Women’s Leadership and the Impact of Gender

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Objectives:

- Describe the gender differences present in the personal and professional sphere.
- Identify individual and systemic barriers that are prohibitive of female faculty advancement.
- Explore additional challenges faced by female faculty who are underrepresented in medicine as they progress along the academic continuum.
- Define strategies that can be implemented at the institutional level to improve faculty and leadership training/development.
Gender Differences in Personal and Professional Sphere

Women are limited by gendered barriers that are systematically produced and reproduced to foster harmful stereotypes that reinforce false notions that women are inferior to male counterparts (e.g. “women are emotional and less business savvy”). These stereotypes inform and reinforce gender discrimination in the home and the workplace (Burgess et al. 2012).

Biases against women are particularly prevalent in traditionally male dominated fields such as science, technology, engineering, and medicine (STEM).
Women in Leadership

Because of the gender stereotypes and unconscious biases that plague women in medicine and science, women are underrepresented in medical leadership, are given less funding than their male counterparts for research/grants, are promoted at lesser rates than their male counterparts, are more likely to experience isolation and exclusion from opportunities to advance in their medical careers, face barriers due to stereotype threat, and are more likely to have their issues conflated with familial issues in the workplace (Carr, 2003; Burgess et al., 2012; Corrice, 2009; Levine, 2013)
Underrepresented Women in Leadership

- Women with intersectional identities—specifically those of gender and race—often experience exacerbated gender discrimination in the workplace (Davis & Maldanado, 2015; Pololi and Jones, 2010).
- One example of where women faculty of color experience increased discrimination is representation in academic leadership. While women comprise smaller percentages than their male counterparts in leadership positions throughout academic medicine, women faculty of color make up even smaller percentages of those same leadership positions (Lautenberger et al. 2016).
Underrepresented Women in Medicine

AAMC definition: "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population" (AAMC, March 19, 2004).

“Double Disadvantage” (Pololi and Jones, 2010)

- Minority URM women (Rodriguez, Campbell, & Pololi, 2015).
- Non-MD faculty (PhD’s with doctoral degrees)

Deville, C., et al. (JAMA, 2015)
Underrepresented Women in Leadership

• 16% of women are chairs (372/2675) (AAMC, 2014)
• 1.3% of women chairs are underrepresented minorities (35/2675) (AAMC, 2014)
• 12% of women are in the “C-suite” (highest level executives; chief executive officer, chief financial officer) (Joliff et al. AAMC 2012; Travis et al., 2013)
• Greater representation in medical school deans’ offices
  • 16% of department Chairs
  • 12% of medical school Deans
  • 44% Assistant Deans
  • 37% Associate Deans
  • 32% Senior Associate Deans (Joliff et al. AAMC 2012; Travis et al., 2013)
Contributions of Underrepresented Minority Faculty

- Improve public health-access to care in underserved communities, (US Office of Disease and Health Promotion, 2010; Nivet, 2008)
- Expand research agenda (Cohen, J et al., 2002; Nivet, 2008; King, TE, et al, 2004; Nivet, 2008)
- Improve teaching of all students (Umbach, P., 2006; Nivet, 2008)
  - Diverse faculty use different pedagogical approaches that could lead to increased student learning
  - Benefit the learning environment

Nivet, 2008
“Leaky” Pipeline for URM Faculty

• Lack of:
  ▪ Welcoming environment; racial and ethnic bias and discrimination (Person et al., 2015; Nivet et al., 2008)
  ▪ Diversity and mentors among senior faculty (Nivet et al., 2008)
  ▪ Pathways to promotion (i.e. clinical track) (Palepu, et al., 1998; Nivet, 2009)
  ▪ “Social capital” and networking opportunities (Coleman, 1998; Nivet 2009)

• Disillusionment with academic medicine as a career pathway.
“Leaky” Pipeline for URM Faculty

• Decision to participate in diversity-related activities, driven by personal commitment and institutional pressure

• Detection and reaction to discrimination

• Disconnect between intention and implementation of institutional efforts to increase diversity

• Need for a multifaceted approach to mentorship

Mahoney et al., 2008
Leaving Institution/Academia

This table includes feedback reported by both men and women faculty (Pololi et al., 2012)

Pololi et al. 2012
URM Barriers to Academic Promotion
URM Barriers to Academic Promotion

- Ethnic and racial bias and discrimination
- Isolation and reduced networking opportunities
- Insufficient time for activities that lead to promotion
- Financial resources limited
- Limited understanding of requirements necessary for faculty success

Nivet, 2008
## URM Barriers to Academic Promotion

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Select Reference(s)</th>
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<tbody>
<tr>
<td>Inequities in training, degree attainment and recruitment and/or retention</td>
<td>Moreno et al., 2006; Leboy and Madden, 2012; Whittaker and Montgomery, 2012; Whittaker and Montgomery, 2014</td>
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<tr>
<td>Established environmental culture(s) and traditions</td>
<td>Hurtado et al., 1998; Sirves et al., 2005; Sethna, 2011; Harper, 2012; Moss-Rascusin et al., 2012; Zambrana et al., 2015</td>
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<tr>
<td>Disparities in research grant support</td>
<td>Ginther et al., 2011; National Science Foundation, 2012</td>
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<td>Limited or inadequate integrations into academic communities and/or isolation</td>
<td>Laden and Hagedorn, 2000; Tillman, 2001; Cawyer et al., 2002; Smith and Calasanti, 2005; Turner et al., 2008; Zambrana et al., 2015</td>
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<tr>
<td>Levels or perceptions of environmental support or lack thereof</td>
<td>Crowley et al., 2004</td>
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<tr>
<td>Negative stereotypes about underrepresented minorities</td>
<td>Figueroa and Hurtado, 2013</td>
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<tr>
<td>Implicit bias</td>
<td>Turner, 2002; Moody, 2004</td>
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<tr>
<td>Lack of will or understanding on the part of institutional leaders/leadership</td>
<td>Price et al., 2005</td>
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*Table 1. Barriers to increasing diversity in academic environments. Listed are specific factors that serve as barriers to increasing and maintaining diversity in academic environments, particularly majority or predominantly white institutions.*
**Current Gender Climate**

Varied perceptions regarding current gender climate

Continued lack of parity:
- Rank and leadership
- Talent development
- Retention
- Compensation equity
- Grant support

Burden of family responsibilities and work-life balance on career progression is disproportionate

Carr et al., 2015
URM Women Faculty Barriers

- Financial resources*—not as prevalent for women as a whole
- Inadequate career counseling
- High attrition rates
- Poor support network
- Competition for candidates
- Anti-affirmative action legislation
- Limited programs focused specifically on minority women faculty
Institutional and Individual Strategies
Institutional Strategies:

• Diversity 3.0 (Nivet, 2011; 2015)
  ▪ Broad definition of diversity that is inclusive
  ▪ Diversity and inclusion as a means to “build innovative, high-performing organizations.”

• Institutional assessment of workforce diversity, climate, and cultural competence inclusive of gender-based education offerings

• Diversity infrastructure (Peek et al., 2013)

• Diversity statements/policies
  ▪ Commitment to an inclusive and diverse learning environment and workforce (Nivet, 2011, 2015)
Institutional Strategies: Recruitment and Retention

- Recruit and develop minority faculty (Peek, 2013)
  - Human capital and social relationships
  - Institutional support/resources

- Unconscious bias education
  - Review, hiring, and promotional processes

- Focus on education as a tool to foster URM and gender awareness training (Nivet, 2011, 2015)
Institutional Strategies:

- Specific programming for minority women faculty (Wong, 2001)
- Create mentorship programming for women in multiple role management and planning (Carr, 2015)
- Enhance opportunities for sponsorship for women faculty (Travis et al., 2013)
- Consideration and reduction of the commitment taxation: “brown tax” or “black tax” (Peek et al., 2013)
- Provide resilience –centered skill development (Cora-Bramble, et al. 2010)
Institutional Strategies:

• Assess and address climate issues
  • Institutional climate-disconnect between personal priorities and institution’s (Levine, Carr, 2015)
• Create institutional report card for gender and racial equity
Increase Women’s Access to Leadership

- Education about second generation gender bias (Ibarra et al., 2013)(need to define)
- Create safe identity workplaces to support learning, experimentation, and community that also facilitate transitions to bigger roles
- Anchor women’s development efforts in a sense of leadership purpose rather than in how women are perceived
Training

- Improve faculty and leadership training/development
- Career coaches
- Providing educational opportunities to further faculty and staff knowledge of positions and formulate leadership initiatives
- MBA/MHA programs and Leadership development courses available on campus
- Maintaining sustained mentorship
- Facilitating reading/research groups
- Mentorship programs with outside consultants
- Administering regular needs assessments
- Define goals and tracks to promotion.
Child and Elder Care

- Child-care and elder-care programming
- On site day cares
- Child care date nights
- On site eldercare
- Subsidized sick and back up childcare
- Flex schedules/compress schedules
- College financial aid and tuition assist
- Adoption assistance
- Paid leave for birth of child or adoption
Financial Support Strategies

- Flexible family care spending in grants
- Gender neutral award programs for primary care givers provide extra hands awards specifically for technicians, administrative assistance or post doc fellows
- Financial assistance to alleviate domestic responsibilities-help at home, purchase appliances, pay for childcare
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References:


References (cont.)
