be taken into account from the actual interview. Secondary data will be added to the interview dictation as to be kept in order for future interviews. There will be "an overall inductive and comparative analysis" performed to get the best data analyzed (Merriam & Tisdell, 2016, p. 237).

Interviews will be transcribed by the researcher into Microsoft Word® as a document for ease of reading during the entire interview process and for ease of reading all dictated interviews once completed. The interviews will be stored on a thumb drive for back up protection as well as all documents, dictations, and continuous work of the research project. The editing format will be locked as to elude anyone from changing, adding, or deleting information with the exception of the researcher. The recorded interviews and transcribed documents will be made available to all committee members. Committee members' thoughts and other information on the interviews will be taken into account during the analyzing process. During the analysis process, the research questions will be viewed as to answer them.

Once all interviews have been completed and transcribed, initial coding will be completed on each. This will be achieved by using NVivo, "computer-assisted qualitative data analysis software (CAQDAS) developed by QSR International (Melbourne, Australia), the world's largest qualitative research software developer. This software allows for qualitative inquiry beyond coding, sorting and retrieval of data" (Wong, 2008, p.15). During this time, possible themes could emerge. Initial findings and coding schemes should develop as each transcribed interview becomes processed. After all initial coding is complete; the researcher will break down the codes for each interview summarizing specific codes and possible themes from each document. The researcher will create a final coding scheme and defined themes. The findings will be pulled from each coded interview.

The coding process and findings will be shared with the researcher's committee members' allowing the opportunity for additional guidance, suggestions, and comments. Taking the information provided by the members, the researcher will continue with aspects of narrowing down themes to reflect the study pertaining to work-life balance. Themes pulled from earlier accounts as mentioned above will be used as a guide to creating more defined themes. Aggregations of these themes will be placed in each assigned tab utilizing Microsoft Excel®. This will allow for limited bias, forcing themes, and judgments of the study. Themes will be reviewed for frequency in each interview. The most frequent themes will be pulled and placed in a new tab on the spreadsheet. This will allow for final coding schemes to develop. The original themes and new themes emerging from the cumulative codes will be grouped together to show the final themes.

The researcher holds no bias to the study as the phenomenon of work-life balance is a struggle for everyone. The interest in the study developed out the researcher's study of the topic throughout the educational program enrolled. The researcher will not hold this position now or in the near future. However, the researcher was exposed to this Chair title in previous employment of a medical academic institution. Overall, researcher's goal will be to add to research pertaining to work-life

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balance, women in higher education, and Chair position. Data will inform throughout this study with no bias.

16. **Risks and benefits of this research to the subjects and/or society**

   Risks: *Risks include the possibility of mild distress during interview. As with video recorded interviews, there is a risk of confidentiality breaches; therefore, Zoom will be used to conduct the interviews. To protect confidentiality, participants will be given the option to use a pseudo name for the interviews.*

   Benefits (benefits of your research to society in general): *The benefits of this research conducted will add to current literature for future research, practice, and theory and be a guide to current and future faculty who desire to gain a chair position within an academic institution. It will serve as a guide for institutions to be able to adapt culture, flexibility, and support for female faculty desiring to achieve this level of status and rank within the institution.*

17. **Identifiability of data or specimens**: Will the specimens or data be identifiable?

   (NOTE: Any time code numbers are used, or signed consent forms are used, there is ALWAYS potential identifiability of data).

   ☒ Yes   ☐ No   If yes, complete item 17a

   17a. State the type of identification, direct or indirect, on any specimens or data when they are made available to your study team: *Direct identifiers will include subjects name, medical academic institution and department. Indirect identifiers will include numeric order starting with one and pseudo names (if chosen) assigned to the participants on transcripts and demographic data. The PI will use these numbers and names as identifiers to all subjects.*

   Direct Identifiers include subject name, address, social security, etc.

   Indirect Identifiers include any number that could be used by the investigator or the source providing the data/specimens to identify a subject, e.g., pathology tracking number, medical record number, sequential or random code number)

18. **Confidentiality and Protection of Data:** Specify how confidentiality will be secured and maintained for research data

    For example, locked in file cabinet in office; on password protected computer, location(s) of computer; identifiers and signed consent forms are kept locked in separate entity from data, etc.).

    Data will be collected on a password protected computer at PI's home. Identifiers for the participants and signed consent forms will be stored on designated thumb drive locked in storage cabinet within PI's home office. No transcripts or other data will be stored on the same flash drive as the identifiers.

19. **Access to Data**: Specify faculty and staff (members of the study team) permitted to have access to the study data.

    Dr. Jerry Gilley, Dr. Judy Sun, Dr. Ann Gilley, Dr. Paul Roberts

20. **Have all individuals who have access to data been educated about human subject ethics and confidentiality measures?** (NOTE: This is responsibility of PI, and certificates must be attached to IRB application)

    ☒ Yes   ☐ No

21. **If data is on a laptop, acknowledge that the laptop will never be in an insecure location where theft is possible (e.g., in a locked car)**
    The data will not be stored on laptop. The data will be on a password secured desktop.

SIGNATURE OF PRINCIPAL INVESTIGATOR: Signature indicates agreement by the PI to abide by UT Tyler IRB policies and procedures in the UT Tyler Handbook and the Federal Wide Assurance, to the obligations as stated in the "Responsibilities of the Principal Investigator" and to use universal precautions with potential exposure to specimens.

Stephanie Dunn   *02/12/2018*
_____

Principal Investigator Signature   Date
Please print name or affix electronic signature.
Electronic submission of this
form by PI indicates signature

Categories for Exempt Research

The following categories for Exempt Research is in compliance with Subpart **46.101(b)** of the Federal Policy for the Protection of Human Subjects, located at: http://www.med.umich.edu/irbmed/FederalDocuments/hhs/HHS45CFR46.html#46.101

1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (2) if (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

5. Research and demonstration projects which are conducted by or subject to the approval of Department or Agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs, (ii) procedures for obtaining benefits or services under those programs, (iii) possible changes in or alternatives to those programs or procedures, or (iv) possible

changes in methods or levels of payment for benefits or services under those programs.

6. Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Categories for Expedited Research

The following describes research activities and categories for expedited reviews:

(A) Research activities that: (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, as authorized by 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

(B) The categories in this list apply regardless of the age of subjects, except as noted.

(C) The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects in terms of financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

(D) The expedited review procedure may not be used for classified research involving human subjects.

(E) The standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review--expedited or convened-- utilized by the IRB.

(F) Categories one (1) through seven (7) pertain to both initial and continuing IRB

review.

The following categories for Expedited Research is in compliance with
45 CFR 46.110 and 21 CFR 56.110 of the Federal Policy for the Protection of
Human Subjects, located at:
http://www.hhs.gov/ohrp/humansubjects/guidance/expedited98.htm

RESEARCH CATEGORIES

CATEGORY #1 **Clinical studies of drugs and medical devices only when condition (a) or (b) is met.**

(a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)

(b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

CATEGORY #2 **Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows**:

(a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or

(b) from other adults and children [children are defined in the HHS regulations as "persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted." 45 CFR 46.402(a)]., considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

CATEGORY #3 Prospective collection of biological specimens for research purposes by noninvasive means.

Examples: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.

CATEGORY #4 Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves.

Where medical devices are employed, they must be cleared/approved for marketing. (<u>Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible</u> for expedited review, including studies of cleared medical devices for new indications.)

Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

CATEGORY #5 Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).

(NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)

CATEGORY #6 **Collection of data from voice, video, digital, or image recordings made for research purposes**.

CATEGORY #7 **Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.**

(NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

CATEGORY #8 **Continuing review of research previously approved by the convened IRB as follows:**

(a) where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or

(b) where no subjects have been enrolled and no additional risks have been identified; or

(c) where the remaining research activities are limited to data analysis.

CATEGORY #9 **Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.**

THE UNIVERSITY OF TEXAS AT TYLER

Informed Consent to Participate in Research
Institutional Review Board # Sp2018-100
Approval Date: February 17, 2018

1. **Project Title: EXAMINING WORK-LIFE BALANCE OF FEMALE FACULTY IN CHAIR ROLES AT MEDICAL ACADEMIC INSTITUTIONS.**

2. **Principal Investigator: Stephanie Dunn**

3. **Participant Name:**

4. **Simple Description of Project Purpose:** The purpose of this study is to examine the influence of work-life balance on women who hold Chair faculty roles within medical academic institutions. The study will expand on previous research and theories examining work-life balance. It will focus on their determination to gain such a role and the affects, if any, to having a family.

5. **Research Procedures:** <u>If you agree to be in this study, we will ask you to do the following things:</u>

    a. You will be asked to set up a meeting with the researcher via Zoom to talk about your chair position and work-life balance.

    b. You will be asked to record your understanding of the purpose, risks, and voluntary nature of participation in this study and your consent to participate

    c. The interview will be recorded unless you choose to not have it done so. Recordings can be audio only or audio with your picture or live video feed. You are free to ask the researcher to cease the recording at any time.

    d. You may be asked to meet again to obtain more information, if needed.

6. **Potential Risks:** Risks include the possibility of mild distress during interview. As with video recorded interviews, there is a risk of confidentiality breaches, therefore, Zoom which is the secure software used by The University of Texas at Tyler will be used to conduct the interviews. To protect confidentiality, participants will be given the option to use a pseudoname for the interviews. The recordings will be maintained for a period of three years but will be securely maintained with no access by anyone except the PI. The purpose of this is to maintain the informed consent aspect of the recording.

7. **Potential Benefits:** The benefits of this research conducted will add to current literature for future research, practice, and theory and be a guide to current and future faculty who desire to gain a chair position within an academic institution. It will serve as a guide for institutions to be able to adapt culture, flexibility, and support for female faculty desiring to achieve this level of status and rank within the institution.

<u>Understanding of Participants:</u>

8. I have been given a chance to ask any questions about this research study. The researcher has answered my questions. I understand any and all possible risks.

9. If I sign this consent form I know it means that:

- I am taking part in this study because I want to. I chose to take part in this study after having been told about the study and how it will affect me.

- I know that I am free to not be in this study. If I choose to not take part in the study, then nothing will happen to me as a result of my choice.

- I know that I have been told that if I choose to be in the study, then I can stop at any time. I know that if I do stop being a part of the study, then nothing will happen to me.

10. I have been promised that that my name or other identifying information will not be in any reports (presentations, publications) about this study

unless I give my permission. The UT Tyler Institutional Review Board (the group that makes sure that research is done correctly and that procedures are in place to protect the safety of research participants) may look at the research documents. This is a part of their monitoring procedure and will be kept confidential.

11. If I have any questions concerning my participation in this project, I will contact the principal researcher: Stephanie Dunn at sdunn4@patriots.uttyler.edu.

12. If I have any questions concerning my rights as a research subject, I will contact Dr. Gloria Duke, Chair of the IRB, at (903) 566-7023, gduke@uttyler.edu.

CONSENT/PERMISSION FOR PARTICIPATION IN THIS RESEARCH STUDY

I have read and understood what has been explained to me. I give my permission to take part in this study as it is explained to me. I give the study researcher permission to register me in this study.

My consent to participate will be through participation in the interview process.

Appendix C

Email Requesting Participation in Study

Dr. (Full Name):

Hello, my name is Stephanie Dunn and I am a PhD student at the University of Texas at
Tyler conducting a qualitative dissertation study on work-life balance of female faculty in
chair roles at medical academic institutions.

The process would involve about an hour of your time to answer questions in a video
conferencing setting. Your contribution to this research will help other female faculty in
achieving this position within medical academia. Your participation and time will be
greatly appreciated. Please let me know dates and times you will be available to
participate in this research study.

Sincerely,

Stephanie Dunn, PhD Candidate

The University of Texas at Tyler

College of Business and Technology

sdunn4@patriots.uttyler.edu

Appendix D

Demographics for Participants

Demographics of the potential participant:

1. What is your age group? ___30-35 years ___36-40 years ___41-45 years ___46-50 years ___50-55 years __56-60 years ___61-65 years ___66-70 years ___70+ years

2. What is your race/ethnicity?
___ American Indian/Alaskan Native
___ Asian / Pacific Islander
___ Black / African American
___ Hispanic
___ White / Caucasian
___ Other

3. Do you have children living in your household? ___ yes ___no

4. Do you have aging parents living in your household? __yes ___no

5. Are you married? __yes ___no

6. Would you be willing to participate in a 45-60 minute interview about your chair position? ___yes ___no

Appendix E

Interview Questions:

1. Were/are there any advantages or disadvantages in gaining this position?

2. How have these advantages/disadvantages allowed you to manage your career and home life?

3. Are your personal domains and work domains flexible enough for you to be able to balance between the demands of the two?

4. As a female in this role, how are you treated by your peers in relation to the demands of the job and home life?

5. How has the ability to sustain your Chair position and a household at the same time allowed for you to maintain a balance in roles of the two areas in your life?

6. Were/Are there times, while in this position, that you found yourself feeling strained between your role at work and your role at home?

7. Thinking about your role at work/home, do you find yourself at ease with both?

8. What do you attribute to your success of balancing one or both roles?

9. Think about the moment when you achieved your position as Chair. Were there any obstacles, barriers, or sacrifices at work to achieve this position?

10. Throughout the course of your career, have you had to compromise anything, big or small, to achieve your chair role as a woman?

11. How did you cope with the decision and stay on track in your career?

12. What allowed you to achieve the role of Chair?

13.   Do you plan to continue your role of Chair in the near future?