

Counternarratives that Illuminate Faculty Agency: A Longitudinal Qualitative Study of Physician Educators in Academic Medicine

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Abstract

Physician educators are often expected to direct educational programs to advance their careers in academic medicine; however, what happens when physician educators' internal sense of being an educator does not fit with expectations? Using longitudinal qualitative data, we composed three counternarratives that illuminate agentic perspectives and actions of physician education. Our narrative analysis of longitudinal data occurred in 3 phases: organizing data from interview transcripts into time-ordered displays; weaving data into counternarratives that were edited by participants; applying O'Meara's conceptualization of faculty agency as both strategic perspective and strategic action. For one participant, faculty agency meant grappling with misaligned values and then leaving academic medicine for a job in private practice. For another, faculty agency meant striving to return to his baseline self as an educator and then reducing clinical work so time (albeit unpaid) could be spent on educational projects. For yet another, faculty agency meant recognizing that that a program leadership role was a poor fit and opting out of that role. In sum, participants deliberated their sense of being a physician educator (strategic perspectives) and when expectations became untenable, they did what they needed to do to advance their own career (strategic action). Our findings provide counternarratives that communicate insight and possibility for how physician educators might advance alternate careers in medical education and offer dynamic ways to understand agency in academic medicine.

Introduction

Physicians advance in their careers in medical education by conforming to longstanding field norms in academic medicine (Eghosa-Aimufua, Boam, Webb, & Browne, 2022; Han, Korte, Prakash, & Hingle, 2022; Jenkins, 2020). These norms include securing grant funding, publishing in academic journals, and being recognized as experts and leaders (Boyer, 1990). For physician educators, field norms typically entail directing educational programs with administrative responsibilities (Chang et al., 2021; Ryan, Tucker, DiazGranados, & Chandran, 2019). But directing a program is only one dimension of being a physician educator (Accreditation Council of Graduate Medical Education, 2022; Srinivasan et al., 2011) What happens to physician educators' whose internal sense of being an educator does not include directing an educational program? What agentic actions might their internal sense of being an educator provoke, if any? The extant body of literature supports a dominate narrative of dissatisfaction among physician educators in academic medicine, tolerating and thus reinforcing field norms. What the literature does not provide are counternarratives, i.e., templates or prototypes that people can use to construct and understand stories about career advancement (Frank, 2010). Without counternarratives, physician educators in academic medicine will continue to see career advancement as a process of conforming to field norms because they cannot readily envision an alternate career path.

Background

A vast body of literature critiques academia's social structure and embedded field norms (Albert, Hodges, & Regehr, 2007; Becher, 1987; Boyer, 1990; Hermanowicz, 2009; Hoff & Pohl, 2016; Jenkins, 2020; Parsons & Platt, 1973). Specific to academic medicine, sociologists in the late 20th century (Freidson, 1985; Hafferty & Light, 1995) proposed that stratification heightened the authority of physician investigators and left "rank-and-file practitioners" with considerably less "freedom of action" than in the past. Fast forward 30–40 years. Today, physician educators typically have high clinical work expectations (akin to rank-and-file practitioners).

Nonetheless, they are held to research expectations for career advancement, not clinical work expectations or even consensus-based criteria for educational excellence (Atasoylu et al., 2003; Baldwin, Chandran, & Gusic, 2011; Chang et al., 2021; Fantaye et al., 2022; Levinson & Rubenstein, 1999; Ryan et al., 2019; Sheffield, Wipf, & Buchwald, 1998). Disparities in career advancement of physician investigators versus physician educators have been reported; for example, there are longer times to promotion for physician educators (Beasley, Simon, & Wright, 2006; Beasley & Wright, 2003). Perceptions of disparities are also reported, with physician educators feeling undervalued in academic medicine's social structure compared to their physician investigator peers (Bartle & Thistlethwaite, 2014; Browne, Webb, & Bullock, 2018; Hu et al., 2015; Kumar, Roberts, & Thistlethwaite, 2011; Sabel & Archer, 2014; Sethi, Ajjawi, McAleer, & Schofield, 2017; van Lankveld et al., 2017). Taken together, the dominant narrative for physician educators in academic medicine is one of constraint around career advancement. Thus, a study of agency is especially important for physician educators who feel undervalued and constrained by limited "freedom of action" to pursue the careers they want.

Theoretical Frame

Agency in careers of physician educators has been described using related concepts such as self-direction, initiative, and pro-activity (Bartle & Thistlethwaite, 2014; Browne et al., 2018; Sethi et al., 2017; Thomas et al., 2020). For example, Thomas et al (2020) reported that "proactivity led directly to new roles and opportunities" (pg 660). An exception is the work of Jauregui, O'Sullivan, Kalishman, Nishimura, and Robins (2019) who reported a push-pull influence of agency and context on the maintenance of physician educator identity among graduates of longitudinal faculty development programs. However, these authors also describe agency as "taking initiative to mentor" and "actively seeking ways to create projects" (Jauregui, O'Sullivan et al., 2019, pg 125). The focus on actions minimizes the significance of agentic perspectives, i.e., the internal process of making meaning of situations in ways that advance career goals without more external enactment and reflects a larger problem: agency is infrequently theorized in medical education (Varpio, Aschenbrener, & Bates, 2017).

Seeking a fuller understanding of agency in this paper, we relate the advancement of alternate career paths to the concept of faculty agency. O'Meara (Campbell & O'Meara, 2014; O'Meara, 2015; O'Meara & Campbell, 2011) purports that faculty agency is both assuming strategic perspectives (i.e., self-beliefs, self-talk, internal deliberations) and taking strategic actions toward career goals (i.e., taking on agentic behavior, taking strategic steps in action). In higher education, faculty agency has been used to explore career-family balance (O'Meara, 2015; O'Meara & Campbell, 2011), barriers to career advancement (Terosky, O'Meara, & Campbell, 2014), and measures of resistance enact toward cultural norms of higher education (Baez, 2000; Gonzales, 2015). Thus, our understanding of faculty agency considers two expressions of agency: a) strategic perspectives, what they believed was possible in their careers and b) strategic actions, what participants did to advance their career. Building from an extensive review of social science literature — sociology (Archer, 2000; Emirbayer & Mische, 1998), psychology (Bandura, 1994), social psychology (Elder, 1994) — O'Meara's faculty agency also considers *where* (context) and *when* (time) agency happens. The latter is particularly important given our longitudinal approach to research described below. Drawing on work by Emirbayer and Mische (1998), O'Meara considers agency as informed by the past, oriented toward the future, and responsive to contingencies of the present. Simply put, understanding agency in the flow of time is critical to understanding agency at all.

The purpose of this paper is to describe and analyze how physician educators assumed strategic perspectives and took strategic actions over the course of five years to advance their careers. What we add to the literature are counternarratives, constructed from longitudinal qualitative data, that illuminate faculty agency and provide intimate, individual stories of what happens when physician educators push back on field norms for career advancement in academic medicine.

Research Approach And Orientation

We took a longitudinal qualitative approach to research (LQR), meaning we followed the same individuals through time (Balmer & Richards, 2017; Balmer, Varpio, Bennett, & Teunissen, 2021; Neale, 2019). This approach is particularly well-suited for research that explores phenomenon such as agency within the flow of time (Balmer & Richards, 2022; Neal, 2019). LQR is prospective inquiry: it follows the same people in real time, capturing stories of change (or continuity) as change happens and as it is anticipated. LQR is also retrospective inquiry: it explores change (or continuity) in hindsight, asking participants to respond to their former selves.

Our LQR is grounded in an interpretivist tradition, a tradition that elevates storied experiences as valuable and legitimate sources of knowledge (Lincoln & Guba, 1985). As such, reflexivity is central to understanding our work. D.F.B. is a white female, clinician-turned-researcher at the AMC where the participants were employed. Her experience with LQR helped her recognize that by exploring participants' experiences in the context of a long-term research relationship, they were co-constructing a new way to make sense of those experiences. D.F.B. partnered with A.E.B., a biracial (AAPI/white) female with expertise in narrative analysis. A.E.B. is an educator-turned-researcher whose critical research lens helped frame how individuals navigate social structures and field norms. S.A.R. is a white male, physician educator with a master's degree in medical education from AMC and experience with LQR.

Sample And Context

We derived data for this study from a larger LQR that traced the storied experiences of a cohort of eleven US physician educators who started the same graduate program in medical education in 2016 and completed the program in 2018. More information about the program, the cohort, and their experiences in and after the program can be found elsewhere (Balmer, Rosenblatt, & Boyer, 2021). Three participants from the original cohort offered significant insights into how physician educators acted in ways that run counter to field norms for their career advancement. Our decision to focus on these three participants reflects our research orientations: participants' lives are storied experiences, and when analyzed through a temporal and narrative lens, lead to deeper understandings about structural traditions that are often taken for granted, such as legitimate ways to advance careers in academic medicine. Given our rich, prospective data, our targeted aim, and our expertise in LQR and narrative analysis, we were confident that our sample could yield sufficient qualitative findings (LaDonna, Artino, & Balmer, 2021; Malterud, Siersma, & Guassora, 2016).

At the start of the study, all three participants were employed by a large, research-intensive, academic medical center (AMC) in the United States. All three completed medical school and residency in the US; two completed

fellowships at AMC. Their main areas of expertise were anesthesia, surgery, and internal medicine. All three participants were assistant professors at AMC at the start of the study. One was on a standing faculty track where promotion rested largely on scholarly productivity; two were on the associated clinical faculty track where scholarly productivity was not required for promotion. Regardless of track, all three were working full time and acting primarily as clinicians and clinical teachers for fellows, residents, and medical students.

Data Collection

D.F.B. led six annual interviews, starting in 2016; from 2018–2021, she was assisted by S.A.R. In these interviews, D.F.B. and S.A.R. asked several main questions to elicit information about things like peak learning experiences within a specific timeframe and career goals. In recursive interview style (Balmer, Varpio, et al., 2021) shared with each participant's their prior responses to main questions and asked participants to reflect on those responses. None of the interview questions asked specifically about personal/social identities.

In-person interviews were conducted in 2016–2019; subsequent interviews were conducted via video conferencing due to COVID-19 restrictions. Interviews lasted an average of 32 minutes (range 20–56 minutes). All interviews were audio-taped and transcribed by D.F.B., S.A. R., or a professional transcription company. The Institutional Review Board at Children's Hospital of Philadelphia approved the study (IRB 16-012984) in 2016.

Data analysis

Our analysis was an iterative process. Recognizing the important insights into alternate career paths in medical education offered by our three participants and tapping into our own experience with stories derived from LQR (Balmer, Devlin, & Richards, 2017; Balmer, Rosenblatt, & Boyer, 2021; Balmer, Teunissen, Devlin, & Richards, 2020; Blalock & Leal, 2022), we proceeded with narrative analysis. Narrative analysis entails relating events and actions to one another to produce a temporally organized whole (Clandinin & Connelly, 2000; Konopasky, Varpio, & Stalmeijer, 2021; Polkinghorne, 1995). We drew upon a holistic lens from narrative analysis, a lens that "preserves the status of a story as a complex and integrated unit" (Konopasky et al, 2021, p 1370). By honoring the entirety of each participant's stored experience (Konopasky et al., 2021; Polkinghorne, 1995), this holistic lens also privileged the longitudinal nature of our data.

Our dataset for this study consisted of 18 interviews (six interviews per participant) conducted from 2016 to 2021. Field texts were comprised of 150 pages of single-spaced interview transcripts. Data were managed in Atlas.ti v 9 (Scientific Software Development, Germany).

We analyzed data in three phases. In the first phase (Fall 2021), D.F.B. reviewed all field texts. As the primary investigator for the larger LQR, she had an existing, intimate knowledge of the field texts. To start narrative analysis for this study, she proceeded with a reading that was sensitized by her understanding of agency as unfolding through time. She wrote analytic memos about salient concepts like directing imagining one's future career and what counts as legitimate career advancement in academic medicine. Then she created a time-ordered display where portions of field texts that illustrated agentic actions, what triggered those actions, and deliberations about those actions were displayed chronologically for each participant.

In the second phase of data analysis (Winter 2021), D.F.B. wove portions of field text from time-ordered displays into two-page, interim counternarratives for each participant. Agentic actions served as plot points in the counternarratives and formed a narrative arc for each participant's story. D.F.B. shared interim counternarratives in final interviews with the three participants. She asked them to edit their counternarrative to better reflect their nuanced and evolving experience. (Clandinin, Cave, & Berendonk, 2017; Clandinin & Connelly, 2000) Two participants added details which highlighted the intentionality behind their agentic actions.

In the third phase of data analysis (2022), D.F.B. shared analytic memos and near complete counternarratives with A.E.B. In an initial reading, A.E.B. applied the theoretical lens of agency from O'Meara's conceptualization, making notations of strategic actions and perspectives throughout the counternarratives. With these notations in hand, D.F.B. turned back to original transcripts to check credibility and added detail to the counternarratives. In this iterative process of transitioning from interim counternarratives to final counternarratives, our presentation of findings began to take shape. Clandinin and Connelly (2000) describe this process as one where researchers both follow the thread of a story as well as construct the story, sometimes as a reflection of theoretical underpinnings. Hence, D.F.B. and A.E.B. discussed their application of O'Meara's lens, adding more detail about how agency was deliberated (strategic perspective) and enacted (strategic action) in the counternarratives. Together, they highlighted what happened when participants' internal sense of what it means to be an educator did not align with field norms and the actions provoked by that misalignment. These revisions of the counternarratives formed the final presentation of findings.

Results

We present the counternarratives of three physician educators: Thomas, Samir, and Joy. We acknowledge that macrolevel social structures like race, ethnicity, gender, and citizenship are inseparable from career advancement and from each other. We strove to echo participants' understanding of how these social structures shaped their careers, rather than foreground those social structures. We used pseudonyms that reflect the gender of the participants, and when mentioned by the participants, their race and ethnicity.

Thomas

Thomas started his career in academic medicine with a focus on research but shifted to education when he came to grips with how much he valued teaching. At the start of the LQR (2016), Thomas articulated career goals, which he assumed would involve staying at AMC. But he added, "*If it means going somewhere else, that's okay.*" He began to consider different perspectives to his career, perhaps anticipating an alternate path.

Over the next year, Thomas took on roles that involved directing a residency program and medical student rotation. During that same timeframe, he had transformative conversations in the Masters' program where "*internal conceptualizations of self-as-educator become external*". As Thomas sharpened his sense of self as educator, he questioned his role in directing education programs: "*For me, education isn't an administrative endeavor but the thing that I care about the most. What I value and what is valued for promotion are not in sync.*"

After grappling with role vs self-as-educator misalignment, Thomas acted strategically. He left AMC for a job as director of education in a private practice group.

"When you go into medicine, you just get on this train. And if you do everything right, and you work hard, you'll just keep going. And you get a lot of pats on the back. But it doesn't feel at times like an active process." (2018)

In this conversation, Thomas quickly moved from inaction to action: *"But now this feels active...doing what I'm NOT supposed to do by academic standards feels more active. It's actually empowering because I feel like if I can make this left turn now, then I can do it later.* In sum, Thomas shifted from considering *"going elsewhere"* to grappling with the ill-fitting role of program leadership, to expressing agentic perspectives into action. He explicitly spoke about feeling active in making the move into private practice. Although deciding to leave AMC seemed to Thomas like an abrupt action, seeds had been planted two years earlier. What was once Thomas' future (being okay to leave AMC) became a contingency of the present (deciding to leave AMC) when field norms became untenable. Upon hearing his earlier openness to leaving AMC if necessary to achieve his career goals, Thomas remarked:

"I can't believe I said that two years ago. I wish I could have just listened to myself at that point. No, I know – you do things when you're ready to do them. I had no idea that I was even thinking that. To think that I was in sort of the pre-contemplative stage in 2016, assessing and re-assessing, then getting to sort of contemplative, and then the action stage, that's crazy." (2018)

Two years after he left AMC (2020), Thomas reflected on his leaving academic medicine. He had hoped that his new job as a physician educator in private practice would afford him a chance to *"lead educational endeavors without the academic pressures"*. But he admitted, *"that it hasn't worked out."* Distant from academic medicine and disillusioned with private practice, Thomas wondered, *"I'm not sure what my life has to do with medical education anymore, which for me is problematic."*

By the end of the LQR (2021), Thomas' doubts about himself as a physician educator outside of academic medicine had largely subsided. In the months before the final interview, Thomas had interviewed for jobs at other AMCs. However, this time, Thomas' decision to stay—not leave—was his active decision: *"I've interviewed a few places but am staying in private practice. My attitude now is, 'I'm going to make this work.'* In sum, Thomas considered where he had been and where he wanted to be and then made the decision to stay in private practice.

Samir

From the start of the LQR (2016), Samir had a strong sense of who he was as educator. *"Education is by far what makes me the happiest and I feel is the most me."* He talked about his layered experience of having a background unlike his peers due to familial history, feeling racially marginalized, and coming to AMC from a less competitive institution. A child of immigrants from South Asia, Samir recalled:

"I have always been an outsider. The culture that I grew up in, the religion that I grew up in. I have never fit into what the norm is; I'm never classically average. As a result of that I have always had a different perspective." (2016)

Although Samir made strides early in his career, he described career advancement as a passive process of “*getting caught up in the game*”. He contrasted the game (i.e., conforming to field norms) to his own deliberations prompted by the master’s program: “*It forces you to think about yourself and your future and who you are and what you want...should I be trying to move up in the world just because that’s what everyone else is doing?*”

Samir was keenly aware that being on a clinical track at AMC meant that clinical work—not education—was the top priority for career advancement. Any losses to clinical revenue brought in by clinical work needed to be offset by other funds. Thus, one of Samir’s goals in 2016 was to “*buy out*” clinical time by assuming a program leadership position. Samir questioned that goal one year later:

“I felt that in the context of academic medicine I needed external leadership roles to fund my time and validate myself. But now, I’m appreciating the difference between those roles and what is important to me. I can refresh, recharge, and rejuvenate myself back to who I am at baseline.” (2017)

Although Samir took stock of who he was as an educator and where he wanted to be in subsequent interviews, it wasn’t until 2020 that he shifted from agentic perspective to action. Samir observed peers who “*exercise their agency, reduce their time, and focus on things they enjoyed*” and followed their example. He reduced his clinical work to 60% of a full time equivalent and dedicated his newfound 40% “free time” to focus on educational projects that mattered to him.

In sum, Samir’s deliberations in the first four years of the study seemed to pave the way for his move to a part-time position. The literal (salary) and figurative costs (implications of resisting field norms) were ones Samir was willing to pay in order to do the work that meaningful to him: “*Once you sign up with an academic institution, you make a deal that you’ll do teaching stuff for free. But if I didn’t do that stuff for free than I would be miserable.*”

Joy

Joy is a self-described “*minority demographic*” by virtue of being a female in a male dominated surgical specialty. Minority thinking foreshadowed her determination to do the work in academic medicine that was meaningful to her as an educator. Joy recognized that her pursuit of a graduate degree in education was a “*total curve ball*” in her speciality. Although directing a large training program was an expected “*next step*” as an educator, she pushed back: “*I know that program director position, that title, is a lot of mindless work. I assume it’s the next step, but I don’t know if I want to take it.*” Joy’s deliberations about taking on the program director role began to take shape.

In the second interview, Joy confirmed that she had moved from agentic perspective into action. She understood the “*politics*” of not conforming to field norms but, nonetheless, opted out of a program director role, based in part of the circumstances under which it was offered. She credited the master’s program for helping her take action: “*The program helped me realize, quicker than if I were left to my own devices that the program director role is not the right fit for me with what I want to do and where I want to go.*” This is not to say that Joy avoided all education leadership roles. Over the next few years, she talked about her leadership roles in a national group of surgical educators. And she spoke at length about leading educational projects at AMC,

such as running a professionalism series that was feasible and meaningful to residents in her surgical specialty.

Toward the end of the LQR, Joy held fast to her own career goals. Rather than feeling boxed in by field norms, she created choices. In sum, Jo did what she needed to do to be the physician educator she wanted to be, opting not to direct a large medical education program. She found alternatives to the field norms in academic medicine:

It gives me more of a chance to continue to nurture my clinical practice, to do what I do on the national level, and to explore these educational research questions that I have which I know that being a program director would not allow me to do. I have found other ways to pursue medical education, and actually – I think that's better. I think that in some ways is perhaps more interesting to me. (2020)

Discussion

We traced the storied experience of three physician educators over the course of five years using faculty agency as a theoretical lens for understanding how they advanced their careers in medical education. For Thomas, faculty agency meant grappling with the expected role vs self-as-educator misalignment and ultimately leaving academic medicine altogether to work in private practice. For Samir, faculty agency meant navigating misalignment between the expected roles of a physician educator and his baseline self, and then reducing his clinical work so he could spend time on educational projects, albeit unpaid time. For Joy, faculty agency meant deliberating about taking on a program director role and deciding to opt out. Taken together, their counternarratives communicate insight and possibility for how physician educators advance their careers.

Implications For Theory

We offer a fuller understanding of agency as both strategic perspectives representing what they believed was important and possible in their careers, and strategic actions representing what participants did to advance their career (O'Meara & Campbell, 2011). Findings from a cross-sectional survey of almost 500 tenure track faculty at a research-intensive university in the US reported a positive effect of strategic perspective on strategic action was strong and positive (Campbell & O'Meara, 2014). In our study, participant's counternarratives offered a closer look at how normative structures of academic medicine weigh on their sense of self as educator, and mapped out when and how self-talk, deliberations, and dialogues (strategic perspectives) influenced strategic action. Simply stated, our findings suggest that the expression of agency through perspective influences the expression of agency through action. Although we make no claims of causality (i.e., that perspectives cause action) we do put forth the potential of LQR to go beyond description and point to causality. (Hermanowicz, 2009; Neale, 2019).

In line with Emirbayer and Mayer (1998), we propose dynamic ways to understand agency as it occurs in the flow of time. Over the course of the study, Thomas, Samir, and Joy made up their minds and did what they needed to do to achieve their career goals, albeit at different points in their careers. Thomas conformed to field norms for career advancement in academic medicine initially but then pushed back and left academic medicine. Whereas Joy accumulated her questions about field norms from the start. Our participants' stories

remind us that it is the accumulation of experiences through time that matters when it comes to faculty agency, not a single identifiable moment or a simple, two before-and-after.

Implications For Practice

We offer counternarratives that serve as a template for understanding stories about faculty agency (Frank, 2010; Polkinghorne, 1995). We acknowledge that our findings are drawn from relatively junior faculty at one AMC and may not be transferable to more senior faculty or faculty at other AMC. Still, our findings have utility for the advisement of physician educators in academic medicine, not because they offer a list of career options but because counternarratives impart worthwhile knowledge about the constraining influence of field norms. Making physician educators aware of alternate career paths in medical education could encourage them to pursue agency-enhancing opportunities and broaden how they envision their future.

Implications For Research

We advance longitudinal methodologies in medical education. In our LQR, each point of data collection became responsive to participants' previous and current experiences. Narrative analysis framed what could potentially be an unwieldy amount of qualitative data, helping to narrow vast amounts of field texts, analytic memos, and conversations into manageable amounts of information from which we storied participants experiences into counternarratives. Additionally, narrative analysis highlighted the close relationships that develop over long periods of time during LQR studies. D.F.B. was more than an intimate knower of data, her depth of knowledge and understanding—her relationships—were an integral part in how these counternarratives were pieced together.

There is much room for LQR such as ours to center minoritized individuals and how they experience the pressure to conform to field norms in a heightened way, due to structural forces such as racism. Critical theories consider the dynamics between agency and structural forces and will be an important lens for future studies.

Conclusion

We argue that faculty agency is a useful theoretical lens for conceptualizing how physician educators navigate and advance their careers. Intimate, individual stories of faculty agency often go untold, and as a result, strategic perspectives go unheard and strategic actions unnoticed. Counternarratives push back on the predominate narrative of constraint around career advancement. Considering career advancement in different ways, as illustrated herein, is critical because it could portend a different future for physician educators in academic medicine.

Declarations

Statements and Declarations: The authors have no financial or non-financial interests that are directly or indirectly related to the work submitted for publication.

Ethical Approval: Approved by Children’s Hospital of Philadelphia, IRB 16-012984, on August 23, 2016.

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