The State of Women in Academic Medicine
--Career Flexibility as a Strategic Tool--

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In this talk, I will share:

- National data on women’s careers and factors affecting successful career progress
- Definition of career flexibility and describe why it is important
- Provide examples of career flexibility policies from UC Davis
- Discuss findings from our UC Davis’ NIH-funded grant
- Address pitfalls and barriers to success
- Describe lessons learned and approaches to change to help grow a culture of flexibility supportive of academic careers
Our Approach: Evidence-Based

- **AAMC**

- **14 NIH RO1 grantees** ➔ **best practices**:
  - 100+ pubs
  - 1 summary report (JGIM, 2018)

- **Business and industry**

- **Our own experience/data**
Benchmarking: Faculty by Rank

Total faculty (n=896) by Rank (SOM vs. AAMC)

<table>
<thead>
<tr>
<th>Rank</th>
<th>SOM</th>
<th>AAMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>(896)</td>
<td>(139,510)</td>
</tr>
<tr>
<td>Assistant</td>
<td>(269)</td>
<td>(72,311)</td>
</tr>
<tr>
<td>Associate</td>
<td>(203)</td>
<td>(32,016)</td>
</tr>
<tr>
<td>Full</td>
<td>(424)</td>
<td>(35,183)</td>
</tr>
</tbody>
</table>
Benchmarking: Women by Rank

Total women (n=339) by Rank (SOM vs. AAMC)

(339) (50,799)

Overall UCD-SOM: 17%→>36% women; 5%→>7.9% URM
Gender Discrepancies in U.S. Medical School Faculty by Rank

[16% Deans, 15% Dpt Chairs]

- Assistant Professor: 41% women, 59% men
  - Women: >63%
  - Men: >63%
- Associate Professor: 30% women, 70% men
  - Women: >22%
  - Men: >22%
- Full Professor: 18% women, 82% men
  - Women: >15%
  - Men: >15%

Why the attrition?
- Mentoring, Personal
- Family, Culture
- Compensation
- Career Redirection
- Barriers, Bias
- Stereotype Threat
Why the Attrition?
Interacting Factors Affecting Successful Career Progress and who Joins and who Leave Academic Health Sciences

POSITIVE INFLUENCES
- CULTURE/CLIMATE
- IMPLICIT BIAS/SEX STEREOTYPE THREAT
- INCLUSION/EQUITY
- MENTORING/SPONSORSHIP
- RESOURCES
- PRODUCTIVITY
- COMPENSATION
- ALIGNMENT
- SATISFACTION
- WORK-LIFE FLEXIBILITY

ADVANCEMENT / OPPORTUNITY / LEADERSHIP
Men and Women by Rank at UCD Health

Men vs. Women at each rank in SOM

<table>
<thead>
<tr>
<th>Rank</th>
<th>Total</th>
<th>Assistant</th>
<th>Associate</th>
<th>Full</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOM Men</td>
<td>557</td>
<td>139</td>
<td>114</td>
<td>304</td>
</tr>
<tr>
<td>SOM Women</td>
<td>339</td>
<td>130</td>
<td>89</td>
<td>120</td>
</tr>
</tbody>
</table>

- Total: 897
- Assistant: 269
- Associate: 193
- Full: 434

- Men: 511
- Women: 386

200 Women Full Professor Pin reception 2018
Benchmarking: Women in Leadership

<table>
<thead>
<tr>
<th>Women in Leadership in AHCs and at UCD</th>
<th>AAMC</th>
<th>UCD SOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean</td>
<td>16%</td>
<td>0</td>
</tr>
<tr>
<td>Dpt Chair</td>
<td>15%</td>
<td>(3) 12%</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>24%</td>
<td>(5) 20%</td>
</tr>
<tr>
<td>Division Chief</td>
<td>24%</td>
<td>Not avail</td>
</tr>
</tbody>
</table>
Threats to the Leadership Ladder Trajectory

- Physician attrition
- Rapidly changing healthcare environment
- Volatile environment (clinical and funding)

Yet....diversifying leadership provides new perspectives to improve processes, performance, impact, and outcomes
Evidence-based ‘Systems of Career Influences’ Model to Support Women’s Careers

Dynamic system of individual choice and organizational practice

(Magrane, Helitzer, Carnes; JWH 2012)
What is career flexibility?

- A way to define **how, when, and where work gets done**, and how careers are organized.

- Requires the same kind of **shared responsibility** and **accountability** as the other components of an effective workplace.

- **Must work for both the employer and the employee.**

- **It is NOT working less & expecting more.**
Why is this important to us?

- Leaky pipeline for women in biomedical science
- Role of male faculty in family is changing
- Faculty responsibility/level of demand for ‘other’ family care
- Suboptimal faculty satisfaction (both genders) - AAMC
- Rising toll of burnout and culture of overwork; yet, work-life balance / recovery activities boost productivity (Jonge, J. Int’l Environ Res Public Health, 2018)
Why is this important to us (con’t)?

- Aging workforce, predicted shortages, aging population

- Trend nationwide (academia, business, Silicon Valley, others)-- most work environments have some form of policies

- Competition for top talent

- Reflects our values and aligned with NIH’s office of workforce diversity (science of diversity/building evidence, sociocultural factors, sustaining diversity)
University of California: A leader in faculty career flexibility

- Tenure clock extension.
- Child-bearing leave.
- Active service modified duties.
- Family leaves (unpaid).

2003: UC Work and Family Survey showed:
- 70% of faculty were unaware of these policies.
- Low use, often due to concern re: repercussions.

2004: Work Life Program Directive from UC Davis Provost

2004: UC Davis medical school created own policies, since it was excluded from campus policies.

2006: UC Office of the President adopted new policies as entitlements and standardized system-wide modeled after UC Davis’ example. APM: http://www.ucop.edu/academic-personnel-programs/_files/apm/apm-715.pdf
Summary of UCD SOM Family-Friendly Policies

- **Leaves:**
  - Child-bearing & Adoption
  - Parental
  - Family/Medical

- **Duties:**
  - Modify
  - Part-time appointment

- **Advancement:**
  - Deferral of review
  - Tenure-clock extension

- **Access to Family Care Resources:**
  - Bright Horizons Care Advantage (web-based, UC pays for access): elder care, child care, etc.
    - [http://www.careadvantage.com/universityofcalifornia]
But…. our competition is promoting their flexibility!

Others are embracing this too!

- Harvard: parental leave 13 wks → 24 wks
- University of Utah: “Benefits” that promote work-life balance:
  - Generous parental leave
  - Health Sciences childcare coordinating center
Can flexible career policies make a difference?

**NIH R01:** study awareness, attitudes, and use of family friendly and career flexibility policies at UCD:

1. **Baseline survey** (2010) re: satisfaction, awareness, and use of career flexibility options
2. Implement an **Accelerator Intervention** to:
   - Improve awareness and use of family-friendly policies
   - Assess professional outcomes, awareness of options, career satisfaction over 3 years
3. Explore which **personal and professional characteristics** affect: performance, awareness, use of options, and personal satisfaction
4. **Analyze** impact of gender, school, generation (age <50, >50), family formation, qualitative variables, & an accelerator intervention
5. Propose **model(s) of success**
6. **Compare** with other UCD biologic science schools: SVM, CBS.
Our approach: A generational and gender perspective

- Evaluate policy effectiveness and tailor interventions that promote career flexibility by addressing:
  - **Generational issues:**
    - Younger generation (Gen X): More interested in family and a well-rounded life.
    - Older generations (Baby Boomers): Many are burned out and want balance. Starting to care for elder family.
  - **Gender issues:**
    - Under-representation by women in academic medicine and science, despite high proportion of women among MD and PhD graduates.
    - Attrition from the academic advancement pipeline.
    - Under-representation of women in leadership.
Our Baseline Findings

- **Respondents:** representative of our school
- **Knowledge and awareness:** low
  - Women more aware than men, especially for child-bearing leave
- **Use:** overall low, especially for men
- Policies tied to **career satisfaction**
- Many barriers to use, none predominant
- **Broad support** for career flexibility amongst all groups
- 3 ‘at-risk’ groups
Attitudes to policy use and link to career satisfaction

- Appreciation of policies regardless of use.

- Large % may use policies in future, all generations & genders.

Accelerator Intervention

- **Goals:**

1. **Increase education and communication**—Communicating shared attitudes and values can be important to reducing barriers and creating flexibility and a team culture.


3. **Examine change in awareness on Advancement (merit/promotion actions) and Retention** (2013).
Accelerator Intervention

- Presentations to Council of Chairs, Managers, Division Chiefs
- Brochure (print and electronic)
- Website enhancements
- Articles in newsletters, internal publications
- Workshops/grand rounds/research seminars for faculty
- New faculty orientation
- Other
Change in Policy Awareness:
Yr 1-3, Mean score (1-5)

[p-value: ≤0.001 for yr 1 vs yr 3 comparisons for all policies]
Change in perceived Barriers:
School of Medicine, Yr 1-2

Percent Respondents

Statistically significant **lessening** of perceived barriers in the SOM re:
- Burdening colleagues (p=0.05)
- Working on a project with others (p=0.02)
- Reporting one or more barriers (p=0.004)

*Suggested a positive culture shift*

But...Change in Perceived Barriers: School of Medicine, Yr 1-3

Statistically significant increase in perceived barriers in the SOM re:

- Burdening colleagues
- Working on a project with others
- Finances (men>women)
- Looking less committed, doubled (women>men)
- Reporting one or more barriers (p=0.004)

Reflective of conflict between professional vs personal identity
Part 2:

- The biases behind the barriers
- What we can do to overcome these
Why did perceived barriers go up following our educational intervention?

- **Cultural factors:**
  - Workplace norms and culture
  - Characteristics of co-workers and workgroups

- **These factors are manifested in our school as:**
  - Face-time bias: An unconscious bias
  - Conflict between expectations for professional identity vs. personal/gender identity

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What is face-time bias?

- **Flexibility**
  - Leaves
  - Alternate hours
  - Distance work

- **Reduce visibility** (face-time)

- **Perception of being unavailable and a “slacker” – “face-time bias”**

**Face-time bias**: The amount of time one is observed at work -- regardless of what you do and how well you do it -- can affect perception of an employee and how s/he is evaluated.

Elsbach’s research on employee evals: Unconscious inferences for “expected” face time

More evals use words: “Responsible”, "dependable", "reliable", "conscientious."

Manager quote: “I think it's easier in some ways to sort of think that somebody is doing their job if they're always there. It's more of a perception, but I think it's easier for a manager to think that somebody's dependable if they physically see them there.”

Elsbach’s research: Unconscious inferences for extracurricular face-time

More evals use words: “Dedicated”, “devoted”, “caring”

“There are special ones who are at the highest levels and they're there in the evenings, on the weekends and stuff”.

“And if you also are there, I think it's seen as a higher level of commitment, and you get thought of as a high-level worker because you're seen after hours.”

Face-time bias can lead to **flexibility stigma**

- **June 2013: Special issue of the *Journal of Social Issues***:
  - Female professionals using flex policies → stigmatizing treatment → more likely to suspend their careers.
  - Male professionals using flexibility → labeled as more feminine, less masculine → depressed earnings and limited career opportunities.

- **Study of male college professors using parental leave**:
  - Male policy users viewed as “shirkers” who “milk the system” to get out of teaching in order to advance their research.

Comments in Elsbach’s face-time study also reflects a culture of “over-work”

“There's a definite distinction between the people who work here. There are special ones who are at the highest levels and they're there in the evenings, on the weekends and stuff”.

And if you also are there, I think it's seen as a higher level of commitment, and you get thought of as a high-level worker because you're seen after hours.”

Similar comments from our NIH-funded survey – also show a culture of “over-work” and “work devotion”

- “There is the undertone of "if you take advantage of these things you are not a 'good' faculty". I am very concerned that, even if these policies are enforced to the letter of the 'law', department members and others would vote against advancement ...” (female, assistant professor, clinical)

- “If you reduce your publishing and grant writing you cannot succeed in academia, so I really don't believe you can be a successful PI at this point in this country.” (female, associate professor, non-clinical)

- “Taking personal time for a well-rounded life would be discouraged in my department, and I think the culture of the university as a whole discourages the development of the individual outside his/her field of specialization.” (male, associate professor, clinical)

Culture of extreme “work devotion” in medicine/science

- Reinforced by popular culture: TV, films, etc.
- Part of the “hidden curriculum.”
Culture of “over-work” and biases re: personal and professional roles → “tug of war”

- **Professional identity**
  - Long hours and work devotion = the dedicated, “virtuous” elite professional.
  - Published objections to resident work-hour limits: “Unprofessional.”

- **Personal identity**
  - Good mother/father, daughter/son, spouse/partner
  - Non-career interests important to one’s life, well-being (time to recover and recharge), and productivity

Women and men manage this conflict differently

- **Women**: More frequently use policies.
- **Men**: Use informal methods to achieve flexibility, rather than policies.
  - May wrongly believe policies aren’t available to them.
  - Avoid perception as a “shirker” or “non-ideal” worker

How do we minimize conflict and improve the culture?
4 Approaches to culture change - scalable strategies

Everyone likes progress, but no one likes change

1) Raise awareness and create a sense of urgency.
   – As this talk is intended to do!

2) Involve influencers and role-models:
   – Role-models who can shape a new professional identity that includes personal life
     • Professors Nate Kupperman (Chair, Emergency Medicine) and Nicole Glaser (Endowed Chair, Peds Endocrinology)
       – Both used family leave following adoption of their daughter
     • Professor emerita Karen Lindfors (Chief of Breast Imaging)
       – First SOM faculty member to work part-time
Culture change, con’t

3) Policies and Practices:

Integrate values into the system through formal statements:

- like new NIH policy statement on diversity and women in the biomedical workforce
- statement on zero tolerance for sexual harassment
- institute ‘cultural transformation’ efforts (e.g., U. Maryland SOM new management structure that promotes women to senior leadership; committee to advise on cultural transformation)

Use compensation plan/salary criteria to mitigate “flexibility stigma”

- Reward outcomes (i.e.: productivity, quality measures, teaching evals), not face-time.
- Reward team contributions to raise visibility of “hidden” contributions to minimize face-time.
- Reward covering for others to mitigate resentment to those taking leaves.
Culture change, con’t:
New policy effort by chairs

- ? Institutional incentive “pool”
  - Campus and/or dept. contributions to provide $$ to cover leaves for family/personal/medical reasons.
  - Modeled after the pool for malpractice coverage.
  - “Normalizes” the request:
    - Converts an “unanticipated annoyance” or “special accommodation” to an expected and planned event with an institutional solution.
Culture change, con’t

4) Honor tradition

Academic medicine and science has a tradition of hard-work, self-sacrifice, and teamwork because we answer to a higher calling.

In creating flexibility, how can we ensure we don’t lose what is most noble about our profession?
In summary:

- Academic medicine is undergoing a transformation- workforce and leadership issues are increasingly important
- Career flexibility can be a strategic tool

- **Flexibility means working differently not less** (scheduling, hours, place, leaves and re-entry) **and accountability**
- **Flexibility policies are important to all faculty:** recruitment, retention, satisfaction, lots of anticipated future need; strategic tools
  - Data is important but not sufficient; policy matters
- **Educational campaign is not enough to promote use; many influences depress use and create barriers that are reflective of institutional culture and norms and may affect career development**
- **Structural interventions** (including those addressing family friendly options and career flexibility) **are needed to optimize opportunities for advancement and leadership for all faculty; intentionality is critical**
Institutional Transformation is Needed to Address Career Barriers

Social Ecological Model of the Potential Levels of Interventions for Gender Equity in Academic Medicine

Academic Community
National Professional Development Programs

Institutional
Address Barriers to Advancement
Mentoring Compensation Work-Life Balance
Committee Constitution and Process for Search and Promotion Committees

Interpersonal
Training in Skills and Career Development
Mentoring

Individual
Training in Unconscious Bias
Mentoring

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- **UCD Health**
  - Dean’s Office
  - Our faculty
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