



Courage and equality – Women doctors’ thriving at work



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Orientation: The article explores doctors’ thriving in the profession of medicine in order to heed the call to explore thriving in various work contexts. This study does so from the viewpoint of women medical doctors.

Research purpose: To present the theoretical development and empirically expanded framework for women doctors’ thriving at work.

Motivation for the study: Although women doctors remain underrepresented, there are signs of the feminisation of medicine. Women’s ability to thrive at work may be detrimentally affected by their societal expectations that are distinct from those of men. Frameworks about thriving at work do not currently distinguish between women and men.

Research method: Development of a gender-specific framework from the literature followed by qualitative data collection with two semi-structured appreciative inquiry focus groups to confirm and expand on the framework. The nominal group technique employed to encourage open sharing. Participants were seven women and six men from various medical and surgical speciality fields. Collaborative analysis of data by participants using thematic analysis.

Main findings: Gender quality and non-discrimination, support, non-traditional gender roles, career trajectories and self-empowerment were factors that women attributed to their thriving at work

Managerial/practical implications: Managers can improve the structuring and planning of women doctor’s work conditions and improve on gender-specific management practices towards a thriving community of medical doctors.

Contribution: A framework of women doctors’ thriving at work was empirically confirmed and includes gender-specific elements to facilitate women doctors’ thriving in healthcare.

Keywords: thriving; women; retention; female; gender; medical; hospital; health care; positive psychology.

Introduction

This article explores women doctors’ thriving in the profession of medicine, and provides a framework of factors that could promote women doctors’ ability to thrive at work. Thriving has been well described in the literature (Moore, Bakker, & Van Mierlo, 2021; Niessen, Sonnentag, & Sach, 2012; Porath, Spreitzer, Gibson, & Garnett, 2012; Wang, Ren, & Meng, 2021); however, research that specifically focuses on the unique factors that may contribute to women’s thriving at work has not yet been explored.

The context of this study is the South African medical field. South African medical schools are training more women than men at undergraduate level, with numbers having grown from 52% in 2005 to 62% in 2014 (Breier & Wildschut, 2008; Van der Merwe et al., 2016). At present, women are under-represented in the profession in terms of professional registration, certain specialities and public-sector employment (Wildschut, Gouws, & Gouws, 2013; Zulfiqar, Mahboob, & Yasmeen, 2018). According to the Health Professions Council of South Africa (HPCSA) database, there were 46 420 doctors registered as medical practitioners in the year 2019, of which 40.5% were women (Tiwari et al., 2021). Predictions are that women doctors will outnumber their male counterparts by 2022 (De Simone & Scano, 2018). Exploring the concept of women doctors’ thriving at work could support efforts towards improving healthcare as a work environment for women.

Thriving is a positive psychological state, consisting of a cognitive (learning) component and a positive emotional component (energised and a sense of vitality) (Spreitzer, Sutcliffe, Dutton, Sonenshein, &

Grant, 2005). Thriving can manifest in self-development, growth and moving forward in one's life and career (Abid, 2016). Thriving at work holds a multitude of benefits for both the individual and the organisation, as thriving individuals are more likely to perform better, be innovative, avoid burnout and enjoy better physical and psychological health than non-thriving employees (Porath et al., 2012; Spreitzer et al., 2005). The South African healthcare system has much to gain from thriving doctors, as they would be more likely to drive healthcare innovation and improve health services.

An identification of women's thriving in the medical context was considered necessary, as the unique challenges women face in the workplace are widely discussed in literature (Bedoya-Vaca, Derosé, & Romero-Sandoval, 2016; Roth, Theriault, Clement, & Worthington, 2016; Wildschut et al., 2013; Zulfiqar et al., 2018). The aim of this study is to present the theoretical development and empirically expanded framework for women doctors' thriving at work. Spreitzer et al. (2005) called for research that explores the enduring elements of work contexts for thriving and this study aims to do so from the viewpoint of women. Such a framework could serve as an input to researchers to further explore interventions to promote women doctors' personal wellness and harness their contribution in the healthcare system.

The article commences with definitional clarification to distinguish thriving from other related positive psychological concepts. This is followed by a description of the framework for women doctors' thriving, developed from various theories utilising a focus on gender differences. The method section describes how data were collected from women and men doctors, in order to determine which of the aspects of thriving were uniquely related to women, and which were applicable to both women and men. Finally, the data are compared to the theoretical framework leading to a *framework for women doctors' thriving at work*. The article is concluded with recommendations for future research.

Thriving and related constructs

The concept of thriving at work is embedded in positive psychology (Boyd, 2015), and refers to more than surviving. Determining whether a person is thriving requires a broad view of his or her life, as every individual will experience demoralising moments. Furthermore, a person may be thriving at work, yet may feel completely defeated at home, or vice versa (Boyd, 2015). Academic interest in thriving dates back to the work of Maslow (1943), but Carver (1998, p. 248) was one of the first authors to define thriving, referring to it as 'a positive response to a challenge'. Carver (1998) further suggested that gains in skills, knowledge and confidence, as well as a sense of security in personal relationships, may result in psychological thriving. Spreitzer et al. (2005) added a sense of vitality to the definition of thriving.

Learning is the acquisition of new skills and learning how to do one's job better, whereas vitality refers to feeling energised, alive and enthusiastic (Porath et al., 2012; Spreitzer et al.,

2005; Spreitzer & Carmeli, 2009). Vitality and learning are thus the affective and cognitive components of the psychological experience (Niessen et al., 2012; Spreitzer et al., 2005). Vitality is linked to the hedonic or pleasure-seeking perspective, and is related to feelings of happiness and the way individuals evaluate their cognitive and affective selves, whilst learning is linked to the eudemonic perspective, which entails self-development, growth and optional functioning (Feeney & Collins, 2015; Bartels, Peterson, & Reina, 2019; Spreitzer et al., 2005; Id.). When vitality is present without learning, the person may be full of energy and feel contented, but is not learning anything new and therefore becomes stagnant, which is not considered a state of thriving.

The concept of thriving is distinguishable from related constructs such as resilience, flourishing, subjective well-being, self-actualisation and engagement (Spreitzer et al., 2005). Whilst resilience is associated with overcoming adversity and major stress (McDonald, 2016), thriving can occur with or without adversity (Spreitzer et al., 2005). Flourishing and subjective well-being are associated with the hedonic dimension of well-being, whereas thriving encompasses both the hedonic (vitality) and eudemonic (learning) dimensions (Feeney & Collins, 2015; Mahomed & Rothmann, 2019; Spreitzer et al., 2005). Thus, it is possible to flourish and enjoy subjective well-being in the absence of learning, but it is not possible to thrive without learning (Spreitzer et al., 2005).

Self-actualisation is not a permanent state of needs being met, and one attains it for periods or moments of time (Maslow, 1943). However, it has been posited that it is possible to thrive despite poor health or not having one's basic needs met (Sirois & Hirsch, 2017). Lastly, engagement is defined by Bakker, Schaufeli, Leiter and Taris (2008, p. 188) as 'a positive, fulfilling, affective-motivational state of work-related well-being that is characterised by vigour, dedication and absorption'. Work engagement overlaps with thriving at work, in that both encompass vitality and vigour, but thriving at work includes learning (Mahomed & Rothmann, 2019; Van der Walt, 2018).

A framework for women doctors' thriving at work

The framework for women doctors' thriving at work was derived from a combination of the Socially Embedded Model of Thriving at Work (Spreitzer et al., 2005), and the study on thriving by Paterson, Luthans and Jeung (2014), in addition to adapting these works with a number of gender-specific workplace elements derived from theory. The framework is presented in Figure 1.

The framework consists of two outcome variables namely: the *experience of individuals when thriving at work* and the *outcome for individuals when thriving at work*. The two outcome variables are influenced by *contextual factors*, made up of *workplace* and *social factors*. Spreitzer et al.'s (2005, p. 546) assumed that 'an individual is not simply enabled by their contexts' but through individual processes, individuals exercise as agents in doing

their work. Through the processes of *agentic work behaviours* and by utilising *psychological capital*, individuals create and utilise processes akin to a positive loop. The positive loop renews the *resources that they produce when doing work*. Resources produced in turn enable individuals to be more agentic and have higher levels of psychological capital, which shape the context (Spreitzer et al., 2005). The framework is expanded on below starting with the outcomes.

Outcomes of thriving at work

In the Socially Embedded Model of Thriving at Work, Spreitzer et al. (2005) proposed that thriving at work results in an individual experiencing vitality and learning, the outcome of which has benefits for the individual and the organisation. These authors argued that, when individuals are thriving at work, they are likely to improve their task performance and be more innovative. The benefits for the organisation are that employees are not only likely to perform well in their assigned work, but are also open to new ideas and opportunities to develop the business (Boyd, 2015; Porath et al., 2012; Spreitzer & Carmeli, 2009). In addition, thriving is associated with organisational citizenship behaviour (Spreitzer & Carmeli, 2009). Individuals who thrive at work are self-adaptive, able to develop and grow (Paterson et al., 2014) and tend to enable their organisations to thrive (Boyd, 2015). The ability of self-adaptiveness allows these individuals to develop better coping mechanisms in adjusting to life changes (Paterson et al., 2014).

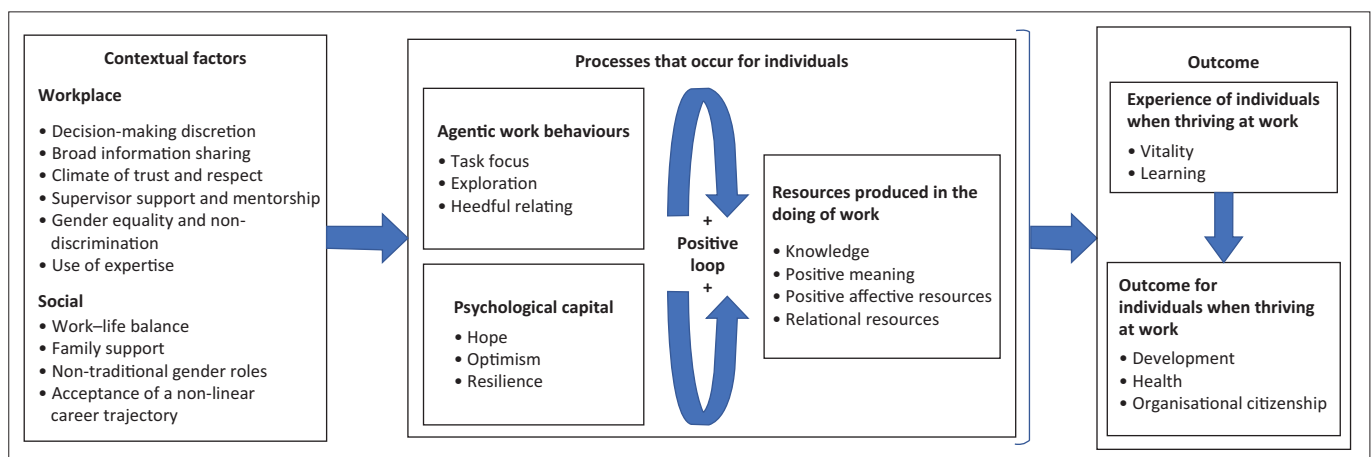
Processes that occur for individuals

It appears that thriving begets thriving, and the more individuals thrive, the more likely they are to seek out opportunities and engage in activities that will make them thrive. It is a positive loop associated with the agentic work behaviours that are connected with thriving (Hennekam, 2017). Agentic behaviour reflects in people being active and purposeful at work (Sia & Duari, 2018), and showing self-directed behaviour (Paterson et al., 2014). Spreitzer et al. (2005)

proposed three fundamental agentic work behaviours for individuals to thrive at work: task focus, heedful relating and exploration. Task focus entails investing attention and energy into completing a task, with the individual feeling a sense of accomplishment upon successful completion (Boyd, 2015; Paterson et al., 2014; Sia & Duari, 2018; Spreitzer et al., 2005). Heedful relating refers to interacting with colleagues in a meaningful way (Abid, Zahra, & Ahmed, 2016). It requires good interpersonal skills, valuing teamwork (Paterson et al., 2014) and understanding one's role in the organisation. Exploration is associated with increased vitality and learning through individuals engaging in exploratory behaviour, as well as being exposed to new ideas, information and ways of doing, which can be invigorating and educational (Sia & Duari, 2018; Spreitzer et al., 2005).

An added individual element to Spreitzer et al.'s (2005) model was proposed by Paterson et al. (2014), namely, psychological capital. Psychological capital is an antecedent of agentic behaviours (Paterson et al., 2014). Psychological resources comprise hope, efficacy, resilience and optimism (HERO), represented by the term *HERO within* (Youssef-Morgan & Luthans, 2015). Psychological resources (HERO) within resources were integrated into an empirically supported higher-order construct, psychological capital, referred to as *PsyCap*. Youssef-Morgan and Luthans (2015, p. 180) defined *PsyCap* as 'an individual's positive psychological state of development', which is characterised by confidence and optimism about one's future success, whilst maintaining perseverance and resilience when faced with challenges and setbacks. If an individual possesses all the components of *PsyCap*, he or she is more likely to have task focus, whilst efficacy is specifically related to heedful relating (Paterson et al., 2014), which acts as an enabler of thriving.

When individuals display agentic work behaviours, they produce certain resources that enable even more agentic behaviour, thus creating a reinforcing virtuous loop whereby these individuals are constantly replenishing their resources as they work (Boyd, 2015; Spreitzer et al., 2005). These resources include knowledge, positive meaning, positive



Source: Adapted from Spreitzer, G., Sutcliffe, K., Dutton, J., Sonenshein, S., & Grant, A. (2005). A socially embedded model of thriving at work. *Organisation Science*, 16(5), 537–549. <https://doi.org/10.1287/orsc.1050.0153> and Paterson, T.E.D.A., Luthans, F., & Jeung, W. (2014). Thriving at work: Impact of psychological capital and supervisor support. *Journal of Organisational Behaviour*, 35, 434–446. <https://doi.org/10.1002/job.1907>

FIGURE 1: Framework for women doctors' thriving at work.

affective resources and relational resources (Spreitzer et al., 2005). Knowledge is knowing what to do to complete a task and understanding the appropriate channels through which to access new information to gain more knowledge. Positive meaning refers to one's sense of purpose and finding meaning in one's work (Spreitzer et al., 2005). If one finds meaning in one's work, it is easier to be task-focused, even when facing adversity (Niessen et al., 2012). Heedful relating is closely related to positive meaning, as people often gain a sense of meaning and purpose when engaging with colleagues. Positive affective resources are feelings such as joy, contentment and gratitude. When individuals experience these positive emotions, others are more likely to reciprocate, which then further promotes heedful relating. In addition, these individuals are more likely to be task-focused and willing to explore. Relational resources refer to the relationships and connections that individuals form with colleagues.

Contextual elements

Spreitzer et al. (2005) described contextual elements as a workplace that encourages decision-making discretion (Hennekam, 2017), broad information sharing (Spreitzer & Porath, 2012) and a climate of trust and respect (Hennekam, 2017; McDonald, 2016; Perrakis & Martinez, 2012; Spreitzer & Carmeli, 2009). *Decision-making discretion* refers to individuals being empowered to make their own decisions and feeling in control of their day-to-day activities and duties (Hennekam, 2017; Sia & Duari, 2018; Spreitzer et al., 2005). Sia and Duari (2018) found a statistically significant positive correlation amongst decision-making, authority and thriving. *Broad information sharing* refers to information shared to a great extent within the organisation. If individuals do not know or understand their role in the organisation or the mission and strategy of the organisation, they will find it challenging to feel inspired to do better (Spreitzer & Porath, 2012). By understanding the bigger picture, individuals are more likely to collaborate and relate heedfully with others to achieve a mutual goal (Spreitzer et al., 2005). A climate of trust and respect is one where individuals have confidence in and appreciation of others (Hennekam, 2017). When individuals work in supportive and caring environments, heedful relating becomes easy, and they feel confident to explore and take on additional challenges. Paterson et al. (2014) proposed *supervisor support* as an additional element to Spreitzer et al.'s (2005) model, which is also regarded as an antecedent of agentic behaviours.

There are additional contextual elements, unique to women, that were not specifically considered in either Spreitzer et al.'s (2005) or Paterson et al.'s (2014) original work. Women may find it challenging to feel energised and experience vitality when their *work-life* balance is disturbed (Bedoya-Vaca et al., 2016; Perrakis & Martinez, 2012; Zulfiqar et al., 2018). Society subscribes to certain gender roles, which women feel obliged to adhere to or choose to live by, including being a good wife, a good mother and an ideal worker (Bosch, 2017). Working mothers with children tend to

suffer considerable role stress as they try to balance their work- and family responsibilities (Perrakis & Martinez, 2012). Despite working mothers outsourcing home care and childcare responsibilities, they are still ultimately responsible for the successful co-ordination of domestic duties (Bosch, 2017). Despite women in a cohabiting relationship (where both partners work) having marginally reduced the time they spend on household tasks over the past decades, this reduction is related to women doing less work and household duties being outsourced, rather than men doing more work (Procher, Ritter, & Vance, 2018). In addition, these authors found that women who earn more than their spouses actually do more household tasks than the spouses who earn the same or less. *Family-support*, or lack thereof, is therefore an important element relating to women's thriving. However, some studies have noted a shift in younger generations, where *traditional gender roles* seem to be less entrenched, with men more inclined to prioritise family responsibilities over their careers (Seritan et al., 2010; De Simone & Scano, 2018) and newer family structures such as the families of same-sex couples becoming more common.

Irrespective of gender changes in family structures, women continue to predominantly factor family responsibilities into their career plans (Farahat, 2009; Hossain et al., 2019; Yi, Lin, Kansayisa, & Costas-Chavarri, 2018). This does not imply that women are not thriving at work, but simply that they may be choosing or feeling compelled to make a choice (Buse, Bilimoria, & Perelli, 2013; De Simone & Scano, 2018; Farahat, 2009; Perrakis & Martinez, 2012). The choice seems to be: pausing one's career and pursuing family life, or pursuing career progression and pausing family life resulting in a *non-linear career trajectory* (Bedoya-Vaca et al., 2016; De Simone & Scano, 2018; Farahat, 2009; Perrakis & Martinez, 2012; Seritan et al., 2010). Women, who actively pursue both and continue to have primary care responsibilities, face many challenges which may have negative consequences on their psychological and physical health (Bedoya-Vaca et al., 2016). Women tend to neglect themselves and their self-care as they prioritise work, their spouse and their children above their own needs (Heuser, Gibbins, Herrera, & Theilen, 2018). In addition, women may not get as many learning opportunities, as it is assumed that they are more family-oriented than men, and are thus not as ambitious to progress in their career (Bedoya-Vaca et al., 2016; Farahat, 2009; Roth et al., 2016). When women go on maternity leave, they are seen as not interested or devoted to their job, and, as result, may be denied learning opportunities in future (Roth et al., 2016), which could influence thriving at work.

Gender discrimination can be insidious and deeply rooted in the culture of an organisation, and the people in the organisation may not even realise that such discrimination exists (Roth et al., 2016). Women themselves may unknowingly perpetuate the cycle of gender discrimination (Wildschut et al., 2013). Gender discrimination practices include a lack of flexible work hours, not promoting a culture that supports work-life balance, biased performance assessment criteria and recruitment practices that favour men (Roth

et al., 2016; Zulfiqar et al., 2018) or career trajectories that assume a life pattern similar to that of men.

A supportive work environment, which is conducive to individuals thriving (Paterson et al., 2014; Russo, Carmeli, Buonocore, & Guo, 2015), includes mentors who support individuals. Mentorship provides opportunities for learning and enables individuals to develop and grow. Women doctors experience a lack of mentorship, which begins in their undergraduate years (Babaria, Bernheim, & Nunez-Smith, 2011), and extends to their postgraduate and professional careers (Roth et al., 2016; Yi et al., 2018). This lack of mentorship is reported to be severe in male-dominated specialities like surgery (Wildschut et al., 2013; Yi et al., 2018). Since mentorship leads to increased learning, female doctors may have fewer learning opportunities, which will likely affect their ability to thrive negatively.

As doctors become more experienced and are promoted, they are often expected to do more administration and less clinical work. For those who find their passion in clinical work and patient interaction (Gibson & Borges, 2009), high loads of non-clinical administrative responsibilities result in reduced levels of work satisfaction (Gibson & Borges, 2009; Heuser et al., 2018). *Using their expertise* for clinical work may therefore increase their workplace thriving. Next we present the research design.

Research design

As part of a larger study on thriving at work, performed in the interpretivist tradition (Babbie & Mouton, 2003), this exploratory descriptive qualitative study invited both female and male doctors to participate. The convenience sample was purposefully stratified (Miles, Huberman, & Saldanha, 2019), namely women and men doctors. Such stratification facilitated comparison within the participant group, so that deductions could be made about aspects of thriving that were specifically applicable to women, as it would be absent for men. This strategy ensured that attributions made about women's thriving could be supported by understanding both the unique and shared contributions between female and male doctors. The study was conducted at a large academic hospital in South Africa. Doctors working at this hospital have to balance service delivery and academic commitments in a resource-constrained environment. Ethical approval for the study was obtained by two ethics committees, namely, The Departmental Ethics Screening Committee of the University of Stellenbosch Business School (USB-2019-11067) as well the Ethics Committee of the Academic Hospital (14314703).

Research participants

As the doctors were all working in shifts and did not have a lot of time available to participate in the research, convenience sampling was employed by initially contacting doctors who were known to the researchers, followed by snowball sampling where participants were asked to forward the invitation to other doctors (Zikmund, Babin, Carr, & Griffin,

2013). Convenience sampling supports the exploratory nature of the study and limits generalisability of results. The sample comprised 13 doctors who responded positively to the invitation, seven women and six men in each separate focus group, from various medical and surgical speciality fields and job ranks. The average work tenure was 9 years for the women and 14 years for the men. Informed consent was obtained from all participants.

Data collection and recording

We employed two focus groups to collect data (Zikmund et al., 2013). To ensure that participants felt comfortable to express themselves freely, the women and men were separated into two focus groups. In addition, as focus groups might inhibit open participation within a group context, for each group, the nominal group technique was used to ensure that all participants had an equal voice (McKillip, 2011). The nominal group technique invites each participant to independently make notes of their ideas and thoughts on an index card. Only after every participant has made all of their own notes, are they invited to contribute each of their statements with the group. An independent person acted as a facilitator of each session, whilst the main researcher was an observer who manually recorded key process and discussion points and other points of interest (see Liamputtong, 2015). Because thriving is a construct located in positive psychology, questions posed to participants were based on the format of unconditional positive questions in the discovery phase of appreciative inquiry (Cooperrider, Whitney, & Stavros, 2008). Participants were asked:

As you look back over your entire career in medicine, think of a moment when you felt like you were thriving, a time when you felt energised with a sense of vitality, a time when you felt like you were learning new skills and gaining new knowledge.

Secondary prompts were: 'What was going on?', 'What factors contributed to you thriving?', 'What others were involved and how were they significant?', 'If you think about yourself, is there something that, as a woman/man, made you feel as if you were thriving?' The facilitator asked the questions and the participants were given a few minutes to write on index cards ensuring that each participant had an equal opportunity to participate. Each participant was then given an opportunity to share his/her personal experiences and the observer documented their words in short hand.

Data analysis

For the first phase of data analysis, both participants and researchers participated in the analysis process. Collaborative analysis leads to 'rich local understandings' (Cornish, Alex Gillespie, & Tania Zittoun, 2013, p. 5). After sharing their experiences with each other, participants were asked to place their index cards on a wall and the facilitator guided the participants in identifying patterns which allowed further engagement and discussion, culminating in themes. The facilitator summarised the discussion and identified themes on the white board. Themes were related to factors that

contribute to doctors thriving at work. After the data collection sessions, the observer's handwritten notes were transcribed into two documents – one for each group. The documents included main points about each participant's experiences, which were categorised into themes (Saldana, 2009) through a process of analytic induction (Daly, 2017, p. 45). In the write-up, all themes overlapped between the women and men except the themes that are stated under the heading specifically for women.

Strategies employed to ensure data quality and integrity

Confirmability and dependability in qualitative studies are often equated to reliability and objectivity in quantitative research (Jensen, 2012a, 2012b). As female researchers exploring gender dynamics in a presently male-dominated profession, the results of the research are more likely to be criticised for bias (Ogden, 2012). To ensure confirmability, the research process was transparent, with a clear description of the processes involved in data collection and data analysis. Findings are supported with verbatim excerpts from discussions during the focus groups. To ensure the credibility of the study, the researchers collaborated with participants during data analysis (Jensen, 2012a). Copies of the transcripts and identified themes were sent to the study participants for verification.

Findings

The factors which contribute to women and men doctors' ability to thrive at work relate to *contextual factors* for both men and women, those that were unique to the women doctors, and those to the male doctors.

Common contextual factors affecting thriving at work

Women and men doctors' ability to thrive at work relates to common *contextual factors* related to the workplace and social factors as reflected in Table 1.

Support

Both women and men cited the importance of a supportive environment, which is in keeping with the role of supervisor support as described by Paterson et al. (2014) in

the ability to thrive. The most notable and interesting point of difference was the source of this support. The men spoke more about support from management, the importance of good leadership and being mentored by seniors. This finding was in stark contrast to the women, who referred to support from mentors. Their mentors included their seniors, colleagues, nursing staff and even patients.

It seemed that the women in this study are more likely to seek learning opportunities than men through informal, flexible modes of teaching. The women reported that they are more likely than men to be taught by others who are not considered formal leaders, such as nurses. Overall, the women placed greater emphasis on support from outside the work environment, and were more communal in their approach, whilst the men focused solely on support from seniors in the workplace. Thus, the source of support and mentorship for men was more upward hierarchical whereas women were more systemic, which we have linked to *workplace contextual factors* of the framework (see Figure 2).

Transitioning into a new role

All participants clearly stated that the times in their career when they felt they were thriving were when they transitioned to different roles. The common thread was new and different challenges, feeling out of their depth but still having a sense of purpose and responsibility, and learning new skills. Participants used terms like 'baptism of fire', 'adrenalin rush' and 'drowning at first'. However, it seemed that once the doctors became settled in their roles and there were no new learning opportunities, their experience of thriving dissipated.

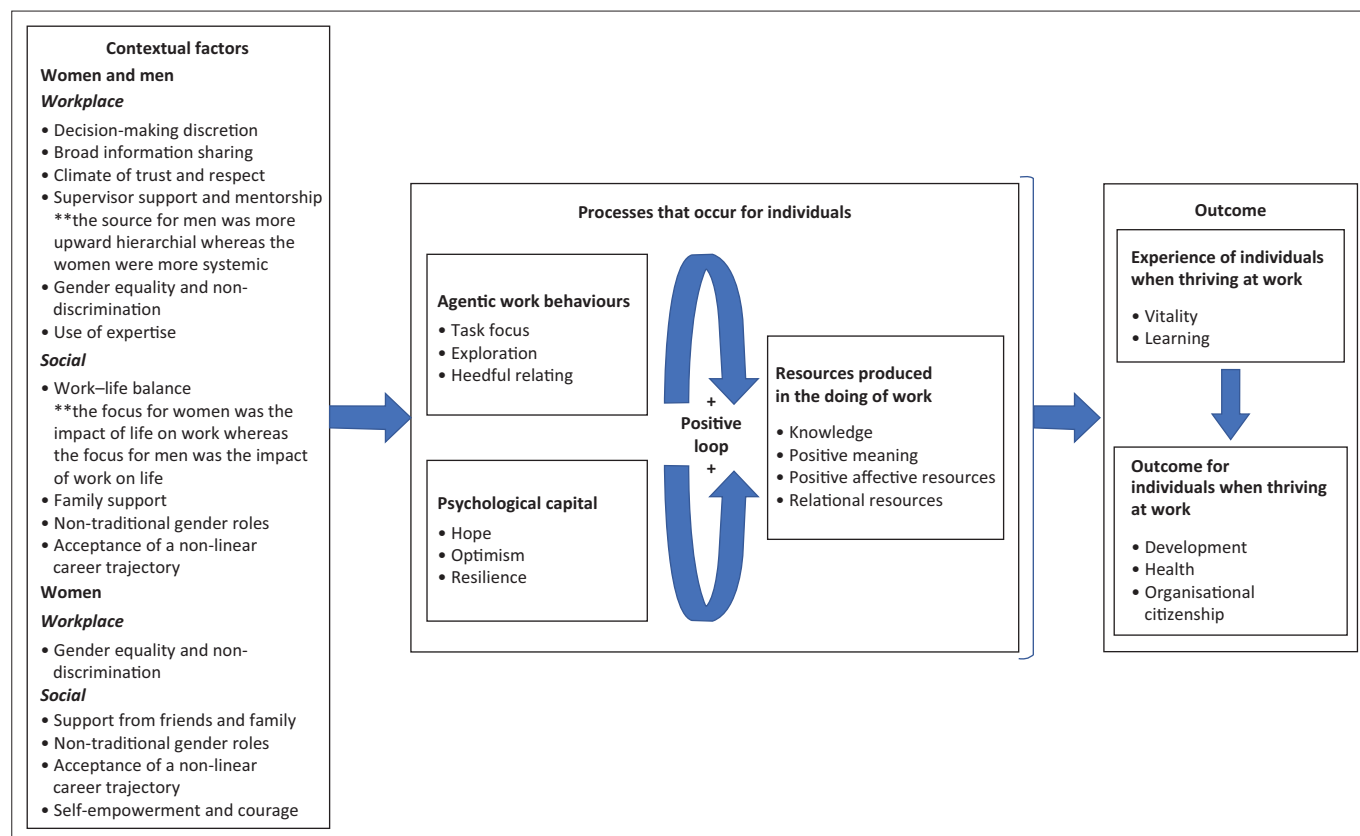
Participants referred to the process of transitioning being filled with *decision-making discretion*, which has been referred to as feeling empowered to make decisions (Hennekam, 2017; Sia & Duari, 2018; Spreitzer et al., 2005). The participants noted transitioning from medical students to medical interns, followed by community service medical officers, medical officers, to, ultimately, registrars (specialists in training). Each transition was associated with increased decision-making discretion, a better understanding of their role in the organisation and increased clinical competence, which promoted trust and respect. They felt a sense of excitement about learning new skills and acquiring new knowledge in keeping with the definition of thriving by Spreitzer et al. (2005): a sense of being energised because of having opportunities to learn new skills and gain knowledge.

Goal orientation

The majority of women reported that they realised early on in their careers which field they wanted to specialise in. That goal kept them energised and made them pursue knowledge and learn new skills. The situations in which they had found themselves were not always easy and were sometimes fraught with challenges. However, knowing why they were following a path and that they would serve a higher purpose kept them motivated. These women did not choose one

TABLE 1: Contextual factors affecting thriving at work for women and men.

Themes	Associated key words
Workplace factors	
Workplace support	Support from leaders, managers, mentors (colleagues, nurses, patients)
Transitioning into a new role	New and different challenges, learning new skills, sense of purpose and responsibility, self-discovery, confidence
Goal orientation	Goals, passion, calling, pursuit of knowledge and skills
Clinical work	Clinical expertise, hands-on, relationship with patients and their families, delivering high quality healthcare
Teamwork/interpersonal relations	Flexibility, less hierarchy, collegiality, individual autonomy, each member understands his or her role, trust, pride
Social factors	
Social support	Friends, partners, spouses, parents
Work-life balance	Family responsibilities, obligations, work-home spill-over



Source: Adapted from Spreitzer, G., Sutcliffe, K., Dutton, J., Sonenshein, S., & Grant, A. (2005). A socially embedded model of thriving at work. *Organisation Science*, 16(5), 537–549. <https://doi.org/10.1287/orsc.1050.0153> and Paterson, T.E.D.A., Luthans, F., & Jeung, W. (2014). Thriving at work: Impact of psychological capital and supervisor support. *Journal of Organisational Behaviour*, 35, 434–446. <https://doi.org/10.1002/job.1907>

FIGURE 2: Framework of empirically derived elements contributing to women thriving in the workplace.

aspect of their life over another, career versus life, but viewed it as pursuing different goals in different aspects of their life, in a way that they would achieve their goals in both:

‘I have a better understanding of my spiritual journey. It feels like I’m on the right path and that I am aligned. There are still a lot of challenges, but my perspective of the world is clearer.’ (Line 123, woman, participant 5)

This theme is in line with the task-focused aspect of agentic work behaviours when individuals are active and purposeful at work (Sia & Duari, 2018), and display self-directed behaviours (Paterson et al., 2014). Spreitzer et al.’s (2005) task focus encompassed focusing attention and energy on completing a task, which, in the context of the present study, would be doctors focusing their attention and energy on completing their clinical duties and specialist training.

Clinical work

The framework describes the use of expertise which in the present study is represented by clinical work. This is in keeping with the literature that posits that doctors are trained to be clinicians and, as such, they derive work satisfaction from clinical work and patient interaction (Gibson & Borges, 2009). Women shared stories about how their clinical expertise and hands-on ability contributed to their thriving at work, and others elaborated on the positive effect their relationship with their patients had on their feeling of vitality:

‘The people we worked with were small-town people. They made you feel appreciated. Felt like a family.’ (Line 126, woman, participant 6)

A comment by a male participant referred to the importance of delivering high-quality healthcare:

‘... having a clear conscience, of not giving inferior care, or giving care that you know is inferior.’ (line 79, man, participant 3)

Teamwork and interpersonal relations

Teamwork and good interpersonal relations were noted by both the women’s and the men’s group. The men were explicit in their description of what teamwork entailed, whilst the women provided a broad overview. Both groups noted the importance of a flexible and less hierarchical environment in order to foster a culture of teamwork and collegiality. Participants considered an efficient team as one where members understand their individual roles, and where they are given autonomy to fulfil that role without feeling restricted by criticism or judgement. Participants also noted the importance of trust in fellow team members and the sense of pride that accompanies being a member of a team that performed well. In the framework, teamwork and good interpersonal relations are represented by a climate of trust and respect, as well as heedful relating:

‘Teamwork is important, especially when everyone knows their role and willing to perform their best.’ (Line 55, woman, participant 2)

Social support and work–life balance

Whilst men and women both stated the importance of a work-life balance, women indicated factors outside of work throwing them off balance, specifically their obligations and family responsibilities. The women noted that, if their home life or personal situation was not satisfactory, they found it difficult to thrive at work. The men were more focused on work affecting life, and the women were more focused on life affecting work:

‘I enjoy my work more. When I go home and I switch off, I don’t work. When I go to work, I switch on, like a football game. Some people let their work impact other aspects of their life.’ (Line 34, man, participant 1)

‘I feel like my family responsibility, which has always been such a huge part of my life, was less this year. It feels like a break and that I can move forward.’ (Line 90, woman, participant 4)

In addition to a supportive work environment, this study confirmed that women find it challenging to feel energised and experience vitality when there is an imbalance between their work- and home-life (Bedoya-Vaca et al., 2016; Perrakis & Martinez, 2012; Zulfiqar et al., 2018). The interaction between work and home can cause considerable strain. Women who work are still largely responsible for childcare and domestic duties (Bosch, 2017), which explains why the women in the present study placed greater emphasis than the men on the interaction between home and work, and the effect thereof on their ability to thrive. It can be argued that, if women have an adequate support system in their personal lives, they may find it easier to experience a sense of balance between work and home. The point that the focus for women was the impact of life on work, which was the opposite for men, has been added under the section of social contextual factors of the framework (see Figure 2). The women included people outside the workplace as a source of support, including friends, partners, spouses and their parents:

‘[M]y family has always been encouraging, being there and being supportive, being my village, so that I can be me.’ (Line 6, woman, participant 1)

Contextual factors unique to women

Contextual factors influencing thriving at work are presented in Table 2 and discussed in the next section.

Self-empowerment and courage

Most of the women said that having a career and being financially independent also contributed to their sense of thriving, as they then had the ability to make decisions about their career without fear of poverty or worrying about their families. It afforded the women doctors the ability to

TABLE 2: Factors unique to the women participants.

Themes	Associated key words
Self-empowerment and courage	Financial independence, having a career, autonomy
Gender equality	Gender discrimination also socially entrenched, condescending compliments, inferences about work competence, acceptance of childbearing as a normal part of womanhood, freedom of choice

outsource their primary care responsibilities, so that they were better able to focus on their work.

The women spoke about the fear they faced and the courage they needed to perform in certain work situations. These situations included working after-hours shifts in unsafe neighbourhoods. Overcoming their fears and feeling courageous provided them with a sense of satisfaction. Similar to the examples of psychological capital in Figure 1, self-empowerment and courage underscored the idea of optimism and perseverance in the face of challenges and setbacks (Youssef-Morgan & Luthans, 2015).

Gender equality

None of the women felt they had ‘ever worked in an environment where there was gender equality’. Even those in specialities that are female-dominated had experienced gender discrimination from ‘both men and women’. It was noted that women have become ‘blunted’ to gender inequality in the workplace, and endeavour to thrive in spite of gender discrimination. The women felt they needed to ‘work harder than men’ to prove themselves. They mentioned that acknowledgement, depending on how it is communicated, can promote a sense of thriving. The women noted that, when male seniors looked past gender and trusted them more than a male colleague, based purely on merit, it fostered a feeling of vitality and encouraged learning. On the other hand, when the women surpassed a man’s low expectations and received a comment such as, ‘You are good for a woman doctor’, they found it deflating.

Women are able to thrive in environments that are accepting of women having children by viewing it as a normal part of life, and not an anomaly or an inconvenience. Furthermore, women seem to thrive when other women around them are thriving. Women understand that there are gender roles in society, which means that their demands are different to those of men. Participants noted that it is essential that women have positive role models in other women, and that women in power do empower and uplift other women, a finding contrary to the more commonly held assumption that senior women are predominantly Queen Bees (Johnson & Mathur-Helm, 2011).

For women, gender equality did not mean that they saw themselves as being the ‘same as men in every way’. With regard to their clinical skills and knowledge, they saw themselves as equal to men doctors, but acknowledged that they were different to men outside the professional domain. However, they did not attach value to the difference. They indicated an understanding that women have different roles and needs, which need to be respected. In addition, they also noted that not all women are the same, and that one cannot assume that all women in their child-bearing years want to marry and have children. The women also noted the importance of having the freedom to choose their path.

The women doctors noted that they did not expect to receive ‘special favours or treatment’. They wanted their

employers to understand that they have different life phases, which require different styles of management. A woman participant offered the example of training, noting that women may want flexibility in their training schedule, such as allowing them to complete their training over a longer period. The women noted that their drive and commitment are not lower than those of men; they were willing to postpone realising their goals in order to pursue family goals.

This theme is represented in the framework and includes the acceptance of a non-linear career trajectory that factors in exits and pauses in career progression, no enforcement of traditional gender roles and organisational policies that allow flexibility and promote a work-life balance. Burnout as a result of role stress was not explicitly discussed, but the conflict between roles of women at work and home was implicit. Women in this study also reported that they are more likely to take up household responsibilities than men as noted by Bosch (2017). They noted that gender discrimination is so entrenched in our society that it is not possible to eliminate it from the workplace.

Contextual factors unique to men

Functional systems

The importance of an efficient healthcare system with good governance and organisation was noted. This theme was absent in the data from the women's group. One male participant noted how he had worked in three different provinces, and each time returned to the province that had fewer resource constraints and what he perceived to be a better system, where he felt able to thrive. Another man noted the importance of a healthcare system that acknowledges the occurrence of medical errors, and incorporates checkpoints into patient care, to prevent such errors:

'You don't want to feel like your care is futile, which can be the case if the system is dysfunctional.' (Line 118, man, participant 6)

Functional systems as a contributing factor to thriving is not included in the framework of factors that contribute to women thriving in the workplace as depicted in Figure 2. The presence of this theme in the men's group warrants further exploration to better understand the role of an efficient healthcare system in doctors' ability to thrive at work.

Adapting the framework for thriving at work

The framework provided in Figure 1 outlined constructs that are theoretically derived and represent the factors that contribute to thriving at work. When comparing the empirical results of participants against Figure 1, the workplace and social contextual factors were supported with a difference noted in the perception of supervisor support and mentorship as a workplace contextual factor, and work-life balance and social support as a social contextual factor. The source of supervisor support and mentorship was more upward hierarchical for the men, whereas the women were more systemic in their approach to being supervised and mentored. In addition, the perception

of work-life balance and triggering factors for imbalance was different in the men and women group with the women noting life-factors as imbalance triggers noting a greater need for social support from friends and family. In addition, gender-related factors such as non-traditional roles, acceptance of non-linear career trajectories and self-empowerment and courage were stated by the women and were absent for the men. The additional findings are presented under *contextual factors* in Figure 2.

Recommendations and limitations

The framework proposed in Figure 2 requires further validation, to determine the magnitude of the role the contributing factors play in women doctors thriving and to gain deeper insight into which individual or contextual factors are greater predictors of thriving. Whilst previous studies have quantified individual factors (Abid et al., 2016; Paterson et al., 2014; Sia & Duari, 2018), contextual factors in the workplace (Spreitzer & Carmeli, 2009) or both (Niessen et al., 2012), the impact of gender-based elements as depicted in the framework has not been explored.

There are policy implications for healthcare organisations in the public and private sector to consider for implementing changes to facilitate women doctors to thrive. The Department of Health could pay greater attention to policies that are more accommodating of career-life integration through, for example, flexibility in working hours and job requirements. Whilst one should be mindful of isolating and stigmatising women by making assumptions about their life choices, there should be freedom of choice and flexibility to accommodate care-giving responsibilities of individuals such as women. Although results cannot be generalised, they can be suggested for doctors because the entire sample consisted of medical doctors.

Conclusion

Medical doctors expressed similarity in most aspects relating to their thriving at work. However, there were areas such as gender equality, non-discrimination, social support and work-life balance where women expressed different challenges to men. At the core of these differences is the conflict between personal and professional roles that women fulfil, mostly because of traditional views of gender roles. Some of the factors that are common between women and men are perceived differently by each group and therefore the framework presented in the study provides greater inclusion of factors relating to women thriving in medical work. The adapted framework for women doctors' thriving is therefore more inclusive of factors that should encourage thriving for medical doctors in a gender-diverse context.

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Authors' contributions

S.M. was the MBA student; A.B. was her supervisor and originator of research on thriving as part of a larger project.

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Data availability

Data is in safe storage with the researchers.

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