Women in Leadership: Why So Few and What to Do About It

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Abstract

The numbers of women in medical school and in medical training have increased dramatically and are near 50% overall, but the number of women who advance to senior and leadership positions is not nearly this high. There are many reasons why the number of women in leadership roles in academic medicine has not kept pace with the number of women entering the field of medicine. Two popular themes are the glass ceiling (referring to an invisible barrier to advancement) and the leaky pipeline (the loss of women faculty along the path, or pipeline, to advancement). I believe that both come into play. Glass ceiling issues tend to be of two types: those related to the institutional culture and those related to problems of bias, especially unconscious bias. Leaky pipeline issues include the challenges of work–life integration and the need for leadership development for women. There are solutions to all of these challenges. These include improving institutional culture; making sure women advance as quickly as men and are paid equitably; ensuring that there are resources to help with work–life balance, related not only to family but to all aspects of life; and providing adequate mentoring and leadership training. These measures will help all faculty, as factors that hamper women's advancement may hamper men as well. Although these themes are broadly applicable, there are strategies that can address them all. We just need to be aware, and be proactive, and we will succeed in breaking the glass ceiling and patching the leaky pipeline.

Key Words: Leadership, unconscious bias, women faculty, "glass ceiling," "leaky pipeline"

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INTRODUCTION

There has been a dramatic increase in the number of female physicians since I was in medical school in the early 1970s, when women represented about 10% of the class in most medical schools. They now account for about one-half of the class in most medical schools in the United States. However, we do not see a parallel expected increase in women in senior faculty and leadership positions in academic medicine. For example, in the 2014 Women in Medicine and Science report from 129 medical schools performed by the Association of American Medical Colleges (AAMC), women accounted for 46% of applicants to medical school, 47% of graduates from medical school, 46% of residents, and 38% of medical school faculty, but only 21% have reached the rank of full professor and only 16% of medical school deans are women [1]. According to data from the AAMC faculty database of full-time faculty, women are relatively well represented at the level of junior faculty (24% men and 19% women at the assistant professor rank), but the numbers drop off at the associate professor rank (14% men, 7% women) and there are even fewer women at the rank of full professor (18% men, 5% women). If we combine associate professors and full professors, we see the disparity: 52% men and 30% women [1]. The remaining 12% are faculty in other ranks, such as instructor. There has been a small increase in women in leadership roles. For example, from 2004 to 2014, the percentage of female department chairs rose from 10% to 15% and deans from 10% to 16%. This is a very slow rate of increase.

Focusing on radiology, let's compare radiology with the two disciplines with the largest number of female faculty (obstetrics/gynecology and pediatrics) and the two with the lowest number of female faculty (general surgery and orthopedic surgery).

The number of female faculty in radiology at all ranks is in the middle of this spread, but in all five disciplines

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we see a real drop-off at the associate and full professor levels, even in those departments with large numbers of female faculty. However, for department chairs, radiology is actually doing well at 18%, only a bit lower than obstetrics/gynecology (22%) and pediatrics (20%) and much better than general surgery (1%) and orthopedics (none), when these data were collected in 2013-14.

BARRIERS TO ADVANCEMENT

What is happening? Why are we losing women? Is it the glass ceiling? The "glass ceiling" is a term that describes an invisible barrier to advancement. Or is it a leaky pipeline? The "leaky pipeline" refers to the loss of women faculty along the path, or pipeline, to advancement. I believe it is both.

GLASS CEILING

Glass ceiling issues tend to be of two types: those related to the institutional culture and problems of bias, especially unconscious bias.

Institutional Culture

Academic Medical Centers. The culture of academic medical centers varies among institutions. It may be reflected in resources, rates of advancement, and recruitment and retention, among other factors.

Here are some ways to assess culture:

- Are men's and women's salaries equal for the same job, that is, by degree, years in rank, and job profile?
- Are men and women promoted at similar rates?
- Is there the robust mentoring that is so essential for academic success, for both men and women? It is especially needed for our clinician-teacher faculty.
- Are there family-friendly policies? For example, meetings at 6 AM or 6 PM are very difficult for faculty with young children at home or elder-care responsibilities. Is there support for child care such as onsite or nearby affordable daycare, sick child drop-in options, nanny-share networks, and backups for emergency situations? These are very important and can be crucial in helping faculty achieve the ever-elusive work–life balance (now termed work–life integration).
- Do women have equal support for their work? This can be in terms of secretarial/administrative support, time in the operating room, and nursing and clinical support staff, among other criteria. For example, in 1994 at the Massachusetts Institute of Technology, scientist Nancy Hopkins took a tape measure and measured the laboratory space of all the faculty in her building, and found that male faculty had significantly more laboratory space than women and senior men had the most laboratory space. When she and other female scientists brought their findings to the institution in 1999, it responded in several ways, including assigning new space, adding a daycare center to a new building, and making sure women were not afraid to take family leave to have a child. The number of female faculty increased dramatically.

A key issue is the biological clock, which is often out of sync with the academic clock. Typically, the academic clock starts with appointment to assistant professor with 6 years to be promoted to associate professor. On appointment, faculty are typically in their 30s, the same decade in which they may be most interested in having a family (including adoption). This decade is a very important time for academic productivity. I don't want to focus only on family, as it also may be the best time to achieve an important goal, like climbing a certain mountain, running a marathon, or developing a skill in a nonmedical area, among others. This creates a tension between academic productivity and other aspects of life.

Overall, according to AAMC data, the 10-year promotion rate to associate professor for men is 37%, but the rate is only 31% for women [1]. There may be many factors contributing to these figures, but I am fairly confident that the pressures between work and "everything else" (ie, life) play an important role.

What can we do about this? We should make sure that our promotion policies are fair, updated, and reviewed regularly with faculty input, and that clock extensions are given for having/adopting children or for other circumstances, including illness and eldercare. Faculty should be educated early about the promotion requirements. There must be annual faculty reviews that are honest, helpful, and well documented. Moreover, faculty should be promoted on the basis of the work they were hired to do. My advice to junior faculty is to read your offer letter carefully and make sure the job is what you want to do. Women—make sure you negotiate for an appropriate salary, as some salary inequalities can occur when women don't negotiate, resulting in lower starting salaries. Faculty that start behind their peer group never catch up. Finally, when junior faculty are asked to take on administrative tasks, like being a program director, they should evaluate the request carefully to make sure this work will not take away from the work that is needed for promotion.