



Career Policies

Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities



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ABSTRACT

Objective: Greater numbers of women in medicine have not resulted in more women achieving senior positions. Programs supporting the recruitment, promotion, and retention of women in academic medicine could help to achieve greater advancement of more women to leadership positions. Qualitative research was conducted to understand such programs at 23 institutions and, using the social ecological model, examine how they operate at the individual, interpersonal, institutional, academic community, and policy levels.

Methods: Telephone interviews were conducted with faculty representatives ($n = 44$) of the Group on Women in Medicine and Science, Diversity and Inclusion, or senior leaders with knowledge on gender climate in 24 medical schools. Four trained interviewers conducted semistructured interviews that addressed faculty perceptions of gender equity and advancement, which were audiotaped and transcribed. The data were categorized into three content areas—recruitment, promotion, and retention—and coded a priori for each area based on their social ecological level of operation.

Findings: Participants from nearly 40% of the institutions reported no special programs for recruiting, promoting, or retaining women, largely describing such programming as unnecessary. Existing programs primarily targeted the individual and interpersonal levels simultaneously, via training, mentoring, and networking, or the institutional level, via search committee trainings, child and elder care, and spousal hiring programs. Lesser effort at the academic community and policy levels were described.

Conclusions: Our findings demonstrate that many U.S. medical schools have no programs supporting gender equity among medical faculty. Existing programs primarily target the individual or interpersonal level of the social ecological interaction. The academic community and broader policy environment require greater focus as levels with little attention to advancing women's careers. Universal multilevel efforts are needed to more effectively advance the careers of medical women faculty and support gender equity.

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For several decades, data have revealed that women in academic medicine do not advance in their careers in parity with men (Ash, Carr, Goldstein, & Friedman, 2004; Carr, Friedman, Moskowitz, & Kazis, 1993; Kaplan et al., 1996). An early national study that evaluated gender differences of academic pediatricians found that women were less likely than men to have the rank of full professor, were more often engaged in teaching and patient care, and were less academically productive (Kaplan et al., 1996). In 1995, the National Faculty Survey, conducted with

faculty across 24 U.S. medical schools, assessed gender differences in academic medicine including rank, compensation (Ash et al., 2004), family responsibilities (Carr et al., 1998), sexual harassment (Carr et al., 2000), productivity (Ash et al., 2004), and career satisfaction (Palepu, Carr, Friedman, Ash, & Moskowitz, 2000). The findings of this work documented that women were less likely to advance to senior positions or to have salaries commensurate with men (Ash et al., 2004). To address these gender disparities, some medical schools have developed programs to help advance the careers of women through recruitment, retention, and promotion. In this follow-up study funded by the National Institutes of Health, we conducted qualitative interviews with senior leaders from the institutions of the National Faculty Survey to better understand the programs they offer to support gender equity among their faculty and, guided by the social ecological model, to understand the level at which these programs operate.

The social ecological model posits that multiple levels—individual, interpersonal, institutional, academic community, and policy—influence and affect individuals and groups in terms of their behavior, treatment, and opportunity, and thus improvement of these areas requires intervention across these five levels (Bronfenbrenner, 1979, 1994). This model provides a structure to consider the levels at which gender equity-focused programs in academic medicine may operate: individual, interpersonal, institutional, academic community and policy (McLeroy, Steckler, & Bibeau, 1988). This study seeks to understand the multilevel programmatic approaches being undertaken by U.S. medical schools to increase the recruitment, promotion, and retention of women faculty, because multilevel approaches may more effectively advance the careers of women. Organizing programs by their level of focus and impact can help our understanding of whether and how institutions allocate program efforts to improve gender equity among faculty. We assessed whether programs targeted a broad range of social influences, or predominately focused on individual factors and identified gaps in such efforts.

Methods

In 2011 and 2012, trained interviewers from our research team conducted audiotaped semistructured telephone interviews with 44 faculty members from the 24 previously selected medical schools of the National Faculty Survey. The medical schools were randomly chosen in 1995 from the 106 continental institutions with a minimum of 200 faculty, 50 women and 10 minority faculty. The resulting cohort was diverse in terms of Association of American Medical Colleges (AAMC) geographic region (Northeast, Southern, Midwest and West), size, and public/private status. The faculty members interviewed were selected from institutional representatives of the AAMC Group on Women in Medicine and Science (GWIMS), or the Group on Diversity and Inclusion (GDI). If the designated AAMC representative was unavailable, we elicited the name of a senior leader with sufficient institutional memory and knowledge of the gender climate to interview. The qualitative interview guide was developed through a review of the literature and results of the prior National Faculty Survey and focused on factors related to the recruitment, promotion, and retention of women and minority faculty, including institutional climate and programs. Current analyses focus on participants' responses to the question: "What, if any, programs facilitate your institution's ability to recruit, promote, or retain female faculty?" Programs were

defined as any services or groups in place that were implemented and perceived to benefit women faculty in recruitment, promotion, or retention, and this interview question included probes regarding details of programs within each of these three areas. Written informed consent was obtained from the participants before the interview. Subsequent to completion of interviews, we provided participating institutions with information on various programs they might consider implementing as a means of better supporting their women and minority faculty.

All audiotaped data were professionally transcribed for analysis, and all transcriptions were coded by two trained researchers. As noted, current analyses focused on data from the program question and probes. All described programs were coded using a set of a priori codes of the levels of the social ecological model—individual, interpersonal, institution, academic community and policy (McLeroy et al., 1988). We combined levels 1 (individual) and 2 (interpersonal) because most of the programs in these categories addressed both individual and interpersonal contexts. For programs that did not fit into one level, we noted this and included them in all relevant levels. This was only the case in the individual/interpersonal programs. We added a code for when interviewees stated that there were no programs for women at their institution.

HyperRESEARCH 3.0 (HyperResearch 3.0., 2013) was used to categorize and sort the coded data for analysis. Quotes are identified by a study-specific institutional identification. Multiple respondents contributed data for each institution, and responses were aggregated to the level of the institution. Identified programs specified by interviewees from each institution were also identified and categorized by social ecological level. This study was approved by the Institutional Review Boards of Boston University School of Medicine and Tufts Health Sciences Campus; Tufts IRB reviewed on behalf of Massachusetts General Hospital through the Master Common Reciprocal Agreement.

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Results

The final sample was composed of 44 individuals representing 23 schools; one institution declined participation. We interviewed 22 GWIMS and 20 GDI representatives and 2 senior faculty who were identified and approached for participation by referral sampling. The 22 GWIMS representatives were all women, with 18 professors and 4 associate professors. Eighteen of the GWIMS participants identified as Caucasian, 2 as Asian and 2 as African American. The GDI informants were half men and half women, with 13 professors, 6 associate professors, and 1 assistant professor. Four self-identified as Caucasian, 2 as Asian, 10 as African American, and 4 as Hispanic. All of these participating faculty were in senior leadership, including associate deans or deans, chairs, a deputy provost, a vice chancellor, and five faculty who explicitly described their active role in the promotion and tenure committee at their institution.

Figure 1 highlights the types of gender equity programs available at participating medical institutions, by social ecological level. As indicated in Figure 1, the focus of individual- and interpersonal-level programs was faculty training and social support. At the institutional level, more diverse efforts were provided, including family considerations (e.g., child care,

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