

## **Supplemental Digital Appendix 1**

### **Focus Group Interview Guide**

#### **A. BACKGROUND**

Hello and welcome [*INTRODUCE SELF (MODERATOR) AND NOTE TAKER*].

Thank you for joining our discussion today. Our research group is a collaboration between general surgery and gynecology; we are interested in gaining a better understanding about *your experiences as a female surgeon and times when you felt your gender impacted your work life or how you were treated*. Everyone here tonight was invited because you share something in common in that you are surgeons at the University of New Mexico. Our goal is to work from that common ground and learn more from your experiences to further refine a survey to address gender microaggressions in medicine. Microaggressions are subtle insulting or discriminatory actions that communicate a demeaning or hostile message.

We're primarily interested in finding out about what experiences you have had during medical training and in current practice that have negatively affected your work and psychological wellbeing. We plan to use this information to describe the current state of gender bias against female surgeons in order to shed light on this ongoing problem.

There are no right or wrong answers, because everyone experiences things differently. You all may have different backgrounds, opinions and feelings about this topic. We are interested in the full range of experiences, so please share your point of view even if it differs from what others have said. In addition, you are all surgeons, but a broad range of subspecialties are present so experiences are likely to vary.

The group discussion will take about an hour and a half. Your participation in this discussion is voluntary and you can end your participation and leave the group at any time. The discussion will be audio recorded for note taking purposes. Your name will not be connected to any of the written notes or transcripts. Everything you say will be kept private. Results will be presented without any names and quotes will not be attributed to any specific individual.

#### **Discussion Group Rules**

We have some general rules for our discussion today.

- We ask that you only use first names when addressing yourself and others. In our reports of the results no actual names will be attached to any comments
- We want to reassure you that participants in the focus groups are either all trainees or all attendings
- Please speak up — but only one person should talk at a time. We're recording the session because we don't want to miss any of your comments.

- Please remember to keep the information we discuss in this group confidential. As the consent discussed there is a risk of information disclosure, so to minimize this risk we're asking that you also keep what individual participants said private and the note taker and I also agree not to discuss what is said during our time and who was present.
- My role here is to ask questions and to listen. I'll also be taking notes. I won't be actively participating in the conversation, only guiding it. I want you to feel free to talk to the group and not just to me. We are interested in your experiences, but because this is a research project, it is important that you link your comments back to the questions. I'll move the discussion from one question to the next to try to keep us on track so that we can finish by [insert time]. The discussion will be divided into different sections. We will ask that the group focus on each topic, then moves onto the next in order to not go over time.
- Sometimes, people in focus groups think of things they want to say after the discussion has moved on to other questions. If you would like to add to your comments after the group, we will be around to talk with you privately.
- We will present your compensation to you at the conclusion of the discussion.

Please set any phone or other ringing devices to vibrate. If you need to take a call, please step out to do so and join us once you are done. [MODERATOR GIVES DIRECTIONS TO THE RESTROOMS].

Do you have any questions for me before I ask you to introduce yourselves?

- I am now going to start the recorder.

## **B. Start:**

### **Warm up (5 minutes)**

(Introductions of group participants) -I would like to begin our discussion by having you tell me a little bit about yourself. Let's introduce first names and something you like to do for fun. I will start with myself. My name is X and I like to...Next?

### **Part I: We are first going to start by having some brief discussion about your decision to become a surgeon. (5 min)**

- When you were making the decision to become a surgeon, do you feel like your gender made a difference in your choice or how mentors guided you? For example, some women are advised not to become surgeon if they plan to have a family.

### **Part II: Next we will discuss "downplaying femininity in order to succeed". (10 min)**

- Do you dress in clothing types, choose colors, or change makeup or hairstyle in order to try to appear less feminine?

**Probes:**

1. Changing clothing choices- pants instead of skirts/dresses etc.
  2. Changes in hair color, makeup, or hairstyle
  3. Did you do this as a response to comments or attitudes at work?
- How did dressing like this make you feel more comfortable at work or discourage inappropriate comments from others?
- How are you treated differently when you dress in a more or less feminine manner?

**Part III: Our next subject will be “feeling objectified at work” (10 min)**

Have you felt like your physical appearance mattered more than your ability?

PROBES: what experiences come to mind?

1. Have you been advised about makeup (Has anyone told you that you should wear makeup because you look tired? (Or wear less makeup?)
2. How have patients interacted with you about your physical appearance? (Patient comments on your physical appearance in sexual manner or touched you inappropriately)
3. What words have been used to describe you that felt demeaning to you? (Referred to as a “girl” or “baby” at work)
4. Have you ever been told you need to change your body in some way (to be attractive to men or that you would be more attractive if \_\_)?

**Part IV: The next section is slightly different. I will ask you to think of ways that your environment has shaped how you are treated (10 min)**

Systemic policies, physical environment, and portrayals of your profession that serve to exclude females. Examples include professorships, buildings, etc. named after upper class white males, male dominant representation in media/TV/department ad campaigns.

1. What policies does your department have that unfairly affect surgeons of different genders (i.e. maternity/paternity policies)?
2. What issues have you had with surgical equipment (i.e. with instruments, equipment or protective clothing in the OR fitting you -if you have a smaller frame especially)?
3. When your specialty is represented in the media, do they include female surgeons)?
4. What about leadership in your department? Are women represented?

**Part V: Now we will talk about the impression that “Women already have equality” (5 min)**

How have people at work led you to feel that they think the problem of sexism is over?

- (Probes): Have you been told you were "too sensitive" if you expressed a concern about a sexist incident?

- What examples can you give about being told something that started with "I'm not sexist, but".

**Part VI: The next section is about the assumptions of traditional gender roles. (10 min)**

What assumptions about your job do you feel like people have based on gender stereotypes?

How often do you:

- Get confused for a nurse/OT/PT or receptionist
- Assumed to be a pediatrician
- Do people ask you about getting married, having children, how many you will have before asking if you want those things
- Are you asked about who is caring for your children
- Are you asked if you will quit working after having children, comment on your pregnancy or touch your stomach while pregnant in clinic or OR?

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**Part VII: Finally, I would like to ask about your experiences where you felt like a "Second class citizen" or inferior to a male colleague (10 min)**

Probe: Some believe females are less capable so treat them as less worthy

- Provide these examples:
- Has someone assumed that the work you did was completed by a man?
- Someone assumed you are not as good at surgery as your male colleague or that you had to work harder to become a good surgeon
- Someone was surprised you are as good or better than a male physician
- Been announced as a lecturer by your first name instead of Dr.- like your male colleagues has
- Heard females should be paid less because they have kids and don't work as hard or as much or will invariably quit to raise their children and the education and time is "wasted" on them

**Part VIII: Who perpetrates the majority of microaggressions and who speaks up for women when they happen? (10 minutes)**

Probes:

1. Perpetrators are: Male or females, both? Younger or older? Patients vs specific healthcare workers?

2. How has someone defended you or another woman when they saw an event happen? Who spoke up, how did they address it; what was the reaction of the perpetrators? (Did they react defensively, apologetic, laughed it off?)
3. What strategies have you witnessed or used to confront and address the microaggressions and how did they work?

**Part IX: Overshooting the mark- In the pursuit of gender equality have you ever seen or been guilty of “reverse discrimination”, retribution or reactive comments or actions? (10 minutes)**

Provide examples

1. Attributing promotion or success to male gender (Even if that person was the best candidate).
2. Seen a woman sexually harass a man and not said anything.
3. Reacted negatively to quotas or affirmative action?
4. Have you seen people speak negatively about men being given paternity leave
5. Is there a culture of identifying men as “the enemy”

**Part X. What are some ways to help female surgeons, departments and institutions combat subtle sexism and microaggressions? (10 minutes)**

1. Examples (but allow participants to come up with ideas first)
  - a. Mandatory training for all levels of providers and support staff – how would you structure
  - b. Learn techniques for calling out these events
  - c. Improved mentorship of young females in medical school
  - d. Better support of women and men who have children

-Are there any other questions or comments?

I am now going to turn off the recorder.

Thank you so much for participating in our focus group. We've learned a lot from you and your comments are extremely valuable to our research project.

Thanks again.