

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Qualitative Study on the Impact of Gender on the Career Development of Female Traditional Korean Medicine Doctors
AUTHORS	Chun, Se Eun; Lee, JuHyun; Lee, Ju Eun; Lee, Seung Min; Leem, Jungtae; Kim, Hyunho

VERSION 1 - REVIEW

REVIEWER	Dr Laura Jefferson Department of Health Sciences, University of York UK
REVIEW RETURNED	14-Mar-2019

GENERAL COMMENTS	<p>This is an insightful and important piece of work that has been thoroughly undertaken and described. There are some shocking findings with important context provided through the excerpts from interviews in this setting, which has relatively low numbers of female doctors compared to other developed countries.</p> <p>Although the quotes add excellent context to the narrative, some are lengthy and at times it may not be necessary to include so much or multiple quotations on the same topic.</p> <p>There are general issues with the level of written English in this article, but with revision to correct these, this could be a insightful article. This needs particular attention in the abstract.</p> <p>In addition, were there any variations by specialty examined in the qualitative analysis? If so, please elaborate.</p>
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REVIEWER	Lulu Alwazzan Al-Imam Muhammed Ibn Saud Islamic University Kingdom of Saudi Arabia
REVIEW RETURNED	27-Mar-2019

GENERAL COMMENTS	<p>I thank the authors for conducting an important study on the experiences of women in Korean medicine. The majority of the English literature on gender reports Western experiences, consequently, the originality of this study is its offering of a non-Western perspective. Context is of grave importance, I was intrigued to know more about how a Korea is different from other setting. It is therefore my recommendation that a section early on</p>
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	<p>is added on the Korean context. This is especially important if one aims to publish in a journal such as BMJopen that has a global readership, who may not be familiar with Korean culture.</p> <p>For example, I was eager to know what “traditional Korean Medicine” meant? Is it different from widely practiced modern medicine? What did participant #005 mean by “aesthetics like skin care or weight loss” Is she referring to plastic surgery as a specialty or dermatology? She mentioned weight loss, in modern medical practice that I’m familiar with (North American, Middle Eastern, European, and African) issues of weight loss may be dealt with a number of specialists, a geriatric surgeon for example, if this is the case, I’m not sure why the participant may be offended by the suggestion, surgery being stereotyped as masculine. However, if the participant is referring to a speciality concerned with nutrition, I’m amiable to agree, that she is stereotyped by her gender to being more suited to treat less serious medical concerns. Another example: “Male doctors in Korea need to serve in a public health center for 3 years to complete their mandatory military service”, this is important contextual information because it shows gender bias in Korea may be more explicit than other countries. I’m wondering why women are not obligated to military service and how the authors think this may affect the experience of gender?</p> <p>Method: I’m wondering what the epistemological stance of this study is? Knowing the epistemological stance will help us understand the methodological choices and analysis of the data. For example, why was Straus and Crobin’s framework chosen?</p> <p>Moreover, quantitative terms were used e.g face validity, response bias, and selection bias, although this is a qualitative study. What might be thought of as response bias in quantitative studies, is actually a finding worth exploring through perhaps paralanguage analysis. For example, participants’ denial of gender being a career barrier.</p> <p>Discussion A worthy note, in the English gender literature, there is a distinction between medical practice and medical education. The two have distinct cultures that influence gender experience. I wonder if this is a consideration in a Korean setting? More importantly, there are several works the author could draw on to ground their work in the broader literature which are not mentioned. The work of Pololi on culture and gender. The work of Carr, Carnes, Morahan, and Levine on gender equity in academic medicine. The work of McKimm on the intersection of gender and leadership in medical practice and education.</p>
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VERSION 1 – AUTHOR RESPONSE

[Response to Reviewer 1]

#1. the quotes add excellent context to the narrative, some are lengthy and at times it may not be necessary to include so much or multiple quotations on the same topic.

Response: Thank you for your considerable feedback. We shortened quotes in the result part by removing and omitting some of them according to your advice. (please see p.8-13, analysis result)

#2. There are general issues with the level of written English in this article, but with revision to correct these, this could be an insightful article. This needs particular attention in the abstract.

Response: Thank you for your important point out. We carefully revised and proofread the entire English writing of the manuscript including the abstract. (please see the entire article)

#3. In addition, were there any variations by specialty examined in the qualitative analysis? If so, please elaborate.

Response: Thank you for your comment. We have clarified that the women-centered segregated specialties have impact on the women participants' employment at the process of the early job employment. (please see p.9, highlighted parts of 4th paragraph) We have also replaced the term 'specialty' with 'culture' to use more precise terms. (please see p.15, highlighted parts of 2nd paragraph)

Actually, we considered the specialty as gender-associated factor rather than a single decisive factor that has impact on the career development of KM female doctor in this study design, consequently, the more specific information relating the specialty was not sufficiently collected, and some information gathered was not saturated. In further study, we will consider a more elaborate methodology that confirm the impact of each factor from the study design stage. Thank you.

[Response to Reviewer 2]

#1. Context is of grave importance, I was intrigued to know more about how a Korea is different from other setting. It is therefore my recommendation that a section early on is added on the Korean context. This is especially important if one aims to publish in a journal such as BMJ open that has a global readership, who may not be familiar with Korean culture.

Response: Thank you for your insightful feedback. We added 'cultural context' section early on this article according to your suggestion. (please see p.4, 'Cultural Context')

#2. For example, I was eager to know what "traditional Korean Medicine" meant? Is it different from widely practiced modern medicine?

Response: The Republic of Korea has a dualized medical system, which includes traditional Korean Medicine (KM) and modern Western medicine (WM). KM has the different therapeutic method and knowledge system comparing to WM. However, both medicines coexist within the national healthcare system in Korea, and the practitioners of both medicines are legally entitled to MD. In this respect, KM is different from complementary and alternative medicine (CAM) in Western society. We described the meaning of traditional Korean Medicine in detail in the 'cultural context' section. Thank you for your interest in this issue. (please see p.4, 'Cultural Context')

#3. What did participant #005 mean by “aesthetics like skin care or weight loss” Is she referring to plastic surgery as a specialty or dermatology? She mentioned weight loss, in modern medical practice that I’m familiar with (North American, Middle Eastern, European, and African) issues of weight loss may be dealt with a number of specialists, a geriatric surgeon for example, if this is the case, I’m not sure why the participant may be offended by the suggestion, surgery being stereotyped as masculine. However, if the participant is referring to a speciality concerned with nutrition, I’m amiable to agree, that she is stereotyped by her gender to being more suited to treat less serious medical concerns.

Response: We are sorry for confusing you. In the Korea context, "aesthetics like skin care" means to the KM care like aesthetic medicine such as plastic surgery and dermatology. Also, “aesthetics like weight loss” means to the same as the second interpretation you mentioned. These are very commercialized and developed fields related to Korean lookism culture, but considered as less serious medical concerns than other medical problems that KM intensively treats. As you pointed out, we described the background information in the ‘cultural context’ section (please see p.4, ‘Cultural Context’) and ‘analysis results’ section. (please see p.8, highlighted parts of last paragraph)

#4. Another example: “Male doctors in Korea need to serve in a public health center for 3 years to complete their mandatory military service”, this is important contextual information because it shows gender bias in Korea may be more explicit than other countries. I’m wondering why women are not obligated to military service and how the authors think this may affect the experience of gender?

Response: Thank you for your important pointing out. Women in Korea are not obliged to military service on the basis of physical differences from men and are only possible to enlist voluntarily as a professional soldier. We think that mandates conscription is the main factor to make both men and women KM doctors have different experience in early career development. Women start their careers immediately after graduation, building up a considerable career experience unlike their men counterpart. However, as revealed in this paper, they exposed to vulnerable situations in the labor market related to their social identities such as gender, age, and culture, as well. We have incorporated this the contextual information in the ‘cultural context’ section. (please see p.4, ‘Cultural Context’)

Actually, we think that this different duty of conscription may have impact on various area besides early career development. However, as male doctors' duty of conscription is different from those of the public in Korea, we have to carefully interpret the existing research that has already revealed the impact of the mandate conscription on the gender problem. In Korea, Male doctors indirectly serve their mandate military service by working as a public health doctor. Consequently, they are in different situation from not only women doctors, but also other common male who should directly serve as a soldier. The effect that such different conscription system may has has not been studied yet. Therefore, we think that the KM doctors’ experience of gender under this particular circumstance will be more clarified by our further study including both women and men participants. Thank you.

#5. I’m wondering what the epistemological stance of this study is? Knowing the epistemological stance will help us understand the methodological choices and analysis of the data. For example, why was Straus and Crobin’s framework chosen?

Response: Thank you for your comment. The epistemological stance of this study is the symbolic interactionism theory and intersectionality theory. We have included this content in the ‘study design’ section. (please see p.5, highlighted parts of study design) In addition, Strauss and Crobin’s method was selected to capture the meaning given by participants themselves and the systematically

interweave the researchers' and study participants' perspectives. We added this explanation in the 'analysis' section. (please see p.6, highlighted parts of analysis)

#6. quantitative terms were used e.g face validity, response bias, and selection bias, although this is a qualitative study. What might be thought of as response bias in quantitative studies, is actually a finding worth exploring through perhaps paralanguage analysis. For example, participants' denial of gender being a career barrier.

Response: Thank you for your comment. We have changed the 'article summary' (please see p.2, highlighted parts of article summary) and the 'data collection' section (please see p.5, data collection) according your suggestion. We have also elaborated on the limitations of this study in discussion. (please see p.15, highlighted parts of 3rd paragraph).

#7. A worthy note, in the English gender literature, there is a distinction between medical practice and medical education. The two have distinct cultures that influence gender experience. I wonder if this is a consideration in a Korean setting?

Response: Thank you for your important pointing out. The results of this study are limited to the KM medical practice. We considered the distinction between medical education and medical practice at the design stage, because the faculties in KM medical education and the practitioners in KM clinical medicine often take a fairly different path in their career development and experience different organization culture. Therefore, considering that this is the first study to investigate the gender-related career issues in KM, we conducted research only on clinical medicine, which KM doctors are most engaged in. We added this explanation in the 'participants' section. (please see p.5, highlighted parts of participants)

#8. More importantly, there are several works the author could draw on to ground their work in the broader literature which are not mentioned. The work of Pololi on culture and gender. The work of Carr, Carnes, Morahan, and Levine on gender equity in academic medicine. The work of McKimm on the intersection of gender and leadership in medical practice and education.

Response: Thank you for your kind advice. We have thoroughly reviewed all recommended references and agree that these were deeply insightful works; however, since most of these researched the medical faculties, we cited only McKimm's work. We added the reference and content in the middle of 'discussion' section. (please see p.14, highlighted parts of 2nd paragraph). We hope that other recommended works can be conjugated in the further study.

VERSION 2 – REVIEW

REVIEWER	Dr Laura Jefferson University of York UK
REVIEW RETURNED	15-May-2019

GENERAL COMMENTS	1. The cultural context section which has been added provides valuable context. I feel this would, however, be better if worked into an introductory section rather than within methods.
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	<p>2. Within the cultural context you state that “the main therapies under KM are covered, either completely or partially, by the national health insurance, unlike in Western society.’ This is not strictly true and the sentence should be altered (even if just to say ‘unlike most Western health systems’) – The UK NHS provides treatments funded centrally rather than by the individual at point of access.</p> <p>3. Within the cultural context section, if listing the KM specialities, please list all 8, it seems odd to list 6 and say “and so on”</p> <p>4. Please elaborate on ‘lookism’ – this will be an unfamiliar term amongst many readers</p> <p>5. Typo on first line of ‘participants’ – remove “in”</p> <p>6. Discussion – although you have referred to McKimm, there are other published works, for example on the effect of gender in UK medical practice that may be worth reading and noting as there are striking similarities, despite the different cultural context (see for example Jefferson et al, 2015 – a qualitative study of hospital consultants)</p>
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REVIEWER	lulu alwazzan Imam Mohammad ibn Sau Islamic University
REVIEW RETURNED	28-May-2019

GENERAL COMMENTS	<p>I congratulate the authors on a well written article. They have taken the feedback provided on a previous submission of this article and have done a fine job of addressing it. There are very minor English language mistakes in the summary that should be addressed prior to publications: "This is the first study to be conducted on how their gender affects the career of female KM doctors." Who is they? Also "The study results help understand the career development process of female" Help who understand? This paper will contribute to the gender studies done in the field.</p>
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VERSION 2 – AUTHOR RESPONSE

[Response to Reviewer 1]

#1. The cultural context section which has been added provides valuable context. I feel this would, however, be better if worked into an introductory section rather than within methods.

Response: Thank you for your insightful feedback. We moved the cultural context section into an introductory section according to your suggestion. (please see p.4, Introduction)

#2. Within the cultural context you state that “the main therapies under KM are covered, either completely or partially, by the national health insurance, unlike in Western society.’ This is not strictly true and the sentence should be altered (even if just to say ‘unlike most Western health systems’) – The UK NHS provides treatments funded centrally rather than by the individual at point of access.

Response: Thank you for your important point out. We investigate the UK NHS system more deeply to deliver the accurate information, and elaborated on the sentence according to your pointing out. (please see p.4, Cultural Context)

#3. Within the cultural context section, if listing the KM specialities, please list all 8, it seems odd to list 6 and say “and so on”

Response: Thank you for your comment. We modified the sentence to list all 8 of KM specialities according to your advice. (please see p.4, Cultural Context)

#4. Please elaborate on ‘lookism’ – this will be an unfamiliar term amongst many readers.

Response: Thank you for your important advice. We revised the word into more familiar expression to improve readability. (please see p.4, Cultural Context)

5. Typo on first line of ‘participants’ – remove “in”

Response: Thank you for your comment. We removed the unnecessary word and corrected the sentence according to your comment. Thank you. (please see p.4, Participants)

6. Discussion – although you have referred to McKimm, there are other published works, for example on the effect of gender in UK medical practice that may be worth reading and noting as there are striking similarities, despite the different cultural context (see for example Jefferson et al, 2015 – a qualitative study of hospital consultants)

Response: Thank you for your kind advice. We have thoroughly reviewed the work of Jefferson et al. and were deeply impressed on the similar situation women in healthcare have experienced worldwide. We referred this work in the middle of discussion section on ways to strengthen our paper. In addition, we deleted some sentences in the discussion section in order to add new content and control the length of section. Thank you for your insightful suggestion. (please see p.14-15, Discussion)

[Response to Reviewer 2]

#1. There are very minor English language mistakes in the summary that should be addressed prior to publications: "This is the first study to be conducted on how their gender affects the career of female KM doctors." Who is they? Also "The study results help understand the career development process of female" Help who understand? This paper will contribute to the gender studies done in the field.

Response: Thank you for your important point out. We modified the sentences to clarify the meaning and add some contents according to your suggestion. Thank you. (please see p.2, ‘Article Summary’)