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Proactive career management for female health professionals: a scoping review protocol

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ABSTRACT

Introduction Many women in frontline healthcare positions face work demands that are incompatible with their needs and aspirations, resulting in poorer work satisfaction and engagement, and greater probability of leaving their jobs. Proactive career management is associated with elevated well-being and career success but may not be accessible to female health professionals who encounter social, cultural and structural barriers. The complex and diverse nature of proactive career management and absence of a comprehensive review on the topic necessitates a synthesis of extant literature. This study aims to identify (i) proactive career management behaviours and activities among female health professionals and (ii) outcomes of proactive career management initiatives. This study will contribute to a larger study on encouraging proactive career management behaviours among Singapore female health professionals.
Methods and analyses Scoping review is used as our method of evidence synthesis to provide a comprehensive overview of all available constructs and markers of interest. This study started in January 2022. Original research, reviews, short reports, letters, methodologies and case studies relevant to our objectives will be examined with guidance from Arksey and O'Malley's framework. The literature contained in scientific databases and grey literature sources will be thoroughly searched. Two independent reviewers will screen citations for eligibility and extract data from the included articles. Extracted data will be narratively synthesised by two independent reviewers using Braun and Clarke's six steps of thematic analysis. We will observe the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews standards in reporting the results. An advisory panel will provide insights on the applicability of the results to negate confirmation bias.
Ethics and dissemination Ethics clearance is not required. Dissemination plans include peer-reviewed journal publication and conference presentations.
Registration details This review was registered on open science framework (Registration DOI: https://doi.org/10.17605/OSF.IO/2SY8V).

INTRODUCTION
Background
Women form 70% of the health workforce in 104 countries.[1] Most work in

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ Both scientific and grey literature databases will be searched.
⇒ Only articles published in the last 10 years will be included to ensure that the results will be relevant to the current generation of female health professionals.
⇒ A study advisory panel consisting of potential stakeholder group members will advise on the applicability of the review results and provide broader perspectives and insights to negate confirmation bias.
⇒ Articles published in non-English languages will be excluded.
⇒ Qualitative analysis software will be used to support the coding process if the extracted data are voluminous and/or complex.

frontline healthcare positions, which often have demands incompatible with family commitments expected of women.[2] Female health professionals are also more likely than their male colleagues to require career breaks or part-time work arrangements for family caregiving reasons[3 4] especially after maternity leave. They are also less likely to recommence full-time work after working part-time.[5] Female health professionals working part time are often perceived by healthcare managers as less committed to work, especially if they need to reduce their work commitments for family caregiving responsibilities.[6] They are often passed over for promotions, key work roles and training opportunities in favour of their full-time and male peers.[2 4 7]

This incompatibility between female health professionals' jobs, life aspirations and needs leads to poorer job and career satisfaction, work engagement and an increased desire to leave the job or the industry.[8] To maintain a self-sustaining healthcare workforce in which female health professionals remain important contributors, a life-long agentic

Table 1 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Articles that:	Articles that:
Are of any of the following types—Original Research, Review Articles, Short Reports or Letters, Case Studies, Methodologies	Are not specific to workers who identify as female
Report primary and secondary research studies, regardless of study design	Are not specific to health professionals
Focus on proactivity in career management	Are not in English language
Report any potential outcomes of career management initiatives, programmes, actions, behaviours, whether these are self-initiated or other-initiated	Do not have available full text
	Are published more than 10 years ago

approach to career planning and development that facilitates career progression is imperative.[9] Proactive career self-management has been consistently associated with individual well-being and career success.[10–12] This career management approach has also been found to contribute to the establishment of person-environment fit,[8] that is, careers that are better suited to individual needs and goals.

Unfortunately, there are various social, cultural and structural barriers faced by women that may prevent female health professionals from enacting a more proactive approach to their career management. In early and middle career stages, female health professionals often face long hours, shift work and limited work autonomy.[13] Demanding life events (eg, marriage, pregnancy, childbirth) and family caregiving duties (eg, caring for young children and/or family members with chronic illness(es)) often coincide with these career stages, with many women lacking resources at work and home to manage demands from both work and life domains.[14] The burden of attending to demands in the family domain is commonly shouldered by women,[15] a division highly influenced by social and cultural expectations of gender roles in the family, especially in less gender-egalitarian cultures.[16] As female health professionals carry more family caregiving responsibilities, personal resources (eg, time and energy)
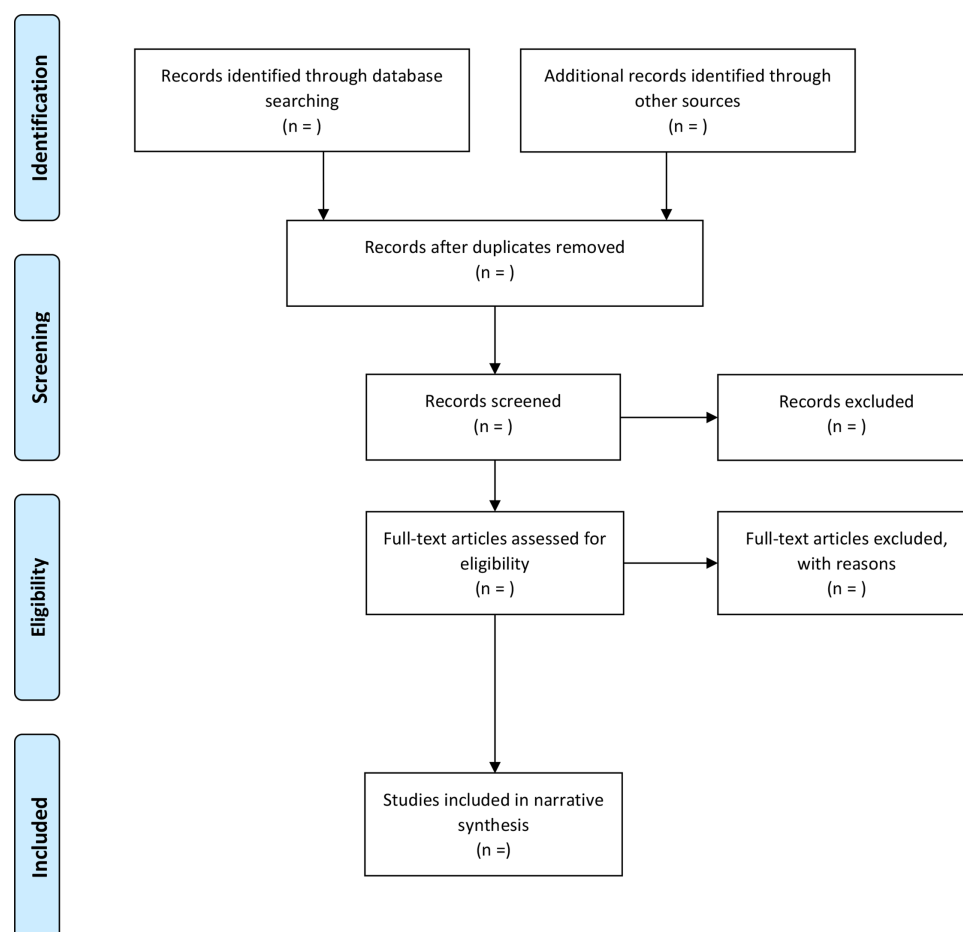

Figure 1 Article selection process flowchart.

Table 2 Braun and Clarke's six-step framework for performing a thematic analysis

Step	Task
1	Familiarise with data
2	Generate initial codes
3	Search for initial themes
4	Review codes and themes
5	Define themes
6	Write-up

for work opportunities that are beneficial to their career development are sapped.[14 17]

Study rationale

The *protean career attitude* appears to be one of the most influential concepts about proactive career management among those that have been proposed.[18] Originally coined by Hall,[19] the protean career concept describes 'an adaptable, flexible and independent worker, capable of reinvention in order to redirect and manage his or her career'.[20] Studies have identified the positive impact of possessing a protean career attitude such as improved task performance[21] and subjective and objective career success.[22] This attitude has two dimensions: self-direction and values-driven,[23] the latter characterising the agentic aspect of a protean career orientation.[22] The self-direction dimension has been found to have a positive effect on women's subjective career success.[24] However, women may be disincentivised or even penalised to enact proactive behaviours at work because such behaviours conflict with behavioural norms that are associated with stereotypical gender roles.[25 26]

Despite the influence of concepts such as the protean career attitude, the field of proactive career management appears to be complex and diverse. Although some research shows that proactive career attitudes can be developed and changed over time,[27 28] many career planning and development programmes do not emphasise the development of a proactive career management approach. To our knowledge, no comprehensive review of this field has been reported.

Additionally, a preliminary scan of proactive career management initiatives shows that they neither target female workers nor health professionals.[29 30] Consequently, these initiatives do not consider demands from life domains—family caregiving duties and life events—that pose career management challenges to female health professionals.[31]

Study objectives

For the above reasons, we started a scoping review with objectives that are twofold: to identify (1) proactive career management behaviours and activities and (2) outcomes of proactive career management initiatives among female health professionals. This review is a prelude to a larger study that aims to (1) describe and quantify Singapore female health professionals' (SFHP) career development and planning behaviour, (2) design a tool to help SFHPs better cultivate a life-long proactive role in planning and developing their career paths towards career satisfaction and success and (3) construct and validate a holistic multistakeholder assessment framework to evaluate the effectiveness of career planning and continuous learning initiatives for SFHPs.

Scoping review is used as our method of evidence synthesis as we aim to provide a broad overview of all possible proactive career management behaviours and activities within the literature and to identify operational definitions of proactive and effective career management initiatives. In this scoping review, all relevant behaviours, activities and outcomes will be explored, with no limits imposed on the disciplinary field and research design to ensure a comprehensive landscape regarding proactive career management behaviours and activities and their outcomes.

METHODS AND ANALYSIS
Patient and public involvement

Patients and the public will not become involved.

Protocol design

In this scoping review, we use Arksey and O'Malley's scoping study methodological framework, which comprises of six stages: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; (5) collating, summarising and reporting the results and (6) consultation.[32]

Stage 1: identifying the research question

Through consultation and iterative discussion within the research team, two review questions were developed in January 2022. The first review question (RQ1) is, 'What proactive career management behaviours and activities do female health professionals engage in?'. The second question (RQ2) is, 'What are the outcomes of proactive career management initiatives for female health professionals?'. For the purposes of this review, we defined health professionals as salaried staff working in healthcare organisations who have undergone job-specific professional training and were guided by standard occupational classifications.[33 34]

Stage 2: identifying relevant articles (search strategy and inclusion/exclusion criteria)

Using relevant keywords based on our research question and established eligibility criteria, an initial search strategy that covers RQ1 and RQ2 was formulated in Ovid Medline from January to February 2022 by WFC and JC. The articles retrieved from this initial search were reviewed to identify text words in the titles and abstracts as well as index (MeSH (medical subject headings)) terms to describe the articles. These key terms were used to inform the development of a pertinent search strategy

(online supplemental appendix 1) that was finalised on 28 February 2022, and adapted for use on multiple online databases, namely, PubMed and Embase on 2 March 2022, and CINAHL and PsycINFO on 3 March 2022.

We will also search the reference lists of included articles and any relevant systematic reviews to ensure that relevant articles are not missed. A search of grey literature, including various sites such as Google Scholar, Google, OpenGrey and OpenDOAR will also be performed. We plan to use only the first 10 pages of Google Scholar and Google search results to collect the most relevant data while ensuring that the search remains practical.[35 36] Only studies that are available in English language will be included due to limited resources. Articles will be excluded if they are not specific to the female or the healthcare workforces. We will import the search results into EndNote 20, a reference managing software. Table 1 shows the inclusion and exclusion criteria.

Stage 3: article selection

After obtaining all the search results, two reviewers will independently screen titles and abstracts of all articles against the specified inclusion and exclusion criteria. They will enter their decisions into Covidence, a software designed to manage article screening and data extraction in the literature review process. Disagreements between reviewers will be resolved by discussion. Articles that are not relevant will be discarded and the remaining articles will then undergo full-text review. Similarly, the full text of these articles will be screened independently by two reviewers to confirm relevance to this scoping study, and any discrepancies will be discussed and resolved at the end of the full-text screening. In cases where the two reviewers cannot come to a decision about a study, a third reviewer will act as an arbiter. We will attempt to contact the authors of articles with missing or incomplete data. Figure 1 depicts the article selection process.

Stage 4: charting the data

On the completion of the screening process, we will formulate a data charting form using Microsoft Excel to gather information from the included studies. Data will be extracted on author, year of publication, country, study design, population, theoretical framework and disciplinary field. For RQ1, we will extract the descriptions of relevant behaviours and activities. For RQ2, we will extract the descriptions of outcomes that are associated with career management behaviours and activities. Piloting of the data extraction form will be conducted to ensure that relevant information is extracted from the studies. The confirmed data charting form will then be used to extract data from all the included articles. Data extraction is an iterative process and further amendments to the form may still be made if additional important data are identified. Disagreements will be settled through discussion between the two authors, and a third reviewer will act as arbiter. We will contact the study authors for any missing or incomplete information.

Stage 5: collating, summarising and reporting the results

Extracted data pertaining to RQ1 and RQ2 will be narratively synthesised by two independent researchers using descriptive and inductive thematic analysis. With Braun and Clarke's six steps shown in table 2,[37] open coding will be performed to generate a set of initial themes. These themes will then be reviewed to identify areas where they may overlap, and to check that they accurately represent the data. The list of themes will be refined, labelled and described. We will use Microsoft Excel to support the coding process if the extracted data are not voluminous and/or complex. We will consider qualitative data analysis software, such as NVivo, if the dataset is voluminous and/or complex.

We will provide a summary of the included articles, including the overall number of articles, type of articles, general aim of each article and profession of interest. The RQ1 and RQ2 results will be presented using tables and figures as appropriate. Each proactive career management behaviour or activities and its associated outcome, if reported, will be described together in a table. We will report the results in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses: extension for Scoping Reviews.[38]

Stage 6: consultation

A study advisory panel that comprises of seven experienced female health professionals, healthcare leaders and academics was consulted on the conceptualisation and design of this study in March 2022. They will be consulted on the applicability of the results and will provide broader perspectives and insights to negate confirmation bias.

ETHICS AND DISSEMINATION

The data to be collected in this study will be in the form of publicly available articles. Neither human nor animal participation data will be collected. Hence, ethics approval is not required. This scoping review protocol was registered on open science framework (Registration DOI: https://doi.org/10.17605/OSF.IO/2SY8V). The results will be disseminated in a peer-reviewed journal and at conferences.

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