

2016

Work Experience of Foreign Born Physicians in the United States: A Phenomenological Study

Marcella de la Torre

Follow this and additional works at: http://ir.stthomas.edu/caps_ed_orgdev_docdiss



Part of the [Education Commons](#), and the [Organizational Behavior and Theory Commons](#)

Recommended Citation

de la Torre, Marcella, "Work Experience of Foreign Born Physicians in the United States: A Phenomenological Study" (2016).
Education Doctoral Dissertations in Organization Development. Paper 49.

This Dissertation is brought to you for free and open access by the School of Education at UST Research Online. It has been accepted for inclusion in Education Doctoral Dissertations in Organization Development by an authorized administrator of UST Research Online. For more information, please contact libroadmin@stthomas.edu.

Work Experience of Foreign Born Physicians in the United States: A Phenomenological Study

A DISSERTATION

SUBMITTED TO THE FACULTY OF THE COLLEGE OF EDUCATION, LEADERSHIP,
AND COUNSELING OF THE UNIVERSITY OF ST. THOMAS

By

Marcella de la Torre

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
DOCTOR OF EDUCATION

March 2016

Copyright 2016, Marcella de la Torre

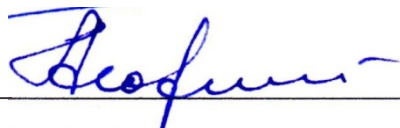
This document is copyrighted material. Under copyright law, no parts of this document may be reproduced without the expressed permission of the author.

UNIVERSITY OF ST. THOMAS

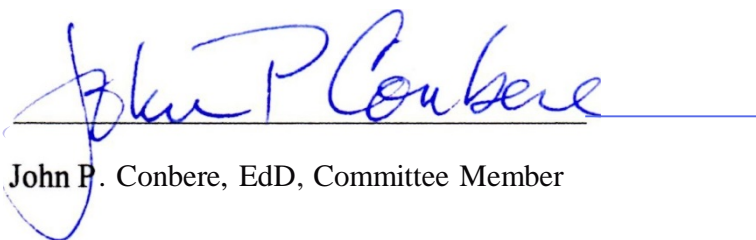
UNIVERSITY OF ST. THOMAS

We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that is complete and satisfactory in all respects, and that any and all revision required by the final examining committee have been made.

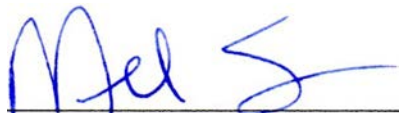
Dissertation Committee

3/28/16

Alla Heorhiadi, PhD, EdD, Committee Chair

3/28/16

John P. Conbere, EdD, Committee Member

3/28/16

Melanie (Mel) Sullivan, EdD, Committee Member

ABSTRACT

The purpose of this study was to understand the experience of foreign born physicians in the United States and to uncover the essence and deeper meaning of this experience. To that end, seven participants were interviewed in depth about their experience as foreign born physicians in the United States. All the interviews followed a natural progression in which all participants chose to start with their childhood and life in their countries of origin. They continue to progress slowly to the present time, and ended with future plans; regardless of their age.

The participants discussed in detailed how their experience was transformational and what obstacles they had to overcome to grow in ways they had not anticipated. They were clear about their mission from an early age and they embarked on a journey that led them to the United States. They were able to pursue their dreams and accomplish their goals.

A number of contextual and essential themes emerged from the study. The contextual themes reflected circumstances that enabled participants' experience, such as: a) access to education, b) good role models and having support of others, and c) sense of adventure and desire to study abroad. The essential themes reflected the transformational experiences of participants. Participants a) followed their intuition and responded to the call to be a physician; b) went through a phase of searching self in the new environment; and c) accepted self and became content.

ACKNOWLEDGEMENTS

My sincere gratitude goes out to everyone who has supported me throughout the writing of my dissertation and my doctoral coursework. Since I was a young child and read the biography of Marie Curie, I was inspired to conduct research and pursue a doctoral degree. The dream took many years to complete, but I never lost sight of it and kept pushing myself to see it come true. I am an extremely fortunate person to have been surrounded by individuals, who invested in my education, growth, and dream.

I am most grateful to Dr. Alla Heorhiadi, my dissertation chair and advisor, who both challenged me and supported me throughout the program and the dissertation process. She is an incredible professor and it was wonderful to learn so much from someone whom I respect and admire. Her teaching is transformational. I am equally thankful for Dr. John Conbere, who is an outstanding professor, as well as a caring and inspiring individual. I have never experienced learning in which the students and instructors both grow together and feel mutual respect and admiration. This experience has been life changing and has touched me in ways that I will never be able to replicate. I would also like to thank my third committee member, Dr. Mel Sullivan, whose expertise in healthcare made a tremendous difference. She was supportive, enthusiastic, and a perfect complement to my committee.

I would like to sincerely thank my supervisor, Michael Garrison, my colleague Joyce Wilking at the University of St. Thomas, and Kimberly Pierce-Boggs from the Alliance of Independent Academic Medical Centers for their support while I was writing the dissertation. They provided me with flexibility and constant encouragement and support to complete the writing.

In addition, I am thankful to my fellow students in the Organization Development Cohort 6, who have continued to support, collaborate, and engage with each other during the dissertation stage. My gratitude also goes to a very close friend, who has guided and supported me throughout the years, Jean Paul Chave. He's a wonderful mentor and human being and always knew I would get my doctoral degree. I extend my special thanks to Eugenia Canaan, my dear friend and editor, whose enthusiasm in the dissertation topic and her interest made this journey so much more enjoyable and exciting.

This research would not have been possible without the participants. I want to thank each of the participants in this study for their willingness to open their hearts and share their stories with me. Their enthusiasm and willingness to help was overwhelming; I felt so honored and privileged to spend time with them. I will never forget their gratitude.

Finally, I am very grateful to my family for their support and patience. Special thanks to my husband, Jim, who was always by my side, and my son Peter for whom I hope to be an inspiration to pursue his dreams without doubting his gifts and abilities. I am thankful to my parents and my sister, who always encouraged me to be who I am; my family members were convinced that one day I would become a doctor. Their faith in me inspired me to keep going even when life got in the way and I had to overcome obstacles. It is my pleasure to dedicate this dissertation to my husband, son, parents, and sister, and parents-in-law.

TABLE OF CONTENTS

Abstract.....	3
Acknowledgements.....	4
Chapter One.....	9
Background of the Study and Researcher’s Interest.....	9
Problem Overview.....	12
Problem Statement.....	13
Purpose of the Study and Research Question.....	13
Research Design.....	13
Significance.....	14
Definition of Terms.....	14
Foreign Born Physicians.....	14
Diversity.....	15
Phenomenological Studies.....	15
Chapter Two.....	16
Physician Workforce and Diversity.....	16
Controversy Regarding Foreign Born Physicians.....	19
Residency Training.....	20
Summary.....	21
Chapter Three.....	22
Phenomenological Study.....	22
Participant Selection.....	23
Data Collection.....	25
Data Analysis.....	28
Bracketing.....	30
Ethical Issues.....	31

Chapter Four.....	32
Findings.....	32
Participant Stories.....	32
Ana.....	32
Beatriz.....	36
Carolina.....	41
David.....	45
Elisa.....	52
Gabriel.....	59
Helena.....	62
Analysis.....	66
Contextual Themes.....	67
Access to Education.....	67
Good Role Models and Having Support of Others.....	69
Sense of Adventure and Desire to Study Abroad.....	72
Essential Themes.....	75
Following Intuition and Responding to the Call to Be a Physician.....	76
Searching Self in the New Environment	79
Accepting Self and Being Content with Life.....	85
Summary.....	89
Chapter Five.....	91
Main Findings.....	91
Discussion.....	91
The Hero's Journey.....	93
Following Intuition and Responding to the Call to Be a Physician.....	96
Searching Self in the New Environment.....	98
Accepting Self and Being Content with Life.....	100

More Thoughts on Findings.....	101
Social Networks and Support.....	101
Globalization.....	102
Implications for Healthcare Organizations.....	104
Implications for the Field of Organization Development.....	104
Researcher’s Bias.....	105
Limitations.....	106
Future Research.....	107
Final Thoughts.....	107
Reference List.....	110
Appendices.....	115
A Email Recruitment Letter to Physicians.....	115
B Informed Consent Form.....	117

Chapter 1

Background of the Study and Researcher's Interest

During my professional career in healthcare, I have held several leadership and administrative roles, in which I had the opportunity to teach, train, mentor, and develop native and foreign born physicians. This experience began with the birth of my premature child at Children's Hospitals and Clinics of Minnesota. He was born at 26 weeks and he and I spent four months in the Neonatal Intensive Care Unit (NICU). At the time, I was new to being a mother and the field of healthcare, but I became fascinated by its complexity and ability to save lives. I decided to learn as much as I could while we were at the NICU. I took copious notes daily and asked questions every time I had the opportunity. Soon, I became involved in the Family Advisory Council (FAC) hoping to help the hospital improve its processes and patient centeredness. The chief operating officer became familiar with my volunteer work and offered to help me find a job when I was ready. She followed her word and hired me when my son reached the age of two. I first accepted a job as a supervisor of interpreter services and after a couple of years, I transitioned to the areas of research and quality improvement, which led me to certification in LEAN and Six Sigma. After a few more years at Children's Hospitals and Clinics of Minnesota, I got intrigued by an opportunity within medical education at the HealthPartners Institute for Education and Research. While in this position, I also had the opportunity to serve on the board of the Alliance of Independent Academic Medical Centers (AIAMC) and further medical education for the greater good. I have always felt passionate about educating clinicians and patients on how to collectively improve health and healthcare delivery. Finally, I had the pleasure to chair two national initiatives with the AIAMC and the Accreditation Council on

Graduate Medical Education (ACGME) on the Clinical Learning Environment Review (CLER) which had a strong focus on quality improvement, the learning environment, and health disparities.

It has been a very rewarding experience and an opportunity for learning about the life and career paths of physicians and other healthcare professionals, whom I came to admire and respect. While working closely on competency-based training for and with physicians, I have observed that foreign born physicians possessed an internal drive and motivation that allowed them not only to succeed, but to further develop their careers and to hold key leadership positions in management and governance.

Foreign born physicians come from many different geographical areas. Regardless of their country of origin, they seem to have common traits that made them successful in their field of study. My observation has been that these physicians volunteer for all kinds of special projects and assignments, work very hard, put in a lot of hours, strive for excellence, and welcome leadership roles such as chief residents, and department chairs. The more seasoned foreign born physicians, who have been in the country for a longer period of time post residency training, are in well-established leadership positions including serving on Boards of Directors, and are more likely to do volunteer or do mission work in other countries. They are also very open to change and lifelong learning. In my role as a healthcare administrator and faculty member, I need to ask for volunteers to lead projects, participate in planning committees, mentor fellow physicians, and perform other similar educational and administrative assignments. Very often, I find that those who volunteer are foreign born physicians; in fact, I would estimate that about eighty percent of volunteers are foreign born physicians. Sometimes, I have wondered if being myself from Spain has made it easier for me to recruit other foreigners. However, I have also observed this trend in

other volunteer work I do. When I began to volunteer at my son's school, I realized a lot of his classmates and peers were the children of foreign born physicians. I began a relationship with these parents, and I realized they also volunteered for special projects and school activities.

While I am not sure there is a connection to the healthcare experience, I have observed there is also a parallel with their outside work behavior.

I recently participated in a nine month fellowship, co-created by the Institute for Healthcare Improvement (IHI) and the Alliance of Independent Academic Medical Centers (AIAMC). The fellowship consisted of deep learning of quality improvement tools, leading a quality improvement project, and becoming a quality leader in one's home institution. The fellows were selected by their own institution and there were twelve fellows, including myself, the only non-physician. More than half of the fellows were foreign born. This compares to a 1990 study by the Center for Immigration Studies that showed a ratio of 80% native born physicians versus 20% foreign born. Therefore, I wanted to learn more about the work experience of foreign born physicians in the United States from their perspective.

From the literature search I conducted, I could not find any work, specifically related to the work experience of foreign born physicians. The literature primarily focuses on physician workforce projections that will have an impact on foreign physicians including diversity related issues. Secondarily, I found literature related to international medical graduates and the process from pre-arrival to the country, on-boarding, and many different administrative tasks.

I was particularly interested in the foreign born physicians, who completed their residency training in the United States and stayed post-graduation to build a career in their field of expertise. My interest was twofold. First, my interest stemmed from my familiarity with

foreign born trainees in the United States due to my work with physicians as part of their mandatory core competency training. Such training includes mentoring and teaching physicians in the areas of practice-based learning and improvement and systems-based practice, in addition to other leadership development projects. Second, being a foreign born professional myself, I wanted to determine if the experience of my study participants parallels to my own.

Problem Overview

Despite the fact that the literature does a good job at presenting the cumbersome tasks of bringing foreign physicians to the United States, on-boarding them, and ensuring their graduation, I have not been able to find sources that address the work experiences of foreign born physicians in the United States. Moreover, a few studies identified some negative experiences of foreign born physicians and their interactions with the United States healthcare system. These negative experiences included comments disparaging their mastery of the English language focusing on the mistakes, accents, and criticism related to lack of understanding of the healthcare system. According to Leon et al., (2008), foreign born physicians compete for positions with United States born physicians, which often leads to accepting specialty positions that no one wants to fill, at least initially. They also accept jobs in locations where native born physicians do not want to relocate. Leon et al., (2008), added that their training is also compromised by quality of residency training, elective and moonlighting opportunities, post residency career opportunities, and the culture of the hospital. Negative comments like this can lead to stigma, and thus it is very important to have first-hand information from foreign born physicians, who would have their own unique perspective on their lives in the United States.

Problem Statement

There is not much research about work experiences of foreign born physicians in the United States. However, understanding their experiences would provide some insight into what foreign born physicians go through after they complete their residency training in the United States and why they choose to stay and continue to work as physicians in this country.

Purpose of the Study and Research Question

I wanted to understand the experience of being a foreign born physician in the United States. I intended to study the experience of physicians, who were born outside the United States, have completed their residency training in the United States, and currently hold a leadership position in a healthcare organization. My goal was to answer the question, “What is the work experience of foreign born physicians in the United States?”

Research Design

Given my desire to understand the lived work experience of foreign born physicians in the United States, I determined that phenomenology was best suited to answer my research question. Phenomenology is the study of the lived experience that aims to discover the essence of that experience according to Van Manen (1990). Van Manen (1997) and McMillan (2004) wrote that phenomenological research is the search for meaning of the lived experience from the point of view of the person who experienced it.

In this study, I followed Van Manen’s interpretation of phenomenological research, which involved gathering data through interviews with people who share a common experience, analysis of the data through coding interview transcripts, as well as reflection by the researcher

during the process of data gathering and analysis. Further description of the phenomenological methodology is detailed in Chapter Three.

Significance

The main significance of the study is its focus on the lived experience of foreign born physicians, as there is insufficient literature on this topic. Most of the literature, pertaining to foreign born physicians, which I found, focused on residency programs and workforce projections. In addition, research in healthcare favors positivistic studies and I hoped to contribute to the healthcare literature using an interpretive research methodology. This research, in which phenomenology was used to study the unique lived experience of foreign born physicians in the United States, adds a different perspective to the body of literature about physicians and healthcare.

I believe this study is important because healthcare currently attempts to address the needs of diverse populations, both customers and providers. This poses a constant challenge and forces healthcare administrators to look at different ways to deliver patient care and improve health population outcomes. There is a need for outstanding leadership, who can lead through challenging times, have a strong drive for achieving quality and patient safety outcomes, and is willing to constantly learn.

Definition of Terms

Foreign Born Physicians. I have chosen the term “foreign born physician” for my dissertation to reflect the fact that I was seeking to understand the work experience of physicians, who were born outside the United States and obtained a Medical Degree in their native countries. After obtaining their medical degrees, they came to the United States to complete residency

training and opted to stay in the country. The term “Foreign Medical Graduate” was replaced by the term “International Medical Graduate” in the 1990s as the result of a bill that was passed and signed into law by President George Bush. The law was implemented to prevent discrimination against foreign medical graduates. The term “foreign” in my study denotes a country of origin other than the United States.

Diversity. The term “diversity” in this study is used in a broader sense than being foreign born. When speaking about diversity, ethnicity, race, language, gender, and abilities are included. Foreign born physicians are very diverse when given all the factors mentioned above. This is also true for physicians born in the United States, who also make excellent contributions to field of medicine.

Phenomenological Studies. Methodologies based on an interpretive epistemology are sometimes referred to as interpretive research or qualitative research (Gall, Gall & Borg, 2007; McMillan, 2004). A phenomenological methodology is based on interpretive research principles that allows multiple meanings to exist depending on the experiences people have with a phenomenon (Creswell, 2007; Gall et al., 2007; McMillan, 2004). According to Van Manen (1997), phenomenological research is the study of the lived experience of people, who shared the same experience with a certain phenomenon.

Chapter 2

In this chapter, I reviewed scholarly research concerning foreign born physicians. Once the data collection and analysis were complete, additional scholarly research was conducted, reviewed, and included in chapter five.

I began the scholarly research searching for the terms “foreign physicians” and “foreign born physicians” and continued until I consistently found the same categories or themes. The main areas of scholarly work around foreign physicians could be categorized in three main groups, (a) physician workforce and diversity, (b) controversy regarding foreign born physicians, and (c) residency training.

Physician Workforce and Diversity

Having a diverse physician workforce is critical in addressing health disparities and in making healthcare available to those who need it the most; populations at risk (Andrulis, 1998; Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). According to Aries (220), training and treatment environments continue to be biased, intolerant, and promote health disparities. This concern for diversity is increasingly important not only for hospitals, but accreditation and regulatory agencies are paying close attention. For example, the Accreditation Council for Graduate Medical Education (ACGME) recently added quality improvement and health disparities as one of their focus areas in its new clinical learning environment review for the accreditation of academic medical centers (Nasca, Philibert, Brigham, & Flynn, 2012).

The literature shows that there is controversy regarding the contributions of International Medical Graduates (IMGs) to address the lack of a diverse workforce. According to Norcini, van Zanten, and Boulet (2008), in a study conducted in 2008, 4.3% of International Medical

Graduates (IMGs) in residencies and fellowships were Black, and 7.5% were Hispanic. This compares with 6.5% of recent United States Medical Graduates (USMGs) who are Black and 6.4% who are Hispanic. Therefore, United States medical schools contribute more to the Black United States physician workforce than foreign schools, and contribute to the United States Hispanic physician workforce at about the same rate as foreign schools. While these numbers show that racially speaking there may be some parity between IMGs and USMGs, the reality is that it is still not good enough to address health disparities. In addition, being racially diverse does not address the needs of new immigrants who are even more than racially diverse; they come from many different countries and carry with them very distinct cultural and language differences. According to Betancourt et al. (2003), the issue is complex and requires a systems perspective that includes identifying sociocultural barriers at the organizational (leadership/workforce), structural (processes of care), and clinical (provider encounter) levels.

Physician shortages in the United States are a real concern and many are studying how these important positions are being increasingly filled by international medical graduates. According to Itani, Hoballah, Kaafarani, Crisostomo, and Michelassi (2008), the United States continues to depend on international medical graduates. Twenty-four percent of the current physician workforce consists of international medical graduates, with 15-20% of these in general surgery. “To address an estimated shortage of 200,000 physicians by 2020, a constant, stable supply of IMGs in addition to an increase in graduating American medical students may be necessary” (Itani et al., p. 315).

General surgery is not the only specialty that is experiencing workforce shortages and the need to plan for future needs. Kostis and Ahmad (2004) raised concerns regarding workforce shortages in the field of cardiology, which is experiencing a decline in supply and an increase in

demand. Data from the Accreditation Council for Graduate Medical Education (ACGME) indicate that the number of cardiovascular disease training programs has declined slightly, from 181 in the 2000 -2001 academic year to 173 in the academic year of 2003-2004 (Kostis et al., p. 1172). However, the demand for cardiology related services had increased. Therefore, an increase in the number of international medical graduates has been proposed as a potential solution for this projected shortage. “The IMGs have to overcome challenges including clinical practice, language proficiency and cultural differences before they are incorporated into the fabric of the U.S. cardiology specialty” (Kostis et al., p. 1174).

Primary care and psychiatry physicians are also in high demand. These specialties have been relying on international medical graduates to fill positions in rural areas, and serving the poor, the patients with mental illnesses and the elderly. According to Shoyinka, Aggarwal, Kagan, Kramer, and Rand (2011), over a third of residents in the United States psychiatry programs are international medical graduates. In addition to the increased need for international medical graduates to fill these important positions, there has been a significant increase of their presence in education and research positions in all specialties. According to Hershel, Heining, Fang, Dickler, and Korn (2007), international medical graduates are making great contributions to research and education in medical schools and hospitals in the United States. The number of international physicians contributing to research and education according to data published by the Association of American Medical Colleges (AAMC) had more than doubled in the last couple of decades; from 7,866 individuals in 1984 to 17,085 in 2004 (Hershel et al., 2007).

Controversy regarding Foreign Born Physicians

Despite the fact that healthcare needs a more diverse workforce to address health disparities and that certain medical specialties are experiencing shortages relying on foreign born physicians, there is a body of literature that shows a somehow negative stigma.

According to Chen, Nunez-Smith, Bernheim, Berg, Gozu, and Curry (2010), foreign born physicians experience many problems including both overt and subtle forms of workplace bias and discrimination. Their study found that foreign born staff hear threats like “I’m going to ship you back to your country”, or “this year residents were American graduates, not foreign” (Chen, 2010, p. 949).

These signs of discrimination can also take the form of less desirable positions, lower salaries, or less desirable geographical locations. According to Leon, Ojeda, Mills, Leon, Psalms, and Villar (2008), foreign born physicians compete for positions with United States born physicians, which often leads to accepting specialty positions that no one wants to fill, at least initially. Foreign born physicians also accept jobs in locations where many United States born physicians do not want to relocate. Leon et al., (2008), added that their training is also compromised by quality of residency training, elective and moonlighting opportunities, post residency career opportunities, and the culture of the hospital.

In addition, in the United States there is a lack of knowledge of medical education and healthcare systems in other countries and how valuable they are despite their lack of resources. While the healthcare system in the United States is very good, other parts of the world maintain high standards regardless of what kind of technology is available. “It is not a question of better or worse, but simply different. Like in other professions, arriving to the United States as a

professional adult poses some significant challenges. But it could also work as an advantage if both past and present knowledge are well integrated; by using the best of both worlds and using tact and discretion while presenting cases on the rounds or in conferences, he/she might eventually turn out to be a better resident than an average one” (Karnik, 2014, p.1).

Residency Training

Completing residency training in the United States has always been a difficult and challenging time for any physician, but it has even been a greater problem for foreign physicians. It is also compounded by the fact they are adult learners. According to Karnik (2014), the main areas where foreign physicians encounter difficulties are medical education differences, examinations, and working in a hospital in the United States. Karnik (2014), has observed most of the medical schools in India, Pakistan, Bangladesh and the Middle East and found that the medical education format emulates that of the United Kingdom, where students rely more on clinical encounters than tests and technology. In less developed countries such as the Middle East, East Asia, Latin America, and Africa, students have to rely a lot more on the clinician-patient personal relationship and physical examination. For example, Karnik (2014) cites, sophisticated medical equipment, such as Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) and laboratory testing, are not always available. In addition, the incidence of certain medical conditions and illnesses are also different resulting in an adjustment of previous knowledge and experience. “It is also worth mentioning that language and jargon could also be a barrier, at least, initially” (Karnik, 2014, p.1).

According to Karnik (2014), there are other major differences; American students manage cases much earlier in their medical career. A medical student in the United States may

be included in managing a case, while in other countries this will not occur until entering the residency phase. The United States favors a lot of multiple choice examinations versus essay style in other countries. Finally, foreign medical students must learn about complex hospital administration, including accreditation and regulations that are very different from the countries they are coming from.

Summary

The literature findings reveal that there is a special interest in the journey of foreign-trained physicians in residency programs in the United States (Fiscella et al., 2000; Karnik, 2004; Leon et al., 2007; Leon et al., 2008), the need for a diverse workforce to address the increasing racial and ethnic diversity in the United States shortages of physicians in certain specialties making it more prone to be filled by foreign born physicians (Itani et al., 2008; Kostis et al., 2004), and biases and perceptions towards foreign born physicians (Chen et al., 2010). However, the literature does not address the essence and meaning of the lived experience of foreign born physicians, especially of physicians who are beyond the point of residency training.

Chapter 3

In Chapter 3, I described and rationalized how the methodology was selected and how the study was conducted, including discussing any ethical issues and personal bias that could have influenced the study. I utilized a phenomenological methodology to discover the lived experience of participants. Along with a description of the methodology, I am including a detailed process for data collection and analysis.

Phenomenological Study

Methodologies based on an interpretive epistemology are sometimes referred to as interpretive research or qualitative research (Gall, Gall & Borg, 2007; McMillan, 2004). A phenomenological methodology is based on interpretive research principles that allows multiple meanings to exist depending on the experiences people have with a phenomenon (Creswell, 2007; Gall et al., 2007; McMillan, 2004). Since my research goal was to search for meaning in the experience of being a foreign born physician in the United States, I felt it was appropriate to choose an interpretive research methodology for my study.

According to Van Manen (1997), phenomenological research is the study of the lived experience. Studying the lived experience allows the researcher to shed light on the common experiences of people. Therefore, my research question called for a phenomenological methodology. As mentioned in Chapter One, my research question was, “What is the work experience of foreign born physician in the United States?”

According to Crotty (1998), phenomenological research searches for what is unique and meaningful in peoples’ experiences, providing a framework for participants to have a fresh look at an important experience. In other words, phenomenological research methodology facilitates

deep reflection of personal experiences that had a significant impact on a person. Van Manen (1997) and McMillan (2004) noted that phenomenological research is the search for meaning of the lived experience from the point of view of the person who experienced it. Only they can define their own experience.

In order to describe a lived experience, an individual looks introspectively to the past. One must rely on one's memory and what is unique to each individual. Van Manen (1997) also noted that an individual cannot describe and reflect on an experience at the same time unless the experience is in the past. Marton (1986) noted that "It is the task of phenomenology...to make us conscious of what the world was like before we learned how to see it" (p. 40). Finally, Husserl, who is considered the founder of phenomenological research, believed that "meaningful experiences are best understood when one has the opportunity to reflect on the experience sometime after it happened" (as cited in Craig, 1998). Therefore, I embarked upon studying the work experience of foreign born physicians in the United States by asking study participants to review their experience.

Participant Selection

In phenomenological research, data collection is performed through interviewing people that meet pre-determined selection criteria and are in a position to answer the research question. According to Creswell (2007), a total of ten participants may be all that is needed to answer the research question. Van Manen (1997) and Creswell (2007) described that a higher number of participants is not the goal of phenomenological research because the objective is to gain a deep understanding of the lived experience rather than discovering generalities emanating from a large number of participants. Creswell (2007) suggested that any number between three and ten

participants typically constitute a good sampling and lead to a meaningful phenomenological study. After interviewing six participants, I realized I had obtained saturation of data. I determined that saturation was obtained once the same themes surfaced over and over again and no new information was obtained. Then, I conducted an additional interview to validate the themes derived from the data analysis. No new information surfaced so I confirmed that I reached data saturation.

In order to select participants for a phenomenology study, Creswell (2007) suggested utilizing purposeful sampling criteria. This type of sampling criteria searches for participants, who have had a common lived experience. Therefore, I made a list of participants, who matched the criteria of a) being a foreign born physician, b) having completed medical residency training in the United States, c) having been in the United States for a minimum of five consecutive years, and d) currently working as a physician in their specialty field.

Residency training in the United States is a very stressful and demanding time in someone's career. Residents have to handle multiple demands on their time including on-the-job training with and without supervision, studying for board exams, constant performance evaluations, and handling multiple tasks. This is a critical time in the career of any physician. Therefore, being a foreigner could add a dimension of complexity such as language barriers and learning a new culture. To adjust to the new culture, I have found that a minimum of five years is necessary to ensure that physicians have completed their residency program, have secured a job, and have achieved a certain degree of stability. I sent the criteria to my professional contacts in healthcare asking them to help distribute a recruitment letter via electronic communication. I then sent potential participants a letter inviting them to consider participating in this study (see Appendix A). I advised all potential participants that their interviews and data will be kept

confidential and that the study was approved by the Institutional Review Board at the University of St. Thomas. Prospective participants were directed to reply directly to me for questions, and about their willingness to participate in the study. All recruited physicians responded to my invitation confirming their interest and willingness to participate. Once I had six participants, who confirmed their willingness to participate in the study, I proceeded to schedule interviews.

Data Collection

As mentioned in the previous section, a phenomenology study data collection is done through interviews. According to Van Manen (1997), interviews should be open-ended so the researcher allows the participant's experience to drive the discussion, yet the researcher must be ready to redirect interviews back to the research question when they divert the attention from the topic. Van Manen (1997) also suggested that the interviewer establishes rapport with the participant. I used Van Manen's suggestions which allowed for a more interactive interview, provided a more comfortable environment, and afforded me the opportunity to search for deeper meaning in each participant's experience. In order to establish trust with the participant, I totally deferred to them for the selection of the interview site ensuring that the environment was comfortable and conducive for a deep and reflective interview. I began by listening to the participant greeting and initial conversation, and ensured they felt at ease, comfortable, and ready for the interview. I used my intuition and observation skills to know when it was the right time to start the interview. My observations included body language, tone of voice, facial relaxation, and a sense of disengagement from previous activity. I commenced each interview by assuring the participant that total confidentiality would be maintained throughout the entire research process. While I planned for enough time for pause and reflection, this was not always possible with a couple of participants, whose interviews were conducted in their offices and they were

interrupted a couple of times due to medical emergencies. However, we were able to pause for a few minutes after the interruptions and continue with the interview. All the other interviews were conducted at the participants' private homes per their desire. This will be discussed further in the analysis of each participant interview.

Preparation for the interviews included a number of initial questions to help focus the discussion around the primary research question. This was done in the manner suggested by Van Manen (1997), which was directing the participant towards the research topic. The primary question in the interview was, "What has been your work experience as a foreign born physician in the United States?" While the goal of phenomenological research is to have an open ended conversation and not a survey, it is advisable to have a list of questions to redirect the conversation and probe for deeper meaning (Van Manen, 1997). Therefore, I came to the interviews prepared with possible probing questions for use if and when it felt the conversation was not progressing.

Main question:

- What has been your experience as a foreign physician in the United States?

Probing questions:

- Why did you decide to pursue residency training in the United States?
- Why did you decide to stay in the United States post-residency?
- What were the most memorable events? Why?
- How has being a foreign born physician shaped who you are?

In phenomenology, the interview or open ended conversation is an exploration of the lived experience; therefore as a researcher, I attempted to guide the participant to get deeper into their thoughts and reflection analysis. In addition, as Van Manen (1997) suggested, I allowed for short periods of silence in hopes it would generate clearer responses. Another suggested technique I utilized was repeating a statement to promote a deeper reflection of the subject. I also prepared the following list of simple questions and phrases as a follow up to help with the flow of the interview.

- Please tell me more about that.
- Please tell me what you were thinking at that moment.
- Please tell me how that made you feel.
- Is there anything else that comes to mind?
- Is there anything else you would like to add?

Interviews took up to 90-minute in duration at a place and time that was most comfortable and suitable for the participants. In preparation for the interviews, I had printed out a “consent form” in compliance with University of St. Thomas Institutional Review Board (see Appendix B). The first order of business at each interview consisted of obtaining the participant’s signature affirming consent.

To ensure participant confidentiality, the names of all prospective participants were encrypted and were kept on a password protected file on my personal computer. I kept the transcript of each participant interview in a separate password protected file. I am the only one

who has access to the computer and knows the passwords to the study files. I assigned pseudonyms for all participants and none of the actual names are revealed in this study.

All interviews were conducted at a time and place selected by the participant and, to the extent possible, conducive for an open ended interview along with a comfortable environment. I asked each participant to allow for a 90 minute one-on-one interview without interruption, recognizing that it may be difficult in the medical field. In addition, I asked each participant to ensure their proposed site affords opportunity for confidential conversation. All interviews were audibly recorded and I also took some notes during the interview. The notes were intended to capture unspoken language such as body signals, gestures, signs of discomfort, and even attention given to the subject. I also captured some of my personal thoughts and interpretation of elements for further exploration at a later time. At the conclusion of each interview, the participant was acknowledged for the contributions made to this study.

Data Analysis

Following the data collection phase, each interview was transcribed verbatim. After carefully reviewing the transcriptions, I proceeded with the data analysis as suggested by Van Manen (1997) and Moustakas (1994). I particularly like Van Manen's (1997) approach to take a holistic view of the analysis, which means I read each transcript in its entirety, I reflected on the content, and then tried to summarize in a few sentences, essentially coming up with a short story about each participant. I then reflected back on each story in an attempt to understand the participant's experience.

Once all interviews were completed, transcribed and summarized in the short story format, I began to group statements that conveyed a similar or common meaning and divided

them into themes. It is important to distinguish between similar statements and similar meanings. These similar themes were color coded in an attempt to reveal possible meaning of the lived experience of the participants. While Moustakas (1994) called this coding system ‘meaning units,’ Van Manen (1997) called them ‘structures of experience.’ Essentially, the researcher is looking for commonalities.

An interesting way of coding themes is what Moustakas (1998) referred to as “textural” and “structural.” The difference is that “textural” describes the lived experience as it occurred while “structural” describes how the experience actually happened. Van Manen (1997) offered a different approach and differentiated themes into “essential” and “incidental or contextual.” “Essential” themes eliminate the context of a situation and responds to the question of what would happen if these themes would be eliminated. Would this phenomenon still exist if this theme was eliminated? In other words, is it essential? While an “incidental” theme is more contextual and enables the phenomenon rather than being essential.

Therefore, I created a list of themes that reflect both Moustakas’ (1994) and Van Manen’s (1997) suggestions. I categorized the themes into textural and structural, as well as essential and incidental or contextual. This approach to coding ensured capturing both the lived experience and how it happened along with the core of the essence. Van Manen (1997) suggested that the data analysis be performed sequentially to allow the researcher to reflect on the experience of the first participant before conducting the second interview and so on. While this was logistically difficult to complete due to time constraints and proximity of interviews one to the other, I still reflected and spent time on data analysis after each interview to help prepare me for the subsequent interview.

Once all the interviews were completed and the data analyzed, the themes and units of meaning or essence of the experience emerged. The information collected was captured in a written descriptive form. I had been prepared to conduct follow-up interviews if necessary for further clarification, but the need did not arise. All data analysis and feedback from participants is included in Chapter 4.

Bracketing

Bracketing creates a space to prevent the researcher's preconceived notions from influencing data analysis and also to allow the researcher's knowledge and experiences to inform her questions and insights. Husser suggested this method to phenomenological researchers to help them set aside their preconceived notions, thus providing an objective and clear view of the phenomenon (as cited in Creswell, 2007). Van Manen (1997) described bracketing as an acknowledgement by researchers of their own experience with a phenomenon, derived by reflection and journaling.

As mentioned in Chapter 1, I initially became interested in conducting this research based on my personal and professional relationships with foreign born physicians. Therefore, I was aware that my own experience could be both beneficial and detrimental to the study. My experience was beneficial, as I could relate in some ways to the participant's experience both personally and professionally. However, I had to make sure my experience did not interfere with data collection and analysis. I had to be careful not to re-direct the conversation to refer to my existing knowledge or to insert my own experiences into the dialogue. Being mindful of this potential bias, I took time to prepare for the interviews to ensure an objective and clear view. I also kept a diary during this research to help me reflect on each interview I conducted, thereby

making the bracketing exercise a continuous process throughout the phases of data collection and analysis. I found I had to pause a few times during a couple of the interviews, due to participants' interruptions and to regain focus. Focus, presence, and a clear mind were absolutely necessary when conducting interviews. I reviewed my notes daily and tried to distinguish between my thoughts versus the participant's thoughts. Each participant was allowed as much time as needed to reflect and answer the questions with minimal prompting from me. All data that reflected any of my personal thoughts were separated from the participant's data.

Ethical Issues

Since participants in this study shared personal information that brought up emotions in more than one occasion, I was particularly sensitive to their confidentiality. To protect participant confidentiality, their identity is known only to me. As with any research involving human subjects, I am maintaining this study in accordance with the Institutional Review Board policies at the University of St. Thomas. To ensure participant confidentiality, the names of all prospective participants were encrypted and were kept on a password protected file on my personal computer. I kept the transcript of each participant interview in a separate password protected file. I am the only one who has access to the computer and knows the passwords to the study files. I assigned pseudonyms for all participants and none of the actual names are revealed in this study.

Chapter 4

Findings

In this chapter, I describe the findings from my study. I start by providing a story of each participant and then showing how themes were developed from data collected. Every story is very unique, but commonalities were found in all of them.

Participant Stories

As mentioned in chapter 3, the identity of each participant is confidential, so I assigned a random pseudonym in the alphabetical order to each person who participated in this study. The stories also provide participant background information to add context for the reader.

Ana

Ana was born in a beautiful country in Africa surrounded by a caring and supportive family and community. Her childhood was a happy one despite scarcity of resources, on-going political unrest, and an uncertain future. She always knew she wanted to be a medical doctor as she was drawn to helping and caring for people. She was a good student and driven to accomplish what it took to achieve her dreams despite many barriers and challenges. When she reached college age, political unrest and subsequent civil war forced her to leave everything behind including her loved ones. She received scholarships from the generous government of Hungary, who was in desperate need of medical doctors and medical students. Without much hesitation on her part and with her sight on accomplishing her goals, Ana left her homeland in Africa to attend medical school in Budapest, Hungary. Her beginnings in Budapest were tough as she had to learn a very difficult language that most foreigners never master, but she did. Ana found that Hungarians were extremely nice and kind towards her, despite the fact she was from a

different country and race. She thinks very fondly of Hungary, the country that became her home for a few years. Upon graduation from medical school, Ana completed her internship in Budapest while also simultaneously pursuing a Master's Degree in Public Health. She had always wanted to take the knowledge and training she obtained back home, and decided it was time to depart for her homeland to practice medicine. Not long after arriving to her home town, Ana realized that life was still unsettled and difficult there. She was still determined to help her community and she continued to practice medicine for another eight years. A second civil war forced Ana to leave her country for the second time, as she feared for her life.

When I left Budapest, Hungary, my first job back at my home, they said 'oh, you are the medical director of this whole town.' What? That was my first job to be a medical director, you know. So we had everything we needed and more. If there was no civil war, we would not have come and people do not understand.

As she recalls, there were people, who had to leave everything behind and to leave barefoot while her town was being attacked. "At the time of the civil war I was outside and I could not go back. But, if you talk to people there were people who were at their house cooking food and the militants just came and they all ran from the house and never went back. Isn't that trauma?" This time, she immigrated to the United States where one of her sisters had already settled. She arrived in Virginia with a medical degree, a master's degree, and eight years of experience as a practicing physician. However, she quickly realized she was not certified to obtain a job in the medical field. "So I went and said I am a Medical Doctor. And they said, do you have a license? No. Are you a Nurse? Do you have a license as a nurse? No." The first job where no certification was needed, Ana found, was a "home health aide" job. In this job, Ana had to take care of troubled adolescents during the night. On her first night, she remembered

taking care of a very blond girl, who was afraid of her due to her skin color. She said, “The girl couldn’t sleep at night because she was probably afraid of me.” Ana realized then it would be a very long and arduous journey to be able to practice medicine like she used to. However, she was determined to make it happen. While working forty hours a week, she had to study and prepare for two very rigorous exams USMLE (United States Medical Licensing Examination) I and USMLE II. Due to the difficulty of the exams and having to improve her English, she attended classes with Kaplan, an organization that offers preparatory courses for admittance exams, to feel more prepared. Both the classes with Kaplan and the USMLE forced Ana to save money for a long time. With her humble salary, it took Ana almost eight years to have the necessary requirements to apply for a residency program in the United States. She finished her residency program and has been practicing medicine since then, but it took her a long time to get to the place where she is today. Ana went to New York for a residency program in Anesthesia and met a group of Russian Jewish physicians, who founded a nonprofit organization that supported Russian Jews. This organization paid for their Kaplan and USMLE exams. Ana did not have that kind of support, but realized how beneficial that would have been. After completing her education in New York, she came to Minnesota for specialization. She has been with the same organization for the last fifteen years and she is currently the chair of her department. Ana described her working experience in the United States to be hard due to her accent, origin, skin color, and misunderstandings with patients and colleagues. As time went by and she gained trust with colleagues, she felt respected, comfortable, and well adjusted. Ana also felt like she had to work harder to prove herself; becoming a department chair took her a longer time than other colleagues. “I feel as a foreign medical graduate, with an accent, you have to prove yourself more. You have to work harder than anybody. Because, when you are a foreigner with an accent,

people assume that you do not know anything, anything! Even patients question you. You have to prove yourself more.” Ana explained that her colleagues, who were born and raised in the United States, obtained a promotion within two or three years of graduation. “There was a colleague of mine, who completed residency, and she became residency director right away. Well, a foreign medical cannot do that.” As the workforce is changing and getting more diverse, she finds that her work life is getting easier too. “Now you see more people of different nationalities in the workforce because healthcare needs more people. Organizations are getting more foreign medical graduates. So the workforce is getting more colorful and diverse.”

Minnesota has now become Ana’s home and she enjoys the strong work ethic, peace, freedom, and the networks she has developed. Her neighbors care for each other and this feeling of connectedness resembles life back in Africa. The neighborhood, in which she lives, also reminds her of her old neighborhood in Africa, with smaller homes than most American homes, trees, and proximity to neighbors. “I had the option to go for the winter time vacation but I just stayed here. I got to know my neighbors here. My neighbors, none of them are physicians, they are retired teachers, they are all retired, all of them and we have become friends. Everybody just knows you. We built these houses together, I built this house.”

Ana had contemplated returning to her homeland upon retirement, but being in her late forties she felt she is too far removed and has found the balance and peace she has been seeking for many years. She will stay in Minnesota after retirement and continue to cherish the little things she enjoys; her husband, community, personal and professional networks, and her daily cup of coffee at a local Starbucks. In recent years, she has had many opportunities to relocate to other states as head hunters have been knocking at her door, yet she is still determined to call Minnesota home and stay here despite the long, cold, and snowy winters. However, Ana felt very

proud of her background and her journey and she found that all these experiences made her more grounded and humble. She was proud to help people in need and cover for people at work during the holidays, so they could take care of their loved ones, especially their young children. “Well, I am so happy that I had practiced back home before I came here. You become more humble and you do not feel entitled to anything.” Similarly, she felt more connected to patients to the point that sometimes she believed they just wanted to have a conversation with her because she cared. “We were raised differently. We were raised to be with people and that makes us humble, compassionate and feeling type of people. Sometimes I think ‘why is this person here again?’ and then I say to myself ‘she would not have come if she did not need to.’ There are some people who are so lonely, they just like to come.”

Most importantly, Ana felt very lucky to be who she is and having had the opportunities she had. She attributed her success to her father, who once told her that she could, without a doubt, become a physician. “I tell myself that I was a little bit lucky to have had a father who told me, ‘I want you to be a medical doctor as much as you want to’ and he guided me.”

Beatriz

Beatriz grew up in Africa surrounded by a wonderful family who had strong ties to the United States. Both of her parents obtained their engineering degrees in the United States and went back to their country upon graduation. They were international students and could not extend their stay. Beatriz always felt supported and encouraged to accomplish anything she wanted from a young age, and she always knew she wanted to be a physician. She knew she wanted to help people heal and make a contribution to this world. Her life growing up in Africa was not easy and she had to mature at a very young age. Her parents had started their own

business upon returning from the United States and were quite successful until Beatriz turned eight years old. After a few years, the business started to fail and Beatriz's family was forced to leave their home and move to a rented apartment. One day, the apartment burned and in her country home owner's and renter's insurance was not available. The family ended up having to pay for the damage, the repairs, and a sum to the owner. This event put the family in a very precarious financial situation. Beatriz recalled going from middle to low class, "We went from having three meals a day to one meal a day and sometimes not knowing where the meal of the next day is going to come from." In addition to the financial hardship, Beatriz faced a lot of pressure at school. She recalled her school years as demanding and hard. Her country was colonized by the British government and the school system was similar to the British one. While children were very supported by parents emotionally, they needed to pass a very rigorous comprehensive exam at the end of every school year, even in primary school. If a student did not pass the exam, they had to repeat the full academic year and that would cause shame, frustration, and anxiety. Beatriz explained that children grow up with love, but they work extremely hard to avoid repeating an academic year. In addition, they all hoped to get out of poverty. "There was a great emphasis on education in my country partly because people believe that you are able to achieve something in life and not be stuck in poverty if you have a good education." One big lesson she learned is that her society is very collectivistic and people do not ridicule each other; in general people are interested in seeing others succeed.

Everybody knows that everyone is struggling trying to get to a better place and so it does not matter what you look like or what your clothes look like as long as you can pay your tuition and you go to school then nobody makes fun of you. They actually put emphasis on the people that come from very poor backgrounds and end up excelling and doing well

because of their hard work. You could have someone who comes from a very poor family and they actually don't have much and they are upheld by their classmates because they were the smart one.

Beatriz had heard from other people including an older brother who had gone to high school in the United States about bullying in American schools, but she recalled this was not the case in her community. The education system, established in Beatriz's country, allowed students to take advanced tests and occasionally skip a year here and there. Beatriz ended up taking the advanced tests and as result of her hard work and dedication, she managed to finish the equivalent of a high school degree in the United States at the age of fifteen years old.

Beatriz always knew she would come to the United States to complete her undergraduate education, as she wanted to escape poverty and do well in her life. Once she arrived in the United States, Beatriz attended two very prestigious medical schools; the Mayo Medical School and the University of Minnesota. Due to being young, alone, and a foreigner, she recalled growing up faster than peers of her age. She recalled always studying, constantly asking questions of her professors, and avoiding partying. Beatriz quickly became a tutor to other students and gained their respect. She recalled people being very impressed with her. "I started tutoring people and people would ask 'wow, how do you know so much?' I would pretty much say, "Well, I study and I read the textbooks and when I do not understand something, I just ask questions." However, sometimes she felt judged when telling her age and noticed that people behaved differently around her.

Beatriz also completed her residency training in emergency medicine in Minnesota. She explained how difficult it was to go through residency training in her specialty; very long hours

and days, always dealing with patients during the most difficult times of their lives, and very little vacation or even breaks. Beatriz recalled once more being judged for her young age, but this time it became more prevalent as some of her coworkers had children her age. The struggles became more pronounced. “Being young did not affect me so much in college but it affected me more at work.” She also noticed that she was being judged for her accent and had to work harder to prove herself, but many times when people found out she had trained in the United States and at organizations with a national reputation, she quickly gained respect.

For me, in my case, because I have an accent, people think that I may not have trained in the United States. However, when they find out that I was trained in the United States and that I trained at one of the most reputable organizations, there is a big difference in the respect they show; which it should not be this way, but it is.

Beatriz explained that the experience of being an emergency medicine physician is very unique because as an emergency medicine physician, one does not have the luxury to see patients on a regular basis. The patient-doctor relationship is short, usually a few hours. However, it is very powerful as the patient is usually going through one of her toughest times in life. Beatriz felt that this experience has influenced her in positive ways, as she can relate to patients and make a connection without having met them before. She also recalled relating to immigrants in very special ways. Her humble beginnings made her understand where they were coming from and the difficulties of their complex life.

Beatriz described a situation in which she lost a patient who had been run over by a car on the highway while he was trying to restart his car again. The patient was with his son and the car broke down. Since the patient was undocumented, he decided to push the car while his son,

who was inside the car, tried to restart it. Another car hit them from behind, the patient lost his leg, and a few hours later, he died in the emergency room. The son was fortunate to be well and only had minor injuries. When Beatriz went to deliver the news to the son, he explained that they were trying to avoid calling for help for fear of having the father being deported. He, the son, was here legally and could not stand the thought of being here without his father. The passing of his father was devastating, and to this day Beatriz still remembered that experience in great detail, “It was kind of sad that in trying to avoid deportation, the dad lost his life.”

After this incident, Beatriz became an advocate for patients and while she could not force undocumented patients to seek help, she at least informed them of the benefits of seeking medical and legal help. Going through residency training made Beatriz very aware of the complexity of a career in medicine. She realized it was not all about taking care of the patient as she had envisioned as a young child. She quickly learned that there are external and internal forces that affect physicians’ daily work, such as scheduling and productivity, rules set by accreditation bodies, insurance companies, and the federal government.

At the time of our interview, Beatriz was in her early thirties and she continued to enjoy her career as a physician outside of Minnesota. She had no trouble finding a job after graduating from her residency program, but believed she still had to overcome barriers due to her age and accent. She continued to work very hard to prove herself. She felt that her background made her more humble and had a stronger connection with patients than her American born peers. She attributed this particular fact to the American culture that tends to put physicians on a pedestal. She recalled her peers being more demanding and feeling more entitled while she made very few demands and was more accepting. In addition, she felt that her strong connection with patients from other countries came from her community-based and collectivistic upbringing, and the

inner curiosity of her patients. When they heard her accent, they wanted to know where she was from and if they had traveled to Africa, they liked to tell their stories. “I feel like my interactions with my minority colleagues and patients are a little bit different because they feel like they have a connection with me.” Beatriz is happy in the United States and finds her life to be good, prosperous, and enjoyable. She knew she would start a family here and help those in need whenever she could. She is proud of her background and felt that all her experiences had contributed to the kind of physician she is today.

Carolina

Carolina was born in Africa and had a large extended family. Despite her humble beginnings, she had a good life and access to good education. Her family was not wealthy, but through hard work her parents were able to send their children to private school. Carolina had very fond memories of her extended family and being raised with love and a sense of belonging to a caring and nurturing culture. She remembers the sun, the smells, and the beauty of her homeland.

Carolina went to medical school in her home country, trained as a physician, and started a Ph.D. in Physiology. She got married to her childhood friend after medical training and had a daughter while she began her doctorate. Meanwhile, her husband worked for a well-known international pharmaceutical company. Not long after their daughter was born, Carolina’s husband was relocated to another country, Kenya, and the family moved with him. Carolina finished her Ph.D. in Physiology in Kenya and worked as a faculty member at one of the best universities in the country. After a few years, the family moved to Belgium following Carolina’s husband’s next assignment. In Belgium, Carolina worked for a well-known public relations

company doing marketing research for a pharmaceutical company while also teaching at a very prestigious university. She enjoyed living in other countries, as well as learning different cultures and languages; she also enjoyed being a loving wife and mother. However, despite having a happy life, Carolina had always wanted to be a physician; this thought would never go away. Six years after living in Belgium, Carolina's husband got relocated once more, this time to Canada. They thought this was probably the last time they were moving and were willing to work hard again to learn the culture and the language. Once the family settled in Canada, Carolina started investigating the possibility of working as a physician. She began her research and realized that the Canadian system for testing and training physicians was a lot more rigid than the American system. One of the main differences is that in order to take the Canadian Boards, one must be a landed immigrant, which is the equivalent of a legal immigrant in the United States. However, in the United States one can take the boards without being a legal immigrant. Another difference is that in the United States, one can choose what residency to apply for, while in Canada it is predetermined by the Ministry of Health based on which specialties are in higher demand.

While Carolina was preparing to take the Canadian boards, a new friend from Africa suggested that they both prepare and take the Canadian and American boards simultaneously. They studied together and passed the exams, and consequently got a match. "Match" is the term used in reference to the National Resident Matching Program (NRMP), a web-based program that places applicants into residency programs at teaching hospitals across the United States. Carolina was accepted for a residency program in one of the main cities in Canada. However, the residency program to which Carolina was accepted was not the one of her choice. Since she had also taken the American boards, she had applied for and was accepted to a residency program in Minnesota. Unfortunately, she needed a letter from the Ministry of Health in Canada allowing

her to come to the United States, but the Ministry of Health refused to write the letter, and she lost the opportunity to come to the United States. Carolina decided to start the residency program in Canada, but did not give up on her dream. She was determined to come to the United States because she wanted to have freedom as a physician, and her husband was willing to follow her. Carolina was in her late forties when she continued to send applications and did not give up on her goal. The opportunity to come to the United States was presented again. Carolina was accepted to a residency program in Minnesota and was able to formalize the paperwork needed to make the relocation. She recalled applying to at least fifteen different residency programs, but once more an organization in Minnesota opened the doors to her.

Carolina's experience during her residency training was very positive and she had a program director who was very supportive of foreign graduates. She was surprised that her age was not a source of discrimination. She recalled thinking that by the time she attended residency training in Minnesota, she would have peers of her daughter's age, but that did not seem to be a problem. "Nobody said you are too old, we cannot waste a residency on you." A few years earlier, a friend had told Carolina that in the United States, one is never too old to pursue dreams. Carolina later realized that this was a true statement. Carolina did encounter some biased people. She recalled seeing a patient once and when he inquired about her nationality and she mentioned she was Canadian, the patient replied, "What is a Canadian doctor doing here? I do not want you to examine me." Carolina politely replied, "Sir, you have every right to choose who sees you," and walked out of the room. Carolina mentioned these were not frequent encounters, but they would happen from time to time. She also recalled experiencing rejection and harsh treatment from a colleague, who was from Eastern Europe.

One thing surprised me during the residency program. We had a resident from Eastern Europe, I forget which country. She was tougher on us, and gave us more trouble than some of the residents from the United States. And we could not understand it because she was someone who had walked in our own shoes and why should she be nastier. She actually made one of our residents cry because she was so strict and we felt that she picked more on us.

Carolina never understood why another foreigner would treat foreign colleagues harshly as her experience had been quite the opposite. She recalled bonding with other foreign physicians and even having a feeling of sisterhood. Carolina also recalled working with a chief resident during her residency program, who would not call her to observe patients during the night preventing her from learning opportunities. However, she got the support of another foreign physician, who made sure she would get called every time a patient needed help during the night, so she could get the most out of her residency training. As with past relocation experiences, Carolina had to learn the culture of Minnesota. She recalled feeling a bit confused at the beginning of her life in Minnesota, as in her culture people do not say “yes” right away or accept an offer immediately.

One of the most memorable events that I do remember is I was doing an observership and I was in the ER and I had been introduced to the director there, to the physician and he said that whenever a case comes up, follow me and we will go and see the patient. And, I would not follow him right away because in our culture, if somebody offers you something, you do not say YES right away.

She learned that in the United States, when people openly invite others to learn from them, or invite to an event, people truly mean it. She recalled this being an adjustment, but the one she welcomed very much.

Carolina noticed that it was hard for foreign physicians to be accepted to residencies in desirable locations. For example, she had applied for residency programs in Hawaii, Florida, California, but she was told that American born physicians had better chances to be accepted to residency programs in states of their choosing. Normally, foreign physicians ended up in states or organizations that usually were hard to fill. “The system that is set up in the United States is very open and accepting of foreign medical graduates. Now job applications if you want to go to Hawaii or San Diego is a different story.” She tried very hard to be accepted at a prestigious organization in Florida and had a very good friend working there, but that referral was not enough. Carolina is now proud to call Minnesota home and to have been able to work as a physician in the specialty of her choosing. She has not made concrete plans for retirement yet, but she is not ruling out the possibility of staying in Minnesota.

David

David was born and raised in a country in Europe. He belonged to a large family with strong traditions and faith. Family has played an important role throughout his life. As a young boy, David had always wanted to become a physician, live in others countries, and do mission work. During his school years, he learned basic English, and while he was still in high school, he had the opportunity to spend one or two months in England to improve his language skills and learn the culture. Upon graduating from medical school in his native country, he decided to seek

medical training in England. “I got my diploma and my degree under my arm and I went to London and registered with the British Medical Council.”

David recalled his first experience in England as being hard. He thought he could get by with the English he knew, but quickly realized he had to learn a great deal more and that his accent was getting in the way of being understood by many. The biggest barrier of all was trying to learn how to be a practicing doctor in a different language and culture. David thought that the barriers and tension were sometimes unbearable. However, this did not stop David from pursuing his training and be ready to work every day. He felt that there is a piece of fear, anxiety, and tension in every new doctor who transitions from being a student to working as a medical resident. Residents are seeing and treating patients, and prescribing medications. Even though the medical residents work under the supervision of an attending doctor, they still do the real work.

It is not an easy transition. Just finished medical school and the barriers and the tension were so great; you are trying to learn how to be a doctor, and having to do that in a different language and in a level of English that was just barely getting me there.

David remembered working very long hours as during his residency period there were no “duty hours” or time restrictions as there are today. He recalled feeling exhausted and fearful of making mistakes. In addition, he struggled adapting to a culture that was very different from his. However, this adaption became very useful when he moved to the United States. “I think without that experience, I would not have been able to really succeed here.”

David worked for the National Health Service for three years. He recalled the system being very fragmented, as one is responsible for finding his own rotations that last approximately

six months each. David contemplated coming to the United States and had been preparing to take the American board exams during the last months he spent with the National Health Service. After completing three years of service with the National Health Service, David became a member of the Royal College of Physicians. This process typically takes between three to five years and the physician is responsible for finding his own rotations. To be a member of the Royal College of Physicians, one must also take rigorous exams. After passing the exams, one is given the title of “registrar” and registrars need to work a few more years to become a full-fledged physician. Most people do research, publish, and do clinical work during that time, but they are not working as a fully accredited physician yet; they are seeing patients on their own, supervising, or offering consultations. David recalled this being a very complicated and long process. He also remembered the British medical system being very hierarchical and hard to navigate. David continued to think that he wanted to come to the United States, as he had learned from other friends that the American medical system is similar to the one in his native country.

When you go into residency, you know that you are going to be in one or two hospitals, and the contract is for those many years, and you know at the end you are going to be prepared to do your boards, and if you pass all that, you can become an attending directly.

David was also very attracted to the level of medicine practiced in the United States, as it is a very well respected system and recognized in many countries around the world. David had two friends in England who had become familiar with the American medical system. One friend mentioned she was going to do her residency training in the United States. She had already taken her board exams in the United States and suggested David should do the same. She also encouraged David to take a leave of absence, attend the Kaplan preparatory courses, and take the

exams. If he passed, then he could look for a residency program in the United States. Five days later, David took a leave of absence for six months, and moved to New York. David recalled seeing his roommate for the first time. His roommate was from India and they quickly bonded. They studied together for the United States Medical License Examination (USMLE) exams. This was the first year that the USMLE exams were offered to foreign graduates, so a few people took advantage of this wonderful opportunity. David was also required to take the TOEFL (Test of English as a Foreign Language) exam if he were to apply for residency programs in the United States.

David travelled to Minnesota and was impressed with the quality of the residency programs his friends were attending. He also met with a tourist from New York, who invited David to attend mass at his church in Minnesota. After mass, the pastor came to introduce himself, as he noticed David was a new member at the church. David and the pastor bonded quickly and established a rapport. The pastor mentioned he was a chaplain at a hospital, and asked David to go to the hospital with him the next day and visit with his patients. The chaplain thought this would give David the opportunity to visit a local hospital and gain a deeper understanding of how large hospitals in the Twins Cities are operated. “And he took me on rounds to see his church patients, introducing me as this visiting doctor. Wow, that was fascinating. That was the first time I laid foot in this hospital where I am today.”

After the leave of absence, David returned to England and a few days later received a letter saying that he had passed the USMLE part I. He was very excited, but now he had to take the USMLE part II exam. He took the exam in England and then decided to go back to his native country and wait to see if doors would open for him in the United States. When David heard he had passed the USMLE part II exam, he called his old friend in Minnesota. The friend urged

David to move quickly, as the interview season for residency programs in the United States had already begun. David felt the urge to take action and five days later he landed in the Twin Cities. While getting ready for his trip, he prepared a resume and started applying to different organizations across of the country. However, his preference was to come to Minnesota. He recalled thinking that Minnesota reminded him of his native country; very comfortable, welcoming, good neighborhoods, good medical services and hospitals, and he had friends.

David remembered arriving to the Twin Cities with his wife and not understanding why he had not received an application from the university of his choice. He had contacted them a few times, but obtained no response. So, he drove from the airport to the university and quickly went to the graduate medical education department and asked for an application. David explained to the secretary of the department chair that he had been in contact with them but no application had been received. The secretary replied, “to be honest with you, we do not take foreign medical graduates.” She added, “But you can apply obviously. There is only one problem, today is our deadline.” David was astounded, but he took the application form and returned to his car. His wife was in the car where he had parked in a “no parking zone,” as he really wanted to get to the office by the end of the day. He thought that this was probably a sign and he should proceed with the application. He clearly remembered the words “you can obviously apply.” Since he did not have a typewriter with him, he handwrote the application and went back to the graduate medical education office, and turned in the application. He thought he had nothing to lose. To his surprise, he was granted an interview and he was the only foreign medical graduate being interviewed. David had a great interview and was anxious to hear what the outcome would be. In the meantime, he had interviewed with two of organizations in the East Coast and he had been accepted. He was still waiting to hear from the University of Minnesota,

but did not lose hope. A couple of days later, he heard from the university offering him the residency position without having to go through the Match process. It was very tempting to accept, but his friend had explained that the Match is a fair system; it gives one a chance to be in the best possible program. David recalled having a good feeling about all this and decided to go through the Match process and be ranked like other medical students. He returned to his native country to spend some time with his wife and family, and waited for the results. David explained that back then, results were not posted on a secure internet site, but rather a list of names would get posted outside the department's door. So, David asked his friend in Minnesota to go check the list for him. David was accepted and his journey as a physician in Minnesota began. He attributed his success to a sense of resiliency. "Applying is allowed, sometimes as foreign medical graduates we tend to have that sense of not giving up! And resilience in spite of the, at least on the surface, blocks or barriers." David felt this is the land of opportunities and saying that we do not accept foreigners was not right. "So, at the end justice prevailed."

Working in Minnesota has been a good experience for David and he has gained the respect of his peers. He recalled having to overcome several barriers specifically around the culture, but his previous experience in England was very helpful. One of the biggest barriers was his accent, even though David has been in the United States for twenty eight years, there is not a single day he is not asked about his country of origin. "It is almost a daily reminder that you are a foreigner." Patients and staff have curiosity and they want to know. Despite his heavy accent, David only recalled being rejected by a patient once. Sometimes he had problems with elderly or hard of hearing patients, but they did not reject him. It has also been hard to relate to American pop culture. When David is gathering with friends or having meetings at the hospital, people

make particular comments about an event or a person everybody knows, but he has no point of reference.

David felt that being a foreigner, knowing languages, and being culturally competent created some advantages. He explained that it has created some unique work opportunities and projects around equitable care and health disparities. He loved working with minority and LEP (limited English proficiency) patients. In fact, he had the opportunity to pursue a fellowship in infectious diseases once, something he had always wanted to do, and turned it down to become the only male staff physician at a local minority clinic for seven years. He felt a strong connection with the patients and could speak in his native tongue every day. He said that experience was very empowering and perhaps the most transformative of his career. He had always wanted to do mission work, but now he could do it from home by developing programs to reduce health disparities. This experience also made him develop a passion for education and since then, he had been educating and training medical residents. "I always felt I had a role to play in helping them adjust, and have counseled and mentored many through the years."

David has also fulfilled the dream of becoming chief of staff at his hospital. He progressively got more involved in administrative work and he got rewarded with a fabulous position which he described to be a long and hard journey to get where he is today. David is now in his late forties. "This was another memorable event, which was a dream." However, before accepting the position of chief of staff, he took a well-deserved sabbatical year, and returned to his native country with his wife and children. David felt he had been working nonstop for many years and wanted to dedicate time to the family and have his children experience his culture. This strong urge to go back home for a year came in a dream and he felt he had to say "No" and postpone taking the leadership position. David felt he made the right decision, as this was a

fabulous time for the whole family. David is an incredible humble man. When praised about his accomplishments he responded, "I have tried my best to do a good job but I do not think it has much to do with me as with a very generous and accepting and inviting environment." He explained that it is very valuable to be a physician leader as there are many exciting projects going on at his organization and he felt proud to be part of all of them. He felt that despite having to overcome some barriers, he always felt welcomed, appreciated, and supported. He loved the people of Minnesota and their generosity, and appreciated their patience with him especially during residency training and as a physician leader. However, he felt that as a foreign physician he will always have the pressure to work hard and prove himself.

Elisa

Elisa is the second daughter of a very strong woman who always put the wellbeing and education of her children first. Elisa's mother was born in a country in South Asia. She grew up in a metropolitan area and had always wanted to be a pharmacist. However, the closest job to being a pharmacist she could have was a position as a visiting nurse. Elisa's mother worked as a visiting nurse for the government and one day she got transferred to a very rural area in the mountains; only accessible by horse. While working in the small village in the mountains, Elisa's mother met her future husband. He was a feudal landlord with lots of land and servants. However, he was very closed minded and did not believe women should be educated. Elisa's mother became very sad after the birth of her first child, a beautiful girl, whom she knew would never have access to higher education. At most, she would be allowed to finish secondary education. Elisa's mother decided to leave her husband and the small town behind and return to her family with her daughter and another one on the way. The escape was not easy, as the road conditions were terrible and could only be travelled by horse. She knew that a mistake could cost

her life, her daughter's, and the child she was expecting. Luckily, they got help from friends and servants in the village. After Elisa's birth, her mother met a very nice man, who moved the family to a very westernized country in the Middle East. Elisa's mother had two more children with her new husband, but continued to care for Elisa and her older sister and provided them a good education. The girls were sent to a very expensive private boarding school. The school was run by Irish nuns and Elisa recalled the experience being positive. She remembered having more freedom than in her home country and celebrated both Christian and Muslim holidays. She also recalled studying in the tradition of the British system, speaking English most of the time, and wearing western clothing. Elisa's mother had always wanted Elisa to become a physician. Elisa recalled her mother coming to visit during breaks and bringing fabulous silk fabrics to make saris and saying, "when my daughter becomes a doctor, she is going to wear these clothes." Elisa's mother managed to become a pharmacist and she worked as a pharmacist while living in the Middle East. Elisa recalled that her mother always worked very hard to provide for her children and paid for their private education.

Upon completing high school, Elisa went back to her home country to attend the local university, but she needed to provide a domicile to prove she had been born in that country, so she might benefit from a subsidized government education. Elisa found herself in a difficult situation, as she had to contact her father whom she had never met. Determined to pursue higher education and knowing that this was the only chance she had at the moment, she contacted her father. "I contacted my father when I wanted to get a domicile because otherwise I would not have been able to go to school anywhere else." Elisa's father had become involved in politics and he had a prominent role in the ruling party. He was the equivalent of a United States senator. The thought of having a prominent daughter was appealing to him despite his conservative ideas.

He thought that if he supported his daughter in becoming a physician, he could access certain elite people in the region. Elisa recalled the relationship being cold but seemed to work, at least, initially. Elisa started her graduate studies taking two years of Economics and English Literature, but then she realized she had to take science classes to become a physician. She still does not know why she made the choice of studying Economics and English Literature, as it meant two more years studying at the university. However, as she reflected back she realized that she made a smart choice, as it led her to be certain about her destiny; she also learned other useful and interesting subjects.

Once Elisa had met all the pre-medicine requirements, she had to pursue medical education in another town where the culture and language were completely different. She had never been in such a conservative culture before. “You sort of have to wrap yourself in a chador. I remember the first day at school, I was sitting, I did not understand anything people were saying around me.” Elisa recalled feeling very lonely and having to learn a very difficult language with new and strict cultural norms. She knew that she had to master the language as one of the requirements for graduation was interviewing patients in their native language. While she was dealing with the tremendous learning curve and feeling separation from her family, her father had arranged a marriage for her. Meanwhile, Elisa’s stepfather had passed away and her mother and other siblings had found a way to come to the United States sponsored by other relatives, who had emigrated in recent years. Elisa felt extremely lonely and did not want to marry the man, whom her father had arranged for her. Elisa’s father thought that this marriage would better position him for his political career and it was in return for helping Elisa with her domicile and living expenses. Elisa did not get married and her father stopped his financial support. Elisa was in her third year of medical school and she still had two years of school to

finish, and one year of required practice in order to complete her degree. Her mother and relatives in the United States helped support her, and they hoped she would come to the United States for residency. She recalled that in all these lonely years she was visited only once by a cousin, but no one else had a chance to visit her. She described the years in medical school as extremely hard and lonely, to the point that in her last year, she became clinically depressed. During her last year's school break, her mother came to visit and could not believe her daughter was the same person she once knew. Elisa's mother quickly found help and Elisa began therapy. "My mother is a very strong woman, with whatever limited resources she had, she did the best for us. I think if it were not for her, I would have left and gone back home, and not finished school." Elisa recalled her time during therapy being instrumental as it made her very humble, very close to people, and this is something that has helped her as a physician. She felt she connected with patients differently, more deeply, especially with troubled youth. She had always given smart teenagers a "pep" talk when parents were not there for them. She would say, "go back to school, you are really smart, one day you can be a physician like me."

By the time Elisa was done with medical school, she had exceeded the required age to be sponsored by a relative to come to the United States. However, she reconnected with an old friend from her school years, and ended up marrying him. Elisa recalled meeting her future husband while they were in fifth grade attending parties together. He attended the boy's boarding school next to hers. Elisa's husband had accepted a job with one of the largest employers in Minneapolis and he was in the process of obtaining a visa. Elisa initially stayed behind but quickly joined her husband while waiting for her legal paperwork. Elisa was also expecting her first baby and a few months later, her beautiful son was born. Elisa's dream to become a doctor in the United States was closer than ever, but she had yet to pass the USMLE part I and II exams.

She attended the Kaplan preparatory courses and studied seven to eight hours a day. She recalled meeting other foreign physicians, who were taking the Kaplan courses and who worked delivering pizzas in the evening. She felt lucky to have a husband, who could provide for her, as other students in class were exhausted and worked hard to achieve their dreams.

One day while studying for the USMLE exams, Elisa's thirty two year old husband had a massive heart attack. He was rushed to the hospital and it took several interventions to save his life. Elisa was with her husband and due to her medical training; she knew exactly what was happening. She had her baby boy in her arms and could not help thinking what she would do if something were to happen to her husband. She thought she would have to go back to her native country and now she had a child to support. Elisa recalled this being her first encounter with the medical system in the United States and remembered everyone being very nice, kind, and supportive. She was very impressed and since the medical staff knew her background, they included her in the conversations and were very respectful. In fact, Elisa ended up doing a preceptorship with one of the doctors caring for her husband. When Elisa's husband was out of danger, Elisa studied even harder to prepare for the USMLE exams. "After my husband did well and he recovered, and I got back into studying for my exam. It kind of made me do things with full force because I could not take a chance." She also started doing volunteer work as a research coordinator to gain experience and build her resume.

Elisa applied for residency programs and was nervous about the prospect because it often required relocating. She was hoping to stay in Minnesota since her husband was doing well and felt comfortable with his job. Offers started to arrive, but Elisa was still hoping to stay in Minnesota. Luckily, an opening in town was made available and she was contacted the same day. Elisa recalled being at home with the baby who was sick and needing to find help immediately.

She called her husband at work and he quickly made himself available. They all went to the interview and by the time they arrived home, she had received an e-mail offering her the position. Elisa recalled this as one of the best days of her life.

Elisa felt her experience, as a physician in the United States, had been good. She enjoyed the fact that during residency, she stayed with the same group of people. When she started her residency program, these people were all females and they became very close. Elisa remembered working really hard during residency training. Her peers were younger and had no children; they had fewer demands on their time. Elisa had a two year old boy and she had to spend a tremendous amount of hours away from home worrying about her child. She recalled this being very difficult, as she had been the primary caregiver for her son. However, the staff, she worked with, was always supportive and appreciative, and she felt a sense of camaraderie. Elisa mentioned that as a foreigner, it was always an adjustment. She had to learn another culture and a different way of practicing medicine, but felt her previous experience had truly been an asset. Compared to her home country, Elisa felt that the amount of hours residents put in was greater, and was surprised to see that in general patients were more educated than she had expected. As Elisa reflected back on her experience, she realized that one of the biggest surprises was the amount of responsibility physicians have in this country. “As a physician you have more responsibilities sometimes than even the family members. I just feel that the lines between us, physicians and families, are blurred. We are basically responsible for everything.” In her role, Elisa had to work with teenagers, who were struggling, and sometimes the parents were so scared of their children that she had to take care of them in ways that are different than in her country. “I have seen young kids, who come with the first time psychoses, family members are so scared that they will not even take them in their car because they are scared of them.” Elisa

explained that in her country physicians are more like specialists and consultants but the family provides the care. In the United States, the care is provided by the hospital or other institutions with little or no involvement of the family. “So, I think that has been a difficult part for me. It is a lot of responsibility. There is a lot of fear in it too.”

Elisa had initially encountered barriers with the language as her British English would get in the way. However, peers would be humorous around her, and say that her English was better than other foreign physicians. She only recalled being rejected by a patient once, so this was an isolated instance. However, while people are respectful and supportive, foreign physicians have a difficult transition and have a lot to learn at very different levels. “I always learn something new that maybe I would have known better if I had grown up in the system here.”

Elisa felt that both her diverse international background and her difficult youth made her connect with patients in special ways, especially youth.

I always feel I had my mom behind me and some of these kids do not have anyone to tell them that they are really smart and that they can be a physician like me. I always feel a connection with them. I just plant a seed.

She explained that particularly in her specialty, physicians treat patients when they are most vulnerable and a special connection is needed. “I think that my specialty comes down to grass root levels. We are all human beings.”

Elisa loves Minnesota and her life here and has not made plans for retiring elsewhere. She also loves her friends and the deep connections she has been able to make.

Gabriel

Gabriel was born in a country in South Asia surrounded by his extended family. He has always known there was something special about being a physician because healing lives brings a sense of satisfaction an inner peace like no other profession. “When you heal someone, you deeply connect and there is a sense of mutual gratitude.” He attended medical school and was able to pursue a couple of years of medical training upon graduating in his country. He knew he wanted to go overseas for further residency training, pursue a degree in public health, and apply for a fellowship in his specialty. Gabriel came to the United States after researching whether attending residency training in England or the United States would be more suitable. He found the British system to be a lot more complex and fragmented and decided that the United States offered what he wanted. He especially valued the freedom to pursue the specialty of his choice. He never regretted this decision and twenty years later, he is proud of his accomplishments and of helping other foreign trainees pursue their dreams.

While in the United States, Gabriel trained in a couple of very different institutions. He first started in the Southern part of the United States where his skin color was very noticeable. He recalled thinking what was going through his patients’ minds when they saw he was a foreign physician with dark skin. However, due to his specialty, he saw patients when they were extremely sick and he quickly gained their trust. Patients would act distant at first, but as soon as they saw what Gabriel could do for them, they were extremely grateful. “Irrespective of their skin color, a sick person is a sick person. If they see you working for them and trying to make them feel better, they are no different from any patient in other parts of the world.” Gabriel found that both his international background and expertise helped him build rapport with patients quickly. He felt his profession is one of a kind and saving lives puts one in a position of privilege

and honor. “It also provided a different outlook at things ... I feel privileged and honored to be doing this work.”

Gabriel moved to the Midwest after spending a few years in the Southern states, but the experience was very similar. Gabriel found that he had to work very hard as a foreigner wherever he went, but that his work was recognized and people noticed his efforts. “I have had them say to me many times you guys work so hard, you guys are such good physicians.” Gabriel felt this referred to people of color who are also foreign physicians, but recalled finding these comments very rewarding, as he was working hard to provide for his family in the United States and abroad.

Gabriel considered going back to his country and applying what he had learned in the United States to help others and be with his extended family; however the political unrest and the poor economic conditions made him reflect upon and rethink his initial plan. He felt he would be more useful to everyone if he stayed in the United States, particularly in Minnesota. At the time, he had children going to school in Minnesota and they were doing very well. They were happy and had many friends; there was a sense of being at home. However, Gabriel still had the urge to help other medical students and trainees in his home country. He set up a couple of on-line training programs in addition to working with the graduate medical education department in his organization to bring trainees to the United States. For Gabriel, education and paying back is at the core of what he does. He cannot envision his life without teaching and training. He felt that more departments in his organization could be setting up similar training with other countries, but the restrictions and paperwork are too cumbersome. Gabriel felt that it is very important to teach foreign physicians about the American health system because on one hand, it is one of the best in the world, and on the other hand it is extremely expensive and wasteful. Similarly, he felt

that all physicians in the United States should work in other countries, at a minimum for a short “mission work” rotation, so that they could expand their view of the world and learn how medicine is practiced in other countries.

Gabriel also set up a system to do “mission work” whereby he sends expired supplies and instruments to less developed countries.

All that junk you see in the corner there, so called expired, this is stuff that I accumulate and send to other countries. All this expensive stuff that we like to discard here, there are so many parts of the world that would love to use it.

Gabriel found that as a physician, one does more than taking care of physical pain and physical ailments, one takes care of the whole person. He found that a lot of his patients presented mental problems and some of their health ailments were psychosomatic. He felt that gaining their trust and having a close relationship with them made the healing process easier and shorter. He believed that this is an honor and privilege hard to describe. Moreover, he felt he was an advocate for these delicate and complex patients. “You have never met a patient and then the next minute, you are examining them and becoming very intimate. But that is what the physician-patient relationship is, and it is a wonderful thing.” Gabriel felt that his background definitely helped him become a better physician. The exposure to other cultures and ways of living cannot be taught in the classroom and makes the person humble, open, and understanding. He felt that the children of foreign physicians, who train to be physicians, second and third generations, sometimes do not have this kind of background. Gabriel thought of this as something that needs to be preserved and made a priority. He has seen second and third generation physicians thinking and acting like physicians, who were born in the United States

and have never left the country. “I think, often times we see foreign, second generation, third generation foreign physicians who are in the United States, born here, bred here, trained here, so obviously the practices are those of just every other American.” Gabriel was adamant about the importance of reminding new generations to go abroad.

Some have the privilege of visiting other places and parts of the world, so they actually can have a better grounding when they see how the majority of the world lives. I would recommend it to everybody in the United States to be exposed to the real world rather than be all cocooned.

Gabriel plans to retire in Minnesota and continue his international work to benefit physicians at home and abroad.

Helena

Helena was born in a country in South America where she had a very stable and happy life. She was attracted to the medical field from a very young age and when she was a teenager, she realized that not only did she want to be a physician; she wanted to help teenagers like her. “I have known forever I wanted to work with teenagers.” Thus, Helena went to medical school in her home country and after obtaining her medical degree, she applied for residency programs in family medicine. She was lucky to be accepted at one of the best residency programs in family medicine in her country. She accepted her residency appointment and moved to a city about eight hours away from home. She recalled this time of her life as being very happy, yet competitive because she had to prove herself to male colleagues, who thought they deserved more than her. One of the best parts of residency was visiting patients at home, who really needed her care. She would drive to the patients’ homes and feel she was making a tremendous contribution to

society. While Helena felt happy with her residency program and lucky to be trained at such prestigious hospital, she had not given up on the thought of treating teenagers. There was something she could not let go and started contemplating the idea of coming to the United States to complete a rotation in family and adolescent medicine. While talking to one of her preceptors, she learned about a local conference on adolescent medicine and that a prominent physician from Minnesota would be the main speaker at the conference. Helena thought this could be an opportunity to learn more about adolescent medicine and rotations in the United States. At the conference, she was introduced to the physician from Minnesota, who felt a connection with Helena right away, as they shared the same passion. The physician from Minnesota helped Helena to come to Minnesota and to stay for the rotation. Helena's experience was so positive during the rotation that she decided to pursue a fellowship in adolescent medicine in the United States. Once again, the physician from Minnesota suggested to Helena to take the USMLE exams. If she passed, he assured her, he would find her a way to do a fellowship at his hospital. Helena was already in contact with two other programs in the United States, but she felt she could not pass on this opportunity. She felt she had to stay in Minnesota and follow this opportunity as it was ranked one of the best family and adolescent fellowships in the country.

Helena knew that being away from her family and her patients for a long time would be hard. She felt she had left the country when she was most enjoying herself, but her instinct told her she had to pursue the fellowship in Minnesota. Somehow she felt a sense of liberation in the United States. In her native country; women were not given the same opportunities, and were not treated as professionally as men. She also believed it would be easy for her to pursue the specialty of her choice. However, Helena's journey in Minnesota was not easy. She first realized she would not get a salary during her fellowship, as it only covered the tuition for a master's

degree in public health, but not living expenses. This resulted in having to bring all the savings she had to support herself. In addition, she had to deal with acculturation issues, such as language barriers and constantly being reminded that she was a foreigner.

Once Helena had completed her fellowship, she was ready to go back to her home country, but finding a job as a physician had become a lot more difficult and her former job was no longer available. She was determined to be an adolescent medicine physician and found that an alternative would be to stay in the United States. However, that required completing a residency program again, as there was no reciprocity with foreign countries. Helena felt devastated because she already had completed a residency program in her home country in addition to a rotation in adolescent medicine, a fellowship, and a master's degree in the United States. Once again, her determination to continue her journey helped her stay on course and persevere. The residency program was a time of reflection and trying to find balance. Helena thought the academic content was not difficult, as she had a lot of experience under her belt, but it was difficult to see the light at the end of the tunnel. While completing the residency program, Helena found the opportunity to join the board of directors of a local community based clinic dedicated to the health and wellbeing of teenagers. This was a great opportunity to keep focused and to realize that one day she would be a fully board certified physician in the United States.

My clinic allowed me to go the meetings as a board member and not seeing patients for about an hour per month and that gave me the strength to cope with that sort of delay in my career and asynchronous development.

Helena's struggles did not end after the residency program. Obtaining her green card was daunting and she had to overcome many barriers again. She also found that the culture of

Minnesota was not as open and accepting as she once thought. People had very peculiar ways of showing that foreign physicians are not always trusted. She had to prove herself to other colleagues at work. In addition, many people often mistook her for an interpreter or a doula. Helena also recalled an instance where a patient became paralyzed due to lack of trust on the part of her colleagues. She was not trusted when she warned her team of a suspicious x-ray she wanted to show them after her shift. “The attending physician told me the next day ‘they did not believe you,’ and that to me is discrimination. I was not trusted simply because I am a foreigner.” A few years later, Helena had to testify at a case where a patient lost his life and she felt manipulated by the lawyer, who would constantly emphasize that Helena was a foreigner and had been trained in another country. Helena made it clear that she was also trained in the United States and in addition she had completed a fellowship and a master’s degree in public health. “I know what the lawyer was doing and how she tried to manipulate me. I went home crying and crying!”

After several years, Helena found balance and the professional life she had always wanted to. She is a very accomplished and happy physician, who found joy seeing her patients and knowing she had made a contribution to so many lives. In recent years, she has won awards locally and nationally and has had the support of family members and the mentor who once brought her to Minnesota. When she received the awards, she felt it was a well-deserved recognition of her accomplishments and a life dedicated to service. “When I received the award in clinical innovation my mentor was there and the president of the organization, and my mother, and we were all crying.” Despite all this recognition, she felt she was not where she should have been had she been born in the United States. She believes that foreign professionals would always be treated as foreigners, and would have a harder time being promoted and building their

careers. In reflecting on her experience, she felt that foreigners possess a unique global perspective that allows them to see people and communities from a different perspective. She strongly believed this uniqueness makes them more culturally competent and closer to their patients. “You see more. It is amazing how I connect with my patients, particularly those who are foreigners.” For Helena the most pressing issue, the American healthcare system needs to address, is patient centeredness. “We have made huge advances in technology, but we still really need to conquer patient centeredness.”

Like the rest of the participants, Helena intends to continue to live in Minnesota and enjoy her retirement with her loved ones; her husband and two children.

During the interview with Helena I took the time to validate the themes I had already uncovered from analyzing the six previous interviews. She fully agreed and acknowledged that the themes were correct and that the analysis reflected her reality and that of many other foreign physicians.

Analysis

Core and common experiences, shared by the participants in this study, were obtained from interviews and stories, and an analysis is provided below. The themes are revealed primarily through the voices of the participants. While not every participant’s voice is heard in each theme, omitting a voice does not mean a particular participant did not share the experience described. In fact, all participants shared these experiences in their own way and through their cultural lens. Therefore, I chose those examples from participants’ stories that I thought would best explain each theme so the reader can understand the experience of these participants. I have categorized the experience into contextual themes and essential themes.

Contextual Themes

Van Manen (1997) called contextual themes “incidental” to the experience. These are themes that serve as a container that enables the experience. The following themes reflect factors and conditions that enabled all participants to become a foreign physician in the United States.

There were three contextual themes that emerged in this study. The contextual themes were: a) access to education, b) good role models and having support of others, and c) sense of adventure and desire to study abroad.

Access to education

Participants described how despite their humble beginnings, they had access to good education and how that played an important role for them and their families. All participants were immersed in a learning environment that was either chosen by a parent, who believed in the importance of education, or was part of their community. The educational systems and academic demands were rigorous and, in some cases, daunting. However, there was a clear sense of the need to obtain college level education to stand out and to have an easier life than other people in their communities. Moreover, despite the rigorous academic demands, the educational environments fostered a love for learning and achievement.

Ana recalled how the education system in her home country was serious and aimed at preparing students well. Her country was colonized by Northern Europeans and had a school system similar to the British one.

We took school seriously as it was important to us and our parents. We knew that if we studied hard, we could achieve great things and serve our communities better. Our parents put a lot of pride in our learning and our success.

Beatriz faced a lot of pressure at school. She recalled her school years as demanding and hard.

Our country was colonized by the British government and the school system was similar to the British one. While we were very supported by our parents emotionally, we needed to pass a very rigorous comprehensive exam at the end of every school year, even in primary school. If we did not pass the exam, we had to repeat the full academic year.

Similarly, Elisa attended a boarding school in the Middle East which was run by Irish nuns and followed the British Educational system. It was a strict and demanding environment, yet it provided Elisa and her sister a very well rounded and diverse education.

My sister and I were sent to a very expensive private boarding school. The school was run by Irish nuns. I remembered having more freedom than in my home country and celebrated both Christian and Muslim holidays. We studied in the tradition of the very rigorous British system, speaking English most of the time, and wearing western clothing, and that cause shame, frustration, and anxiety. It was a good foundation and tested our resiliency.

Good role models and having support of others

Participants found either in their parents or community good role models, who helped foster their desire to become physicians and follow their dreams in life. Despite many barriers, the nurturing and supportive environment participants grew up in, helped shaped their future of becoming foreign physicians in the United States. This is very common in collectivistic cultures where the success of the individual is tied to the group's goals, rather than the individual's goals alone. There is a sense of pride and honor in seeing a family member succeed. The collective support provided a good foundation for completing the rigorous requirements of schools in their home countries. Moreover, participants found one or more good role models, who solidified their desire to succeed.

In Ana's case, she was very fortunate to come from a family that despite being humble, supported her dream, and believed in her. Ana even went on to say that she attributed her success to her father, "I tell myself that I was a little bit lucky to have had a father who told me 'I want you to be a medical doctor as much as you want to' and he guided me."

Beatriz had a background similar to Ana. They both came from a country in Africa with similar cultures. While her family struggled financially for many years and she had to overcome many barriers, she always knew she wanted to be a physician and make a contribution to the world. She felt her family supported her and provided love and comfort while she made it through a very demanding educational system. Beatriz's parents were always together and provided her with a strong foundation. Similarly, the collectivistic culture, in which she grew as a child, provided a caring and supportive environment. Beatriz recalled her early years being in an environment where others were invested in her success. "There was a great emphasis on

education in my country partly because people believe that you are able to achieve something in life and not be stuck in poverty if you have a good education.”

Carolina was born in Africa and had a large extended family. Despite her humble beginnings, she had a good life and access to good education. Her family was not wealthy. Through hard work, her parents were able to send their children to private school. Carolina had very fond memories of her extended family and being raised with love and a sense of belonging to a caring and nurturing culture. She had always admired her mother and saw her as a good role model to follow. Her mother always placed her family before herself and she was a strong pillar for everyone, including Carolina. “My mother is the person I most admire; her strength was inspirational.” Carolina’s husband was also a great support throughout the years also. “I’m most thankful to my husband for his encouragement and support.”

David was born and grew up in a country in Europe, surrounded by a large family with strong faith. As a young boy, he dreamed of being a physician and doing mission work. He recalled having the support of his family. By the time he decided to come to the United States to further his training and establish himself as a physician, his wife became his best support.

My wife was in the car waiting for me while I handwrote my application to the University of Minnesota. She knew how much I wanted to be accepted into this residency and she stood by my side despite knowing I was told I had no chance to get in. She continued to support my career throughout the years.

Elisa is the second daughter of a very strong woman, who has always put the wellbeing and education of her children first. Elisa recalled seeing her mother work very hard to provide for all her children including paying for prestigious private schools while she was a single

mother. Her mother had to leave her husband to escape from prejudice, so she could provide education for her daughters. Elisa's mother became her role model and her biggest support as she always told Elisa she would one day become a physician. She never had the smallest doubt in her mind.

My mother is a very strong woman, with whatever limited resources she had, she did the best for us. While I was going through depression, I think if it were not for her, I would have left and gone back home, and not finished school. She always knew and always told me I would become a physician.

Gabriel was born in a country in South Asia surrounded by his extended family. There were other physicians in the family and they became Gabriel's role models. He always knew there was something special about being a physician because healing lives brought them a sense of satisfaction and an inner connection like no other professions. "Every time I observed people care for others, I knew I wanted to do it myself. My family was always there to encourage me and provide support."

Helena was born in a country in South America where she had a very stable and happy life. Education in her home country is one the best in the world and she excelled as a student every step of the way. "My family cherished my successes. In my country we are collectivistic. My success was the success of everyone in the family. They did all they could to help me." While she attended medical school in her home country she had the support of great mentors. However, at a medical conference she was introduced to a physician who became her life mentor and helped her come to the United States to continue her training here. They felt mutual

admiration and respect, and Helena always had someone to rely on for career advice for many years.

Sense of adventure and desire to study abroad

Participants discussed how at some point in their lives, they found themselves in a position to make a decision about their future and the direction they needed or wanted to take. They made a decision to leave their homeland and to seek education, training, employment, and residency in foreign countries. There are many people struggling in their countries every day that would not ever think about moving from their communities. However, the participants in this study felt a pull to move outside of their comfort zone and explore other cultures. While this pull to move was driven in some instances by external forces, like wars or invitations to study abroad, they still felt an internal need or desire to leave their homeland. The participants had strong ties to their families and places of birth, and possessed more education than their peer group. If they had stayed, they could have achieved professional success. Somehow in their intrinsic nature, there was a sense of curiosity and adventure, and an adaptable nature that made them survive and thrive in the new environment.

By the time Ana reached college age, her country was struggling politically and economically. The civil unrest pushed her to find other opportunities. Luckily, she was the recipient of a scholarship to attend medical school in Hungary. “I was very fortunate to obtain a scholarship in Hungary. People were very nice and welcoming and I felt lucky to learn Hungarian and learn about their culture. It served me well over the years.” She jumped to the opportunity and later returned to her country. Once more the civil and political unrest pushed her to leave and landed in the United States where she had family already settled. “I had to emigrate

because of the civil war and the conflict so I came to the United States. I knew that inside of me this was the right thing to do.”

Beatriz always knew she would come to the United States. Both of her parents attended engineering school in the United States and were not able to stay due to their international student immigration status. Beatriz grew up with a sense that she had to finish her education in the United States. While the economic environment in her country was not stable and that was a big reason for her decision, she had always admired what she knew about the undergraduate and graduate educational system in the United States. Her parents were well trained and had acquired an entrepreneurial mindset while pursuing their education. “The decision to come to the United States was made before I ever went to medical school. I knew I wanted to live here even though life is not necessarily easier.”

Carolina had always been interested in other countries and cultures. “I’m fortunate to have lived in foreign countries, learned languages, and experienced other cultures.” Due to her husband’s job, they relocated to Kenya, Belgium, and Canada before coming to the United States. While in Canada, Carolina continued to pursue her dream of completing residency training and practicing as a physician in the United States. She knew she would have more freedom and would be able to practice the specialty of her choice in the United States. She also appreciated that the culture in the United States is open to people who pursue their dreams later in their lives. “Nobody said you are too old, we cannot waste a residency on you.”

David felt a pull to go to other countries from a very young age. He remembered being in his English class thinking he wanted to go abroad and practice what he had learned. He spent a couple of summers in England while he was in high school. “I made a couple of trips to England

and spent a month or two working in a conference center and Christian organization. It was a great experience.” These two trips opened David’s mind and reaffirmed his desire to go overseas. “After I obtained my medical degree, I told myself I must go overseas. I took my diploma and went to London.”

Elisa’s childhood was different than of most girls of her age. She was born in a very conservative county in South Asia, but due to her mother’s desire to raise her daughters in a foreign country, they relocated to a more liberal Middle Eastern country. Elisa attended a boarding school run by Irish nuns and received a very westernized education. This experience was transformative for Elisa and she learned to navigate very radically different cultures and religions, such as Irish, Arabic, Catholic, and Muslim. “During my school years we were exposed to everything and that was the best gift. We learned to appreciate others and develop a sense of wonder.” After graduating from high school, Elisa had to return to her homeland to attend the university. However, the university was in a part of the country where customs, culture, and language were extremely different. She struggled during her first years, but the skills she had gained helped her survive and overcome barriers. Later in life, she wanted to come to the United States as some of her relatives were already in the country. Also, Elisa felt admiration for the culture of the United States and for the high level of medical training and medical services. “I had been always impressed with what I knew about the medical system in the United States.”

Gabriel studied and did some initial training in his home country in South Asia. He had always wanted to learn and gain a deeper understanding of other medical systems and practices. Over time, this curiosity pushed him to leave the country and come to the United States where he finished his training. Most importantly, he wanted to train in his specialty and earn a degree in

public health. “Contrary to what people believe, the level of expertise is very high in the United States and I was always drawn to it.”

Helena had a very happy life in her home country and she was enjoying her work and her patients. After having met a mentor from Minnesota at a conference, the opportunity to further her education in the United States presented itself. Somehow Helena felt something had been missing in her life and she could not describe what it was at the time. However, deep inside she knew she had to leave and pursue the fellowship in Minnesota. “I knew it would be hard to leave everything behind, everything I love, but I had to do it. It was my call.”

To summarize, the first two themes are perhaps the most influential and the ones that set these participants apart from an early age. The access to education and good influences from parents and the community instilled a sense of achievement and nurtured them as students and life-long learners. It provided the breeding ground for a demanding career in medicine and allowed participants to later find their inner passion. The third theme “desire to study abroad,” came to fruition at different times in participants’ lives, but their willingness and/or desire to study abroad, made it possible for them to come to the United States.

Essential Themes

Essential themes are the transformational elements of the experience where participants experienced growth throughout the different stages of their journey. In other words, the context of the situation is taken out of the equation and the essence of the experience is uncovered (Van Manen, 1997). First of all, participants responded to the call to be a physician and inner passion. They listened to their voice and intuition and they began their journey. Second, participants

found themselves in a new environment that allowed them to grow and find their true inner self through the process.

Finally, participants accepted self and became content with who they became.

These themes are all connected and will overlap in the forthcoming participant examples, but each participant's example is meant to convey the essential point of the theme noted.

Throughout all of stories, the following patterns emerged. Participants a) followed their intuition and responded to the call to be a physician; b) went through a phase of searching self in the new environment, sorted obstacles and achieved success; and c) accepted self and became content.

These patterns formed the essential themes which are explored below.

Following intuition and responding to the call to be a physician

Each participant had always wanted to be a physician and was attracted to the profession of healing. They knew it was their calling. While not all the participants completed medical training early in their careers, they possessed an inner voice or inner calling that moved them in that direction. The participants seem to have been born with certain characteristics that drew them to the profession. They were drawn to people, they wanted to save lives and to feel a connection to other human beings unlike what other people typically experience in other careers. None of the participants felt fulfilled until becoming a physician and they all pursued their dream. Most importantly, none of the participants had considered other professions. However, one of them, Carolina, after completing her medical degree, had to postpone medical training due to family reasons and relocation. In the meantime, she obtained a Ph.D. in physiology, taught and conducted research at a couple of universities, and worked for a pharmaceutical company. She worked hard to get to her destination and always kept in mind that being a physician was her

ultimate goal. Carolina recalled thinking that by the time she attended residency training in Minnesota, she would have peers of her daughter's age, but that did not seem to be a problem. "Nobody said you are too old, we cannot waste a residency on you." A few years earlier, a friend had told Carolina that in the United States one is never too old to pursue dreams. Carolina later realized that this was a true statement.

Ana wanted to care for people in her village when they were ill. There was something about the human connection of healing people that made her feel alive. She wanted to be by everyone's bedside and make sure they would recover. She remembered sharing her feelings with her father and discussing how she could become a physician. This strong desire would later take her to Hungary and the United States. Similarly to Ana, Beatriz was drawn to the medical profession. She excelled in all her science classes and enjoyed learning and reading about biology and medicine. Her parents were both engineers, but she kept thinking what it would be like to heal people. She knew she had a very powerful way of connecting with people and had the intuition that if she could use this skill to heal people, it would be a perfect combination. She later became an emergency medicine physician and she could help people in very serious and stressful conditions. Beatriz never let go of her dream to become a physician and later moved to the United States to follow her calling in life.

David had always wanted to help other people, especially those in need. He was impressed by people who were drawn to mission work and wanted to devote their lives to giving. One day he realized he could fulfill his desire of helping people by becoming a good physician and healing patients. He also realized that once he obtained the necessary training and knowledge, he could extend that to other countries; he could join a mission group. David ended up leaving his home country to fulfill his dreams and dedicate his life to serve others. "I was

attracted to healing lives from a very young age and would always wonder how people in poor countries got the medical care and attention they needed.”

Elisa had a difficult childhood and dreamed about being a physician despite overcoming many barriers. “I always knew I wanted to be a doctor and after completing two years of what we call ‘Arts’ in economics and literature, I got a reaffirmation. I learned what I really wanted to do in life.” Her difficult upbringing made her want to help young people, especially teenagers with psychiatric problems, who were not always supported by their parents. “They are very young and dealing with life pressures. I just sit down and talk to them. I always tell them, you are very smart, you can go back to school and become a physician like me; I have to help them.”

Gabriel also felt the call of being a physician from a very early age. He recalls thinking that there was something almost magical when one heals a patient. “When you heal a human being, you deeply connect and there is a sense of mutual gratitude. When you heal a patient you feel good about yourself too.” Like other participants, Gabriel grew up surrounded by a supporting family. He grew up in a country in South Asia where healthcare is not always accessible and he had always wanted to give to his community whenever possible. He provides support to his community back home now, as he is committed to the medical profession and people in need.

Helena always knew she wanted to be a physician. In her country, physicians visit patients at home and she always saw how much they helped and contributed to society. They were treated like an extension of the family. In addition, physicians take care of the whole family. They take care of several generations. They see everyone grow and mature. Helena knew she wanted to be that kind of person. Moreover, she knew she wanted to help teenagers like her

and would choose family medicine for her specialty. She knew it was her call and duty in life and that one day she would become a physician like the ones, who took care of her relatives. She believed this is the best model of healthcare possible.

Searching self in the new environment, sorting obstacles, and achieving success

Each participant experienced the call to their mission and their journey in a very unique way. While some were aided by external circumstances and others were not, they all had the intuition to find a different environment to grow and learn. The places where participants were born and raised seemed not to be the right place for their growth and development. Moreover, their adventurous and action oriented nature unsettled them and led them to seek the right opportunities that led them to the container for the transformation of self. Moreover, this transformation was similar in that participants became very astute at sorting obstacles and taking advantages of opportunities. They were aware that the transformation was taking place. In addition, they became global citizens with a very open mind and humble attitude, and with a strong desire to give back to their communities and countries of origin. Participants felt that being in the United States was a combination of obstacles and successes that were necessary for their growth. They experienced barriers due to accent, skin color, age, and competition. However, they also became resilient and astute. They developed strong connections with patients and the communities they live in, they gained the trust of their colleagues and were promoted with time. Lastly, they learned to be patient, courageous, and grateful for the lives they have today.

Once Ana arrived in the United States, her struggles began, but she never looked back and she built a life. The obstacles and successes made Ana grow as a person and become who

she is today. Ana learned that her strength was bigger than she had anticipated. Her focus was on the future and how to make it a reality. She had to live with the fact that having an accent would not go away and that she would always be questioned about it. She worried about people questioning her abilities as a physician. She remembered people having a puzzled look when she spoke sometimes and thought they may question whether she knew what she was talking about or not. However, she was determined to be successful in the United States. Later in her residency program, she noticed how her colleagues, who were born in the United States, would get promoted faster. Ana had to live with the reality that it would take her longer to obtain a leadership position. Despite all these obstacles and many lonely nights, she knew she was doing the right thing and was in the right place. Ana was proud of her background and her journey and she found that her past experiences made her more grounded and humbled. She was neither entitled to anything nor found that people had to acknowledge her hard work. Ana found the biggest reward in being connected to patients in a very miraculous way. Patients would come to see her even when they were not ill. They came to see her because they felt lonely and felt understood, especially immigrant patients like herself. She felt the bond and felt connected to their hearts. These short encounters with patients made all her hard work worthwhile. She thought that if she had not been a foreigner and had gone through so much, this profound connection would not exist or be very different. Similarly, the promotion to a leadership role came with time. She felt rewarded and realized it was the culmination of persevering and doing the type of work she always loved.

Beatriz' journey in the United States was particularly marked by the fact that she was young and had graduated earlier than her peers. While she thought this would not be a barrier, it turned out to be a constant reminder. Initially, she felt students admired her, but when she started

her residency program, her age would turn against her. She felt judged when telling her age and noticed that people would behave differently around her. Comments regarding the age difference came as a surprise as did her accent and being constantly reminded of being a foreigner. A transformation occurred when Beatriz made a connection with her role as an emergency medicine physician and her patients' feelings during very tough times in their lives. Another transformative moment occurred when Beatriz realized that physicians do not spend all day taking care of patients. There is a fair amount of administrative work to take care of and many demands on a physician's time. Somehow Beatriz felt deceived. She wanted to see patients and that vision had now changed. She knew there would be a high price to pay to be a physician. She reflected on this and realized that it was still worth it. While her reality had changed, she knew this is what she wanted to do the rest of her life. Beatriz also recalls looking around her and realizing that she neither felt entitled to anything nor demanded anything as a physician. She remembered thinking why that was the case and concluding that her upbringing was the reason for feeling this particular way. That realization made her happy and made her feel as if all she had been through was well worth it at the end.

Carolina's most life-changing moment was when she realized it was never too late to pursue her dreams. "If someone really has a strong desire and works hard, it can be achieved in the United States. It's a country of opportunities for everyone who really wants it." Carolina's life would not be the same if she had not reached her dream. She realized coming to the United States and becoming a physician is something she needed to do. "The connection with patients is something that cannot be described in words. It is both rewarding and filled with purpose. It is one's calling" This experience made her grow and understand her life purpose. There was a time when Carolina felt her choices being limited as she wanted to move to warmer weather states or

to renowned hospitals elsewhere. She got rejected many times and was told that certain organizations would not consider hiring foreign physicians. She grew in the process and learned to accept the situation. If it were not for the opportunity in Minnesota, she could not have achieved her dream. She also learned to be grateful and to understand that her contributions here are important to the community and patients from all backgrounds and cultures.

In David's case, a life-changing event came when he applied to the University of Minnesota despite being told that "today is the deadline and to be honest we do not take foreign graduates." David remembered handwriting his application and delivering it hours later in person. He ended up getting the job, but most importantly he learned there was a tremendous amount of will and determination in him. He knew what he wanted and his path and vision were clear. He was a visionary with a purpose to fill. When David received the acceptance letter from the University of Minnesota, he attributed that to his resiliency during his physician years in England. He remembered having to conquer many fears in his early career years and being terrified of making mistakes. Overcoming these fears made him grow beyond what he had ever imagined possible.

While working as a physician in Minnesota, he encountered a few barriers, but like other participants, these barriers were mainly accent, country of origin, and opportunities for promotion. However, after many years he has obtained the recognition he deserves. He now holds a senior level leadership position and feels respected. As part of his journey to leadership, David worked for a local health community organization for a few years. This was the most enjoyable and fulfilling time of his career as he had the opportunity to work with patients, physicians, and administrators from his own culture. David recalled feeling at home doing this type of work and being excited about going to work the next day. The connection to patients was

so deep that he still remembers these encounters. This experience has led him to embark on many health disparities and health equity initiatives at his organization and wants to continue to do this type of work the rest of his life.

Similarly to David, Elisa learned to be resilient when soon after arriving in the United States her husband had a heart attack. While her husband was being assisted at the hospital, she realized she may have to live in the United States by herself with a small baby, or even the possibility of not being able to stay. Many thoughts occupied her mind, but most importantly she felt strong and knew that life would sort itself out. She had a strong faith and never let negative thoughts get in the way. While at the hospital with her husband, she got the most powerful reaffirmation. Her passion for the medical field was evident and she knew this is what she wanted to do the rest of her life. She chose to specialize in youth psychiatry and had to deal with families that were scared and did not know how to handle the situation. Elisa explained that in her country physicians are consultants and families provide the care for the patients. In the United States, hospitals and other institutions usually provide the care for patients with mental illnesses. She felt there was a feeling of isolation and despair both on the patient and the family side. Realizing this was hard and different from what she was used to, it made her grow as a person. She needed to discover how she could best help those in need. Having experienced psychological problems during her youth and having a mother who supported her during the worst times, she knew it was critical to help troubled teenagers. The responsibility that came with her specialty frightened Elisa, but she learned how strong she could be and that improving someone's life is worth all that hard work. Elisa felt that her work was connected to her soul and her heart. There was nothing else she would want to be doing.

Like other participants, Gabriel had to overcome some barriers. He remembered that his accent and his skin color made some people feel a bit distant at first. However, due to his specialty and having to treat people while they were very ill, it quickly made patients overlook the fact that he was a foreigner. Gabriel explained that learning how to treat patients, who were from a different background than his, made him grow as he had to constantly be in tune to patients' needs and to make sure he did not overlook anything important. Gabriel lived in different places in the United States and found that he had to make adjustments in every new place. He thought that since he came from a diverse and foreign background that made him more adaptable and receptive. He felt he was constantly learning new things and had to be on guard. As a surgeon, he gained satisfaction from helping people in very vulnerable times and saving their lives. It made him feel connected to his life purpose. Gabriel also has felt a pull to help people back home and to do mission work. It is at the core of who he is as a person. Gabriel decided to fulfill his desire to help his home country by training physicians back home and bringing residents to the United States in addition to starting a program to deliver unwanted medical supplies and instruments to his country.

When Helena arrived in the United States, she first felt a sense of liberation. She realized that women could be professionals and were respected for their achievements. She also found that they could become leaders and hold prominent leadership positions. After she began her fellowship in the United States, she realized the culture in Minnesota was not as open and accepting as she had thought. People had very interesting ways of showing they did not trust foreign physicians. Despite Helena's experience, the staff would always want to consult with someone else. She felt that this was very detrimental to patient care. She remembered an incident where due to lack of trusting her, a patient became paralyzed for life. Helena found herself in a

difficult situation. However, she had grown exponentially and had found that despite the many barriers she had to face in the United States, she still wanted to be in a country where women have more freedom. The barriers helped her become strong and persistent. Helena found herself gaining a lot of satisfaction helping immigrant communities because she could relate to their struggles and hardship. She is now completely dedicated to the Hispanic community and her mission is to make their lives easier even if her contribution is small. Helena found that being an immigrant is one of the hardest experiences one would ever have to endure no matter your social position or background. She has connected with a renowned researcher at Harvard University, who believed that the longer immigrants stay in the United States, the more depressed they become, contrary to what most people think. This realization has made her more human and humble and wants to help alleviate the pain of immigrant patients, who come to see her.

Accepting self and being content with life.

Fulfillment and contentment with one's current life was a common thread in all the participants' experiences. Despite many barriers and obstacles, participants have found peace and a sense of wellbeing that was clearly noted every time they spoke of the present time. Moreover, they all felt their home was no longer their native country, but the homes and communities they have created in the United States.

All the participants chose to start talking about the present time and there was a sense of peace in the room. It felt as if I met people at the end of a long run, a marathon, and they feel satisfied to be at the finish line. There was an overwhelming sense of achievement in the room. I could even hear their breathing like after a run, shallow and restful. As I continued to listen and the silence grew, they began to have flashbacks of their past experience. It was interesting to see

how they went from present time, to childhood, and then everything in between. While the main topic was about their work experience as a foreign physician in the United States, their responses all followed a natural order. There was something about the question that generated a similar thought process. Therefore, this particular theme was the first theme that I was able to identify.

Ana feels completely happy with her life in Minnesota. She holds the leadership position she had always wanted and has the recognition for the hard work she thinks she deserves. She lives in the suburbs and her neighborhood reminds her of her home town with smaller homes than average and surrounded by trees. All the neighbors know and support each other. There is a sense of community and bonding and for the most part they are first owners. Similarly, everybody greets her with a smile and her first name at the local shops. She explained that recently she had calls from other organizations outside the state offering her great opportunities, but she does not want to leave even if that means a higher income. She realized that the values she had earlier in her life have changed. She is a different person and after a long journey, she only wants to feel at home, and is determined to put up with long cold winters the rest of her life.

Beatriz is a happy young woman with a bright future. She shared how happy she is knowing that she made it through residency and all the barriers she had to overcome. She moved out of the state with her husband, who is also a foreigner from a different country than hers. They had different experiences, but shared core commonalities. For both of them, the United States is their home. Beatriz felt she is in a prosperous and enjoyable country and a great place to start a family. However, she was very proud of her country and her background as it has shaped who she is and wants to make sure their children share these experiences.

Carolina is very content in Minnesota. She holds a practicing physician job in the specialty of her choosing. Carolina's husband also enjoys his work and their children have already left home. Earlier in her life, Carolina wanted to find a job in warmer states such as Florida, California, or Hawaii, and wanted to work for other prestigious organizations in the country. However, she has changed. She now wants to enjoy her life at home when she can and travel with her husband. She feels she has made and achieved what she wanted. She is not sure of when retirement will come, as she plans to work until her very last days. She has not ruled out the possibility of staying in Minnesota forever.

When David is praised, he says he has always tried to do his best. Despite many barriers he feels people in Minnesota have been generous and inviting. He is very excited and happy with his senior level position, which is a testament to his hard work. While he keeps strong ties with his home country and travels often with his young children, he wants to stay in Minnesota. Here he can do the type of work he loves and help communities and patients in need. He is well adapted to his neighborhood and he has no intention of leaving; it feels like home. He has not made definite retirement plans, but he is happy with his current life and wishes for it to continue to be so for many more years to come.

David felt very strong about making sure his children shared the same experiences he had as a child and as a young teenager as these shaped who he is today. He took the family on a one year sabbatical to his home country, so his children could experience the local language, culture, and traditions. This was a pending assignment he could not live without. He needed to do this to feel personally fulfilled, and the result, according to his words, was fantastic. They all grew stronger both as a family and global citizens.

Elisa is particularly fond of the deep connections she has established in Minnesota. She holds a physician position in the specialty of her choosing and felt that her contributions to society and especially teenagers at risk are what get her up in the morning ready to seize the day. Elisa's husband has been able to establish himself in his career and their children are attending good schools and have many friends. Elisa and her family have moved to a suburb near a river which reminds her of her life back home. She has not made plans for retirement, but she does not rule out staying in Minnesota. Most importantly, she is happy with her life here and her newly found home in the suburbs. The new home has provided the safe haven and the balance, she needed, to continue to raise her family and take breaks from her demanding but rewarding job.

Gabriel has established himself in Minnesota and loves his life with his wife in the suburbs. His children attended very good schools and they are now outside of the home. Gabriel feels content and loves going to work every day as he does what he likes and feels a connection with the patients. He shared that one day, he realized that physicians and people in general cannot be whole if they do not experience living abroad. He can tell when he talks to people, who have had that experience and especially, if those people are physicians.

Gabriel wants to continue to grow his mission and foreign physician training work. Moreover, he wants to encourage people to leave their cocoon and live abroad for a while. He felt that he could not be as content as he is now if he had not been a foreigner. He encounters many people, who are constantly unhappy and want more; they do not have a global perspective. Happiness is relative to our experiences and put into a global context, we realize how well we live here. In addition, we have a more humanitarian mindset and we tend to think more of how to best utilize our resources.

Helena has found the passion she once had in her home country. She has been able to obtain the leadership position she had aspired to, although she wants to continue to grow. Moreover, Helena is recognized nationally and internationally for her work in Minnesota. She has a wonderful family and she has created a home for her husband and children. Helena explained that she wants to stay in Minnesota for all the things it has to offer and she has decided to stay here and continue to grow her career. She enjoys the choices and freedom she has, despite the hard work. When interviewing Helena, her bubbly personality and high level of energy was very noticeable and she told me many times she is living her mission every day; she works from the heart.

Summary

The transformational learning process was enabled by several key factors outlined in this chapter. Participants had good access to education and they had good mentors and influencers along the way. The collectivistic culture, in which they lived, became the supporting pillars when they were facing hardship. The collectivistic culture also made the success of the individual one of their primary goals. In addition, participants possessed a sense of adventure and a desire to pursue their goals beyond their geographical boundaries. They were willing to move to other countries and start a new life.

The participants' transformational experiences throughout their journey have deeper meaning that is reflected in the three essential themes. Participants were able to identify their inner passion and follow their path until they reached their goals. In some instances, the passion for being a physician came early in life, in other instances it got reaffirmed a bit later in life. Participants grew in their new environment and through some revelations and unexpected events,

they learned they were resilient and discovered new insights about themselves. They also overcame obstacles they did not anticipate, achieved success, and reflected on their experiences. Finally, they found themselves being content with their lives, acquired a sense of achievement, and live a life of purpose.

Chapter 5

In this chapter, I discuss the major findings of the study from a broader perspective and in the context of the current literature. I also discuss implications of this study for the field of organization development, review limitations of the study, and propose suggestions for future research.

Main Findings

After carefully reviewing the interviews and decoding the themes that emerged, I grouped them into contextual and essential themes. Three specific themes were identified as contextual, or the ones that reflected circumstances which enabled the experience of being a foreign physician in the United States. The contextual themes were: a) access to education; b) good role models and having support of others; and c) sense of adventure and desire to study abroad.

The transformation, through which participants went at different stages of their journey, is the essence of that experience. Three essential themes reflect the essence of the transformation. The essential themes that emerged from the study were: a) following intuition and responding to the call to be a physician; b) searching self in the new environment; and c) accepting self and feeling content.

Discussion

When I reflected on these findings, I could speculate that the experience of being a foreign physician is a journey of discovery, growth, and personal transformation. The experience reaffirmed the inner mission and purpose for participants and led them to a new life where they felt content and accomplished despite obstacles they had to overcome. Moreover, the journey led

them to have the freedom to practice as physicians and to achieve the goals they were seeking. Through this process, participants learned they were perseverant and resilient. When they began their journey, there were many unknowns, and they could not anticipate how they would react to obstacles. Similarly, they were not able to anticipate how they would embrace accomplishments and positive events. Lastly, they had not intended to re-create their home in a new environment, but they found later they had created a new comfortable place for themselves. The transformational experience caused an inner change, in which going back to their homelands no longer served a purpose, despite the strong family and community ties in their countries.

At different stages of their lives, participants discovered purpose by creating a life and work that were aligned with their hearts. This purpose became a guiding light when making decisions and staying on course, culminating in a life that made them content. When an individual uses one's gifts and follows a deeper call, the individual comes to appreciate strengths, as well as limitations, and takes pride in the successful use of strengths (Lennick & Kiel, 2005; Leider, 2008; Cashman 2008).

The participants' experience of being a foreign physician in the United States was challenging in many ways, which taught participants to be more confident, authentic and compassionate. The learning that occurred was transformational because people adapted to the new environment gaining a new and deep understanding about their role in the world. This is similar to changing the frame of reference and underlying beliefs about themselves (Mezirow, 1991, 1997, 2000; Argyris, 2000). The essence of the experience empowered the participants to take responsibility for their own future and happiness. The participants treated events, both positive and negative, as personal development. They had to learn to trust their inner voice.

More importantly, these physicians possess a level of empathy that some American physicians in the United States struggle to have. The United States born physicians frequently report being unhappy, burned out, and disconnected to mission. Perhaps this is due to the demands imposed onto them, upbringing, or different goals in life. The foreign born physicians who participated in the study are extraordinary people, whose calling transcends to medicine; they are drawn to humanity. They are a gift to the United States healthcare system and practice of medicine. Instead there is a stigma in this country, both among peers and patients, by which they are perceived as less knowledgeable or capable, based on the country in which they received their medical training, or strong accent, or different cultural norms.

Physicians in the United States could benefit from being exposed to working with foreign born physicians and seeing how foreign born physicians interact with their patients, and how their heart is in their profession. It would be worthwhile to create an environment where foreign born physicians and native physicians work side by side and learn from this model of care that might have a positive effect not only for the providers of care, but also the patients.

The Hero's Journey

As I thought even more about the participants' experience, I realized that the essence of being a foreign physician in the United States was the transformation that occurred while the participants undertook the journey towards self-awareness, purpose, authenticity, resilience, compassion, and contentment. In other words, the journey was a means for becoming aware of themselves in a much deeper way. The hero's journey is a concept described by the American scholar Joseph Campbell (2008). The concept presents a cycle, or a pattern, that appears in many literary works including drama, storytelling, myth, and religious rituals. The concept has also

been used to find a parallel in psychological development. The cycle describes the typical adventure that the person, or hero in Campbell's words, follows. The hero is called to leave the ordinary world, despite being attached to the familiar environment and its people. There is a kind of internal conflict that is stressful, yet the hero answers the call for adventure and leaves the ordinary world. At the beginning of his journey, he experiences some doubt, as the road looks difficult and full of obstacles; but the hero continues the journey and meets mentors and support along the way. He encounters opportunities that are granted to him, and doors open when he approaches them. At some point, the hero becomes committed to the new environment and decides to continue his journey. The journey has a few stages, or phases. In the first phase, the hero encounters many enemies and trials that teach him to be resilient and creative. This phase is followed by achieving triumphs and gathering new allies, who not only facilitate the journey to success, but become the hero's new teachers. The hero is now transformed and starts the journey back home. However, at this point, the original internal conflict is now resolved. The hero learned new things, transformed, and found peace and contentment in a new environment. I can see the similarity in the journey of all participants. Below is the visual representation of the hero's journey as it applies to foreign born physicians from this study.

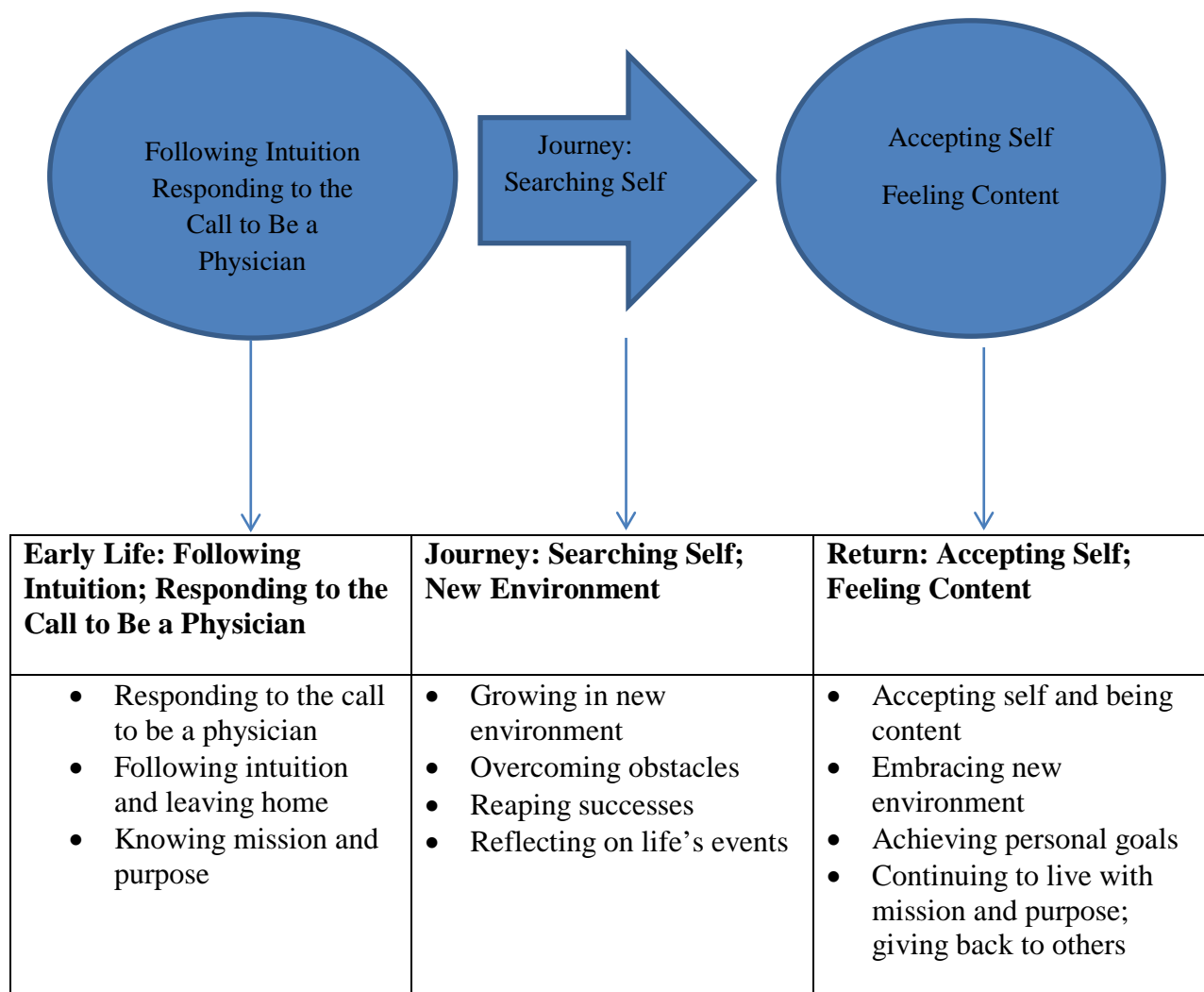


Figure 1. Illustration of the journey transformation, the call to being a physician drove participants to leave their natural environments; searching self in a new environment; and accepting self.

During the journey of becoming a physician in the United States, participants went through personal growth, discovered inner strengths and resilience, and developed compassion towards patients with similar experiences. While the journey was not easy, it helped them shape their self-awareness and become very compassionate and passionate physicians. They also had to conquer their fears, accept new situations, and persevere. In the end, they knew that following their intuition and their hearts was the right thing to do. Following intuition led to creating a new environment for participants, one in which they felt happy, content, and at peace with themselves.

Following intuition and responding to the call to be a physician

From the participants' stories it was clear that their lives prior to coming to the United States were not quite fulfilling or complete. Somehow they had the intuition that in order to grow and fulfill their dreams, they had to leave their native environment. They were brave to embark on the adventure and they took responsibility for their happiness, learned new things, and constantly listened to their inner voice. Ultimately participants shifted away from a life that was incomplete to finding new life of contentment and happiness. For example, Beatriz always knew that in order to grow as a physician and develop herself, she would need to come to the United States. Carolina never stopped dreaming about being a physician despite several relocations and a few career turns. She has always intuited that nothing would make her happier than being a physician. She knew she needed to come to the United States to see her dream come true. Similarly, David and Gabriel would continue to explore options and were determined to work in the specialty of their choices, which brought them to the United States. Ana had different choices

to make, as she fled the country due to political turmoil. Her journey was hard and she had to overcome many barriers, but she persevered. She could have settled in Europe, where her degree from Hungary was very valuable, yet there was something deep inside that steered her to the United States. For Elsa and Helena coming to the United States was liberation in many ways. They found they could follow their passion, but they were liberated from a culture and environment that was not as kind to women as they had wished. Despite the hard work, they felt the new environment provided respect and choices for women they would not have found otherwise.

Besides intuitively knowing it was best to leave one's home country, participants knew they wanted to be a physician, this was their life purpose. According to Leider (2008), purpose means occupying one's life with moving and engaging work using one's gifts. It requires a commitment to sort challenges and keep working on what one finds worthwhile and meaningful. Leider (2008) has worked with many clients in Minnesota and across the United States, who report not having energy to perform their daily jobs, to carry on with their lives. He found they are too busy to think about what moves and energizes them. During childhood, one is naturally open and has not yet conformed to a society which can dictate what one should or should not do. Participants in the study had a clear mission and purpose to fulfill from an early age. Their environment and conditions allowed them to fulfill that mission and purpose. They had been given the gift of an inner vision since childhood, and that vision only grew and matured. Purpose and mission have also been linked to moral intelligence. Lennick and Kiel (2008), described how emotional intelligence cannot exist without moral intelligence as the latter is our compass.

Moral intelligence is not just important to effective leadership; it is the "central intelligence" for all humans. Why? It is because moral intelligence directs our other

forms of intelligence to do something worthwhile. Moral intelligence gives our life purpose. Without moral intelligence, we would be able to do things and experience events, but they would lack meaning. Without moral intelligence, we would not know why we do what we do, or even what difference our existence makes in the great cosmic scheme of things. (Lennick and Kiel, p. 10)

Searching self in a new environment

The new environment presented an opportunity for growth and development. In the journey of self-discovery, participants grew with every experience they encountered, and became more resilient. Participants were very attached to their families and comfortable in their environment, but there were circumstances or unmet internal desires that pushed them to act and leave their comfort zone. Once they detached from the familiar environment, nothing was ordinary anymore. They found themselves having to retake exams and courses they had taken before, study a new language, learn a new culture, but most importantly learn how they fit in this new environment and strategize how to achieve their dreams and be successful. The experience proved their courage, drive, and willingness to succeed. None of the participants felt completely fulfilled until having gone through the full hero's journey cycle.

Dinwoodie et al. (2014) studied how transformational change occurs when there is a disruption in the natural environment or ecosystem. They studied several ecosystems at Yellowstone National Park as part of a project designed to understand how change occurs and later use it for training at the Center for Creative Leadership. They discovered that there are four stages of transformational change.

Stage One: Preparing the change terrain.

Stage Two: Nourishing change processes.

Stage Three: Spreading and adapting to change inhibitors.

Stage Four: Disseminating change system-wide.

While this is more relevant to change that occurs in systems or organizations, I believe this is the process that participants followed to adapt while preserving their own roots. Like in natural ecosystems in stage one; the participants began their journey of transformation by gaining a deep understanding of the new environment and the new culture. In stage two, the right elements were in place to start forming strong relationships and a sense of belonging. In stage three, the new self began to emerge and thrive. Therefore, it is in this stage where they realized they were adaptable and resilient. They found the courage to overcome any obstacles and making the most of opportunities. In stage four, they became self-sustaining, letting go of what did not work, and embracing the new life. This process could not be achieved without a resilient and positive attitude. Petrie (2014), who trains leaders at the Center for Creative Leadership, argues that in order to be a resilient leader, one must be reflective and be positive. A person, who reflects in positive ways, tends to analyze and reflect on the past objectively, and plans the future with courage. Conversely, a person, who is not resilient, keeps thinking about the past with a regretful attitude and projects the future with anxiety. Similarly, during the cycle of the hero's journey, one must not only adapt to new environments, but exude courage, stay positive to overcome barriers, and use reflection to continue to grow and complete the cycle.

Accepting self and being content

As stated earlier, an important element of participants' transformation was the ability to integrate the old and the new world, or what some psychologists call Integrative Complexity (Tadmor, Galinsky, & Maddux, 2012). The feeling of contentment and acceptance stems not only from living one's life with mission and purpose, but having achieved a certain level of success. Participants were fully aware that moving to the United States made reaching their aspirations more difficult. It was a long road they had followed, but that road provided them with a totally different perspective. They were able to achieve a high degree of acculturation, which provided them with a bigger view of the world, and a sense of compassion towards immigrant patients going through similar situations. It is also worth noting that participants held prominent leadership positions in their communities at the time of the interviews. Moreover, they were respected and regarded for their innovative approaches to their practice, desire to improve health outcomes, and for their leadership skills.

According to Tadmor, Galinsky, and Maddux (2012), new immigrants, regardless from which country, face many challenges, but perhaps the major one is to learn how to manage their cultural identity. As they spend more time in the host country, they make sense of the different values, beliefs, and norms that often exist between their home and host cultures. Tadmor, Galinsky, and Maddux (2012) studied several immigrant populations and tried to identify which type of psychological approaches to living abroad are most likely to translate into greater and professional success. They identified a pattern of cultural identification that emerges during experiences living abroad and is sometimes overlooked; often called acculturation strategies. While previous research had a tendency to focus almost exclusively on the importance of

experience in one's host culture, researchers have largely ignored the potential importance of the home experience and how that is being integrated. Thus, maintaining a connection to one's own cultural heritage has become more relevant than previously thought (Kohonen, 2008). Being integrated in the host culture will not be a sufficient factor to feel at ease or content in the new culture. Greater happiness takes places with maintaining both host and home culture. Tadmor, Galinsky, and Maddux (2012) argued that becoming acculturated while retaining one's roots is a predictor for creativity, innovation, and career success. Therefore, both home and host country experiences are critical. The benefits of living abroad should be most apparent for those, who retain psychological connections to both home and host cultures. This also can explain different levels of creative and professional success among those, who have been able to better integrate complexity.

More Thoughts on Findings

This study made me realize that the participants followed a journey of uncertainty and circumstances that most people would not want to endure. Hopefully through explaining the essence of overcoming barriers before obtaining success, it is easy to learn how to help many others who go through similar journeys. I also hoped to shed some light on what moves people and how mission and purpose energize people and lead them to happier, more creative, and more fulfilling lives.

Social Networks and Support

As observed in the study, participants benefited from social networks and support, both during their childhood and adolescence, but also throughout their journey. This support included living in established communities and good relations with family members, friends, and mentors.

Berkman (1995) argued that social support is paramount for personal well-being. Social networks and social supports are two different concepts. Social networks are defined as webs of social relationships that surround an individual and the characteristics of those linkages, while social support is defined as the emotional, material or financial. Low levels of psychosocial resources, such as weak social networks and low social support, have emerged as risk factors in health-related research. Different studies have shown association between different aspects of social networks or social support within various groups and health, stress and psychiatric disorders (Berkman 1995, 2000; Kohonen, 2008). However, when good social networks and support exist, individuals have a much greater chance of making good decisions, being successful, and leading happier lives.

Globalization

As stated earlier, having a global mind and high levels of integrative complexity provided participants in the study with a bigger view of the world, a different frame of reference, and a deeper connection to patients. The Foundation for the Advancement of International Medical Education and Research (FAIMER) has conducted numerous studies related to the international migration of physicians, U.S. physician workforce, and international medical education programs. They have found that migration of physicians is creating an imbalance of supply in many developing countries. However, this is also true for the United States. FAIMER has been working with the U.S. Department of Health and Human Services (DHS), the World Health Organization (WHO), and the American Medical Association (AMA) to determine future needs. According to their joint studies, internationally educated physicians, who currently make up 25% of the practicing physician workforce, will continue to play a significant role in the coming years. Medical schools in the United States have expanded their enrollment to address this

shortage. However, a lot of physicians arrive in the United States with valid degrees from other countries that are not recognized. The reality is that they have to continuously find ways to get them validated, resulting in having to retake classes, exams, and in many cases having to start from scratch. The demand for physicians will be greater than the number medical schools can train in the near future. Since all International Medical Graduates (IMGs) must be certified by the Educational Commission for Foreign Medical Graduates, FAIMER is intending to understand international medical education through studying the educational experiences of medical school students and physician trainees around the world and how these experiences vary.

In addition to FAIMER's work, I believe healthcare organizations and local governments can play an important role at better understanding healthcare in other countries and what IMGs bring to their organizations. Mission work, international programs for healthcare workers, and mentoring programs for newly arrived physicians are all examples of ways to better understand and appreciate IMGs. FAIMER has developed several regional institutes across the globe for U.S. health professions educators. The intent is to be able to narrow the gaps and gain a more global understanding of health professions. The regional institutes offer a variety of programs, fellowships, and research opportunities ultimately creating global networks of experts in health professions education. Organizations will need to find better ways to move beyond cultural competence and start providing international opportunities to develop leaders who could not only gain knowledge, but develop new ways of thinking and solving problems. According to Black and Gregersen (1999), the benefits of going abroad also include increased flexibility, creative communication, and collaborative negotiation style.

Implications For Healthcare Organizations

It would be beneficial for healthcare organizations to foster an environment in which foreign born physicians could settle in the United States, and use the medical degrees and training from their native countries, or find creative ways to shorten the residency training requirements. In addition, they could set an example for other physicians by being in leadership position, or helping train the next generations of physicians.

Implications For The Field of Organization Development

There are many potential implications in this study. Medical schools and healthcare organizations may be interested in developing courses to help students stay connected to purpose, mission, authentic leadership, and resilience programs. There is also the potential for developing courses for self-development and understanding the power of one's experience or story to promote healthier and happier lives. Similar to the Campbell hero's journey, institutions could embrace models of human growth that bring more meaning and purpose to every aspect of people's lives. There may be an interest in trying to discover ways to develop a workforce that is beyond culturally competent, a workforce that through mission work or international opportunities becomes more adaptable and more able to become proficient at integrating complexity.

Finally, the field of organization development may provide organization development practitioners with unique and broader perspectives of integrative complexity. It may predispose practitioners to live abroad for a period of time, provide them with a bigger view of the world, and additional tools to use self as an instrument in complex multicultural and international

situations. For example, there are many graduate organization development programs that have added international courses and consulting projects (practica) with foreign organizations to their curricula. Many students report that these experiences have been transformative and without them they could not be as good organization development practitioners as they are today. I had the privilege to consult with a group of cohort members in Lviv, Ukraine in 2012. I clearly remember the transformative process through which all my peers went as the result of working in a different cultural setting. They questioned their culture and even their values in more profound ways after working and living in Ukraine for a few days. The ones, who had had less exposure to foreign countries in the past, benefited the most from this experience, and tried to either return to Ukraine the following year, or visit other countries.

Researcher's Bias

I am a foreign born professional myself and I was personally transformed by living and working in the United States. The experience made me grow in ways that I would have never imagined and like the participants in this study, I feel fulfilled, accomplished, and have created a new home in the United States where I feel I can continue to grow. I also had to overcome many barriers, celebrate successes, and deal with change in painful ways. Therefore, I worked hard not to let my own bias become a limitation in this study. I journaled and tried to bracket my own experience as I conducted and analyzed interviews. This was a very unique experience, as it made me reflect on what drove me to make certain decisions in my life. The reflection on my own experience allowed me to better understand the experience of the study participants.

I bracketed and paused whenever I thought my bias was interfering in the data analysis. Before beginning the study, I did discuss with the committee my intent to bracket and journal

after each interview. I felt that the conversations with my chair were deeper due to the fact that we both had similar experiences to the participants in this study. I feel the study was more meaningful and close to my heart because of my experience of being foreign born.

Limitations

The participants in this study came from a limited pool. While they were from different countries, they all had completed their residency programs in Minnesota and had led very successful careers. The research intended to uncover the essence of the meaning of the work experience of being a foreign born physician who completed residency training and stayed to work in the United States. While the findings uncovered the essence of that experience, these findings may not be applicable to other groups of physicians. More replications of similar study or conducting new studies are needed to see if the findings are comparable to other foreign born physicians.

Further Research

I found the topic of my dissertation fascinating and I think there are many opportunities for additional research. Replication of the study with different groups of physicians are needed to see if the essence of other physicians' experiences is similar to the experience of those, who participated in this study.

I believe studying in more detail how integrative complexity could help healthcare organizations connect with patients in more profound ways would be very valuable. Moreover, it would be interesting to find ways for schools to embed complexity integration at both undergraduate and graduate levels. Perhaps, through more rigorous languages and study abroad programs that could be started at younger age in the United States and even make these a

requirement. More research could be done in the field of medical education comparing medical students and physicians, who have engaged in mission work overseas, and those who have never had that experience, are needed. It would be interesting to find out whether there is a difference and whether the findings could be used to advance medical education globally.

I also believe additional research surrounding how integrative complexity helps organization development practitioners analyze organizations could be done. This is an area where there is a lot of potential for future research, especially as organizations become more global and the workforce becomes more diverse.

Final Thoughts

One of my motivations for conducting this study was to uncover the experience of foreign physicians in the United States. I had always been impressed by many foreign physicians and their ability to be resilient, focused, passionate, and compassionate. I had learned over the years about their difficult journeys, and how some were unfairly treated or judged. This study helped me, and hopefully the participants, to take time to reflect on what their experience was and how that transformed them in ways they could not have imagined. As Mezirow (1991, 1997, 2000) indicated, critical reflection is a key component of transformational learning. People knew subconsciously that something profound happened as a result of their journey, but they could not consciously describe it. They would explain that they felt as if they became different people. Going back to their homelands as they had desired earlier, did not meet a purpose anymore. They felt they could better help patients, relatives, and themselves if they stayed in the United States. The way I would describe this phenomenon metaphorically is picturing a plant being transplanted into Minnesotan soil. The roots continue to be the same and the core of every

participant continues to be the same. However, the plant grew and flourished in a second, third, or fourth soil benefiting from all the nourishment. The result of transplanting became people, who are very self-aware and who want to continue to grow and leave a legacy with their work.

I am very grateful to each participant for the generosity with their time and providing a very welcoming environment for the interviews. Five of the seven participants invited me to their homes during the weekend and prepared food and beverages from their countries for me to try. They were concerned with my comfort as much as I was concerned about theirs. In addition, they thanked me for taking the time to conduct this research, as they felt they were neither heard enough nor as often as they would like. They wanted to bring organizational change forward and they asked me to stay connected and to reach out to them in case additional research is conducted in the future.

Hopefully this study will also foster further reflection by other foreign physician and all the people responsible for their education and career opportunities. The study was personally beneficial to me as well. Learning from other foreign professionals helped me more deeply reflect on my own experience. At various points in the process, I felt spurts of personal growth, as I began realizing how I have changed as a result of my own journey and my experience in Minnesota. I also felt many moments of intense emotion as I recalled painful events, but also experienced tremendous gratitude. I began realizing that my experience as a foreign professional helped me grow and become a better person. I feel I am more whole and more in tune with my needs. I love working with people and helping them grow through their own journey. In addition, I realized that it was for this same reason I wanted to obtain a doctorate in organization development. It was my desire to help people improve their personal and professional lives that drew me to embark on such a laborious and lengthy process. I am very grateful to everyone who

has personally helped me through my own journey including my family, extended relatives, professors, peers, and friends.

I hope to continue to contribute to the field of medical education and healthcare. My premature son brought me to this field in the first place, yet I am still impressed by the many people who dedicate their lives to improve people's health in every way they can. I would also love to help more foreign physicians, so they can have an easier journey and not lose themselves in the process. Moreover, I would like to see them succeed and enrich the medical field with their unique background, contributions, wholeness, creativity, and desire to change the world.

References

- Accreditation Council for Graduate Medical Education. (2014). Retrieved April 15, 2014 from <http://www.acgme.org/acgmeweb/tabid/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx>
- American Colleges of Physicians. (2014). Retrieved April 15, 2014 from http://www.acponline.org/about_acp/international/graduates/training_in_us/karnik.htm
- American Medical Association. (2014) Retrieved April 16, 2014 from <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/international-medical-graduates/about-us/img-physician-profiles/navin-c-shah>.
- Andrulis, D. P., (1998) Access to Care is the Centerpiece in the Elimination of Socioeconomic Disparities in Health. *Annals of Internal Medicine*, 129(5),412-416.
- Argyris, C. (2000). *Flawed advice and the management trap*. Oxford: Oxford University Press.
- Aries, N. (2004) Managing Diversity: The Differing Perceptions of Managers, Line Workers, and Patients. *Health Care Management Review*, 29:172-180.
- Beckley, E.T. (2003). Physician satisfaction tied to autonomy. *Modern Physician*,7(2):2.
- Berkman. L. (2000). Assessing social networks and social support in epidemic studies. *Social Networks and Health*, 95(1), 40-51.
- Berkman, L., & Glass, T. (2000). Social Integration, Social Networks, Social Support, and Health. *Social Epidemiology I*: 137-173.
- Betancourt, J. R., Green, A. R., Carrillo J. E., & Ananeh-Firempong, O., (2003). Defining Cultural Competence: A practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care. *Public Health Reports*, 118(4):293-302.

- Black, S., & Gregersen, H., (1999). The Right Way to Manage Expats. Harvard Business Review, March-April 1999 Issue. Retrieved on-line December 1, 2015 from <https://hbr.org/1999/03/the-right-way-to-manage-expats>
- Campbell, J. (2008). *The Hero with a Thousand Faces*. Novato: New World Library.
- Cashman, K. (2008). *Leadership From the Inside Out: Becoming a Leader for Life, 2nd Ed.* San Francisco: Berrett-Koehler Publishers, Inc.
- Chen, P. G., Nunez-Smith, M., Bernheim, S. M., Berg, D., Gozu, A., & Curry, L. A. (2010). Professional Experiences of International Medical Graduates Practicing Primary Care in the United States. *Journal of Internal Medicine*, 25(9):947-953.
- Craig, E. (Ed.). (1998). *Routledge encyclopedia of knowledge*. Boulder, CO: Westview Press.
- Creswell, J.W. (2003). *Research Design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, California: Sage Publications.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Crotty, M. (1998). *The Foundations of social research*. Thousand Oaks, CA: Sage Publications, Inc.
- Dinwoodie, C., Criswell, C., Tallman, R., Wilburn, P., Petrie, N., Quinn, L., McGuire, J., Campbell, M., & McEvoy, L., (2014). Transformational Change: An Ecosystem Approach: Lessons from Nature for Those Leading Change in Organizations. *Center for Creative Leadership*. Retrieved January 1, 2016 from <http://insights.ccl.org/wp-content/uploads/2015/04/TransformationalChange.pdf>

- Fiscella, K., & Frankel, R., (2000). Overcoming Cultural barriers: international medical graduates in the United States. *The Journal of American Medical Association*, 2000(283):1751.
- Foundation for Advancement of International Medical Education and Research (FAIMER)
Retrieved January 1, 2016 from www.faimer.org/resources/opportunities
- Gall, M. D., Gall, J. P., & Borg, W. R. (2007). Educational research: An introduction (8th ed.). Boston, MA: Allyn-Bacon.
- Hershel, A., Heining S, J., Fang, D., Dickler, H., & Korn, D., (2007). Contributions of International Medical Graduates to US Biomedical Research: The Experience of US Medical Schools. *Journal of Investigative Medicine*, 2007(55):410-414.
- Itani, K. M., Hoballah, J., Kaafarani, H., Crisostomo, A. C., & Michelassi, F., (2008). Could International Medical Graduates Offer a Solution to the Surgical Workforce Crisis? Balancing National Interest and Global Responsibility. *American Journal of Surgery*, 2008(196):315-22.
- Karnik, A., (2014). International Medical Graduates: Training All Over Again. *American College of Physicians*. Retrieved June 28, 2014 from http://www.acpoline.org/about_acp/international/graduates/training_in_us/Karnik.htm
- Kohonen, E. (2008). The impact of International assignment on expatriates' identity and career aspirations: Reflections upon reentry. *Scandinavian Journal of Management*, 24: 320-329.
- Kostis, J. B., & Ahmad, B., (2004). International Medical Graduates and the Cardiology Workforce. *Journal of the American College of Cardiology*, 44(6):1172-4.

- Leider, R. (2008). *The Power of Purpose: Creating Meaning in Your Life and Work*. San Francisco: Berrett-Koehler Publishers, Inc.
- Lennick, D., & Kiel, F. (2008). *Moral Intelligence*. New Jersey: Pearson Education, Inc.
- Leon, R. L., Ojeda, M., Mills, J. I., Leon, C. R., Psalms, S. B., & Villar, H. V., (2008). The Journey of a Foreign-Trained Physician in to a United States Residency: Controversies Surrounding the Impact of This Migration to the United States. *American College of Surgeons*, 206(1):171-76.
- Marton, F. (1986). Phenomenology: A research approach to investigating different understandings of reality. *Journal of Thought*, 21(3), 28-49.
- McMillan, J. H. (2004). *Educational research. Fundamentals for the consumer*. Boston, MA: Pearson Education.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Nasca, T., Philibert, I., & Flynn, T., (2012). The Next GME Accreditation System-Rationale and Benefits. *The New England Journal of Medicine*, 366(11):1051-1056.
- Norcini J.J., van Zanten, M., & Boulet, J. R., (2008). The Contribution of International Medical Graduates to Diversity in the U.S. Physician Workforce: Graduate Medical Education. *Journal of Health Care Poor Underserved*, 19:493-9.
- Periyakoil, V. S., (2008). The Role of International Medical Graduates in the Future of Palliative Care. *Journal of Palliative Care*, 11:563-64.
- Petrie, N., (2014). Wake Up! The Surprising Truth about What Drives Stress and How Leaders Build Resilience. *Center for Creative Leadership*. Retrieved on-line January 1, 2016 from <http://insights.ccl.org/wp-content/uploads/2015/04/WakeUp.pdf>

Shoyinka, S., Aggarwal, R., Kagan, S., Kramer, M., & Rand, B. S., (2011). Emerging Roles for International Medical Graduates (IMGs) as Educators for the Future. *Transcultural Psychiatry*, 48(4):511-13.

Suedfeld, P., & Tetlock, P., (1977). Integrative Complexity of Communications in International Crises. *The Journal of Conflict Resolution*, 21(1):169-184.

Tadmor, C., Galinsky, A., & Maddux, W., (2012). Getting the Most Out of Living Abroad: Biculturalism and Integrative Complexity as Key Drivers of Creative and Professional Success. *Journal of Personality and Social Psychology*
doi:10.1037/a0029360

Van Manen, M. (1997). *Researching lived experience*. London, ON: Althouse Press.

APPENDIX A

Electronic Recruitment Letter for Physicians participating in the study

Dear Dr. (),

My name is Marcella de la Torre and I am a doctoral candidate at the University of St. Thomas. I am beginning to do the research for my dissertation entitled “*what is work experience of foreign born physicians in the United States*”? This study will focus entirely on the unique experiences of foreign born physicians in the United States.

To participate in this study, participants have to meet certain criteria; being a foreign born physician, having completed residency training in the United States, having been in the United States for a minimum of five consecutive years, and currently working as a physician in their specialty field. If you think you meet these criteria and want to participate in the study, please contact me directly. If you know someone who meets the criteria, please forward this email to them.

If you agree to be a participant in this study, you will be asked to participate in a 90-120 minute interview. Participation in this study is completely voluntary. There is no financial benefit. Information that is collected as part of the study will be confidential and will be used in a manner that protects your privacy and your identity. Your identity will also be kept confidential in any future publication.

If you choose to participate in this study, please contact me directly via e-mail at marcelladlt@comcast.net or by phone at (612) 961-6375. Should you have any questions or concerns at any point during the study, please do not hesitate to contact me.

I sincerely appreciate your participation in this important study!

Best Regards,

Marcella de la Torre

Doctoral Candidate

University of St. Thomas

marcelladlt@comcast.net

Tel: (612) 961-6375

APPENDIX B

Informed Consent Form University of St. Thomas

What is the work experience of foreign born physicians in the United States?

[659388-1]

I am conducting a study on the *work experience of foreign born physicians in the United States*. I invite you to participate in this research. You were selected as a possible participant because *you were born and went to medical school outside the United States, completed residency training in the United States and have at least five years consecutive years of work experience in the United States*. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Marcella de la Torre; doctoral candidate at the University of St. Thomas in the program of Doctor of Education in Organization Development.

Background Information:

The purpose of this study is to understand the experience of foreign born physicians in the United States. The research question is “what is the work experience of foreign physicians in the United States?” Foreign born physicians fill many of the healthcare positions today. This study will shed some light on that experience and how foreign born physicians can contribute to future staffing needs and perhaps help answer some of the complex problems healthcare is facing when addressing health disparities. There is insufficient literature that specifically covers foreign

born physicians other than statistics regarding future healthcare workforce projections and on-boarding of medical residents.

Phenomenology methodology is the best suited to answer my research question. Phenomenology is the study of the lived experience that aims to discover the essence of that experience according to Van Manen (1997) and McMillan (2004). I will be following Van Manen's interpretation of phenomenological research, which involves gathering the data through interviews with people who share a common experience, analysis of data through coding interview transcripts, as well as reflection by the researcher during the process of data gathering and analysis.

Procedures:

If you agree to be in this study, I will ask you to do the following things:

1. Schedule a 60-90 minute interview; this could be done in two phases if time is a constraint.
2. Choose a convenient place for our conversations where you can feel comfortable and safe.
3. Carefully read the consent form, which I will send to you prior to our meeting, so you get familiar with it.
4. Sign a consent form before the interview begins.
5. Allow me to audio-record the interview.

Risks and Benefits of Being in the Study:

The study poses no risks to the participants. There are no benefits to participating in this study.

Compensation:

You will receive no compensation for your participation to this study.

Confidentiality:

The records of this study will be kept confidential including consent forms and written project notes. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include recordings, transcripts, master list, consent forms, written project notes, and computer records. All these records will be kept for at least three years following the completion of the study, and destroyed after this period of time. Audio recording tapes will be destroyed immediately after the transcription. However transcription and master list along with all the records mentioned above will be kept on a password protected computer and a locked cabinet in a locked room in the principal's investigator personal office.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision to whether or not to participate will not affect your current or future relations with the principal investigator or the University of St. Thomas. During the interview process, you are free to stop the interview at any moment or not answer a question you do not feel comfortable answering. Should you decide to withdraw from the study; data collected about you will not be used in the study. You are free to withdraw from the study at any time by simply writing an e-mail to the principal investigator with your complete name and date.

Contacts and Questions:

My name is *Marcella de la Torre*. You may ask any questions you have now. If you have questions later, you may contact me at (612) 961-6375. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6038 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read and understood the above information. My questions about this process have been answered to my satisfaction. I consent to participate in the study and consent to be audio-recorded. I am at least 18 years of age.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date