

To the Editor: Response to: A Welcome to International Authors

In their editorial, Ibrahim et al acknowledged the many difficulties facing international authors, gave them tips, and welcomed their submissions.¹ As a female international author from a less resourced country who has study and work experience in Europe, I dedicated a significant part of my career studying the migration and integration of international physicians in Germany. And as a physician who experienced cultural and professional transitions from Egyptian to German medical education settings, I would like to share in the ongoing discourse about equity and diversity in medical education.

From my experience, barriers facing low- or middle-income country researchers are much more significant for women international authors. Rather than making independent career choices, our decisions are subject to organizational, social, and cultural expectations.² In my surgery rotations we were often told, and I am quoting one of the senior surgery professors talking to a woman surgery intern: “You won’t become a surgeon anyway.” As a result, many women medical students were pushed away from the “less socially desirable” role as a surgeon to the more culturally accepted, yet “inferiorly perceived,” research career.³ This created a struggle to develop a stable medical educator and researcher identity, let alone become an international author.

Transitioning from a medicine identity to a medical education identity involves a paradigm shift from positivism to naturalism, as medical education is considered a social science.⁴ Novice researchers, therefore, may find initial struggles using qualitative methods that require them to change their role from an objective to a reflexive researcher, a transition that needs the help of experienced mentors and role models. Those are easy to find in the European medical education setting, which shows diversity of professional backgrounds embracing not only physicians but also educationalists, social scientists, and psychologists. In contrast, a medical education career in developing countries is exclusively accessible to physicians and health care professionals, which makes conducting qualitative research particularly challenging.

Ibrahim et al described language barriers concerning manuscript writing, but this goes well beyond that.

The process of conducting medical education research includes many language barriers, for example, adapting an English language data collection tool (questionnaire or survey) for a non-English speaking setting or translating qualitative data (focus group and interview transcripts) from participants’ own language into English for publication purposes.

As most research funds in low- and middle-income countries are dedicated to solving priority problems, funding organizations would prioritize clinical projects, for example, cancer research over educational projects (eg, curricular reform), adding to the financial barriers particularly facing young researchers who are obliged to publish in international journals as a prerequisite for their promotion.

A medical education and research career is particularly challenging for novice women international researchers. That is why I would like to thank the editors for bringing the topics of equity and diversity to the table and for giving a voice to the underrepresented international authors.

References

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