Original article

Knowledge and Perceptions of Family Leave Policies Among Female Faculty in Academic Medicine

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A B S T R A C T

Objective: The purpose of this research was to examine the knowledge and perceptions of family leave policies and practices among senior leaders including American Association of Medical College members of the Group on Women in Medicine and Science (GWIMS) to identify perceived barriers to career success and satisfaction among female faculty.
Methods: In 2011 and 2012, GWIMS representatives and senior leaders at 24 medical schools were invited to participate in an interview about faculty perceptions of gender equity and overall institutional climate. An inductive, thematic analysis of the qualitative data was conducted to identify themes represented in participant responses. The research team read and reviewed institutional family leave policies for concordance with key informant descriptions.
Findings: There were 22 GWIMS representatives and senior leaders in the final sample. Participants were all female; 18 (82%) were full professors with the remainder being associate professors. Compared with publicly available policies at each institution, the knowledge of nine participants was consistent with policies, was discrepant for six, with the remaining seven acknowledging a lack of knowledge of policies. Four major themes were identified from the interview data: 1) Framing family leave as a personal issue undermines its effect on female faculty success; 2) poor communication of policies impairs access and affects organizational climate; 3) discrepancies in leave implementation disadvantage certain faculty in terms of time and pay; and 4) leave policies are valued and directly related to academic productivity.
Conclusions: Family leave policies are an important aspect of faculty satisfaction and academic success, yet policy awareness among senior leaders is lacking. Further organizational support is needed to promote equitable policy creation and implementation to support women in medical academia.

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Women remain underrepresented in senior medical faculty positions, despite an increase in women entering medical school. The Association of American Medical Colleges (AAMC) reported in 2012 that women represented 37% of medical school faculty, up from 29% in 2001 (AAMC, 2011). However, only 13% of women hold the rank of full professor, compared with 30% of men (AAMC, 2011). The underrepresentation of women at senior ranks is likely multifactorial (Bickel, 2000a), but one contribution to the lack of parity is the poor retention of women in academic careers (AAMC, 2008; Shroen, Brownstein, & Sheldon, 2004). A 2008 report quantifies these differential rates of attrition by gender: 9.1% of women left academic medical positions, compared with 7.7% of men (Cropsey et al., 2008). An AAMC (2008) report indicates that, although attrition rates among medical school faculty are stable over time, in a 10-year period, 44% of women left academic medicine compared with 38% of men.

Several studies describe the reasons that women leave academic medicine. Institutional factors include organizational climate, limited career flexibility, and incompatibility of goals for

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work–life balance (McGuire, Bergen, & Polan, 2004; Shollen, Bland, Finstad, & Taylor, 2009). Both men and women express tensions in balancing family life with an academic medical career, but women are perceived to be disproportionately affected by child and dependent care responsibilities. This adversely impacts their career success and satisfaction in comparison with male faculty and female faculty without children (Carr et al., 1998).

National policies such as the Family and Medical Leave Act of 1993 provide a standard for employers regarding flexibility for the care of family members and children. In medicine, accreditation standards require medical schools to distribute written benefits and policies to faculty (Liaison Committee on Medical Education [LCME], 2012). Research conducted at individual institutions has demonstrated, however, that current policies are not meeting the needs of faculty and act as a barrier to recruitment and retention of female academics (Levine, Lin, Kern, Wright, & Carrese, 2011; Osborn, Ernster, & Martin, 1992). Transforming policies and practices will potentially reduce attrition rates of females from academic positions and improve gender diversity at all ranks. The AAMC's Group on Women in Medicine and Science (GWIMS) is an initiative created to address disparities in advancement and promotion by improving recruitment, retention, recognition, and career advancement of women faculty through gender equity advocacy (AAMC, 2013). Each AAMC member institution designates one or more GWIMS representatives to fulfill this role and liaise with the national group.

Policy awareness has been a key issue in whether women take advantage of policies meant to provide work–life balance and whether they feel supported by senior leaders and their institution in doing so (Willett et al., 2010). Extending the length of family leave without also changing academic norms within institutions may still pose barriers for women in achieving the desired mix of family and work involvement (Williams, 2000). Counseling junior faculty regarding family leave policies may be a key role of mentorship, yet little is known about senior female faculty's knowledge and perceptions of family leave policies in academic medicine. One study among academics in the social science disciplines has suggested that a lack of awareness among senior administrators results in women seeking leave feeling frustrated and unsupported (Stout, Staiger, & Jennings, 2007). We therefore conducted a qualitative study to describe the knowledge and perceptions of family leave policies and practices among a sample of AAMC GWIMS representatives and senior leaders to identify barriers to female faculty career success and satisfaction.

Methods

Data collected for this study comprise part of a mixed methods longitudinal study of faculty climate across medical schools in the United States. Purposefully selected schools include public and private institutions from all four AAMC geographic regions (Carr et al., 1998). In 2011 and 2012, key informants from 24 medical schools were invited to participate in a qualitative, semistructured interview about faculty perceptions of gender equity and overall institutional climate. This paper analyzes interview data from AAMC GWIMS representatives and senior faculty leaders focusing on the topics of institutional policies relating to family leave.

The AAMC publishes a list of institutional representatives from the GWIMS. The listed GWIMS representatives at each participating medical school were contacted via email and invited to participate in the qualitative interview. We used a purposive sampling technique in selecting GWIMS representatives as key informants because of their designated role related to women's advancement at their respective institutions. If a GWIMS representative was unavailable or refused participation, the researchers elicited a recommendation for another senior administrative leader who could speak to the gender climate at the institution. Senior leaders were composed of department chairs, deans, and directors primarily related to faculty affairs, faculty development and/or diversity. We collected published policies from informants and/or public websites for family leave, harassment, and discrimination for each institution in addition to interview data.

Four research team members conducted telephone interviews that lasted between 20 and 81 minutes (mean, 51). Interviewers obtained informed consent before interviews, which were audio-taped and transcribed. Participants were awarded a modest monetary incentive for participation. Questions regarding family leave included, "What are your institution's policies on family and maternity leave?" and "Describe the adequacy of policies in meeting faculty needs."

Analysis of the interview data was conducted in two phases. The interviews covered a variety of topics related to the gender climate. We first used an a priori coding scheme based on the interview guide to separate responses into content areas. Two researchers then used the data coded under "Policies," "Changes in Policies," and "Family and Maternity Leave" to conduct an inductive thematic analysis, identifying themes represented in participant responses (Braun & Clarke, 2006). Themes that were expressed by multiple informants were studied for patterns of association and grouped into broader categories using Hyper-RESEARCH v. 3.0 (ResearchWare, Inc., Randolph, MA). The final themes detailed herein describe associations between policies and academic success.

Two coders evaluated institutional policies for concordance with key informant descriptions. We anticipated that GWIMS representatives and identified senior leaders would be well-versed in the policies at their institutions. Participant statements were categorized as consistent with policies, discrepant, or the key informant reported that they did not know the policy. Affiliated institutional policies such as teaching hospitals employing clinical faculty were not reviewed. Coders presented findings to the larger research group for discussion and consensus building. Inter-coder agreement was reached using a standard approach described by Carey, Morgan, and Oxtoby (1996). This study was approved by the Institutional Review Boards at Boston University Medical Center and Tufts Medical Center.

Results

We identified 24 GWIMS representatives or senior leaders and asked for their participation in qualitative interviews. Twenty-two provided consent and comprised the final sample. The 22 participants represented schools from all 4 AAMC regions: South (n = 4), Northeast (n = 10), Central (n = 4), and West (n = 4). Ten of the schools represented were private institutions and 12 were public. Six institutions had fewer than 600 students enrolled in 2012, 10 had 601 to 800, and 6 had more than 800 students enrolled.

All 22 key informants were female, and 18 (82%) held the rank of professor; the remainder were associate professors. Eighty-