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
   - ❑ 2 journal collections (Acad Med 2016 & JWH 2017)
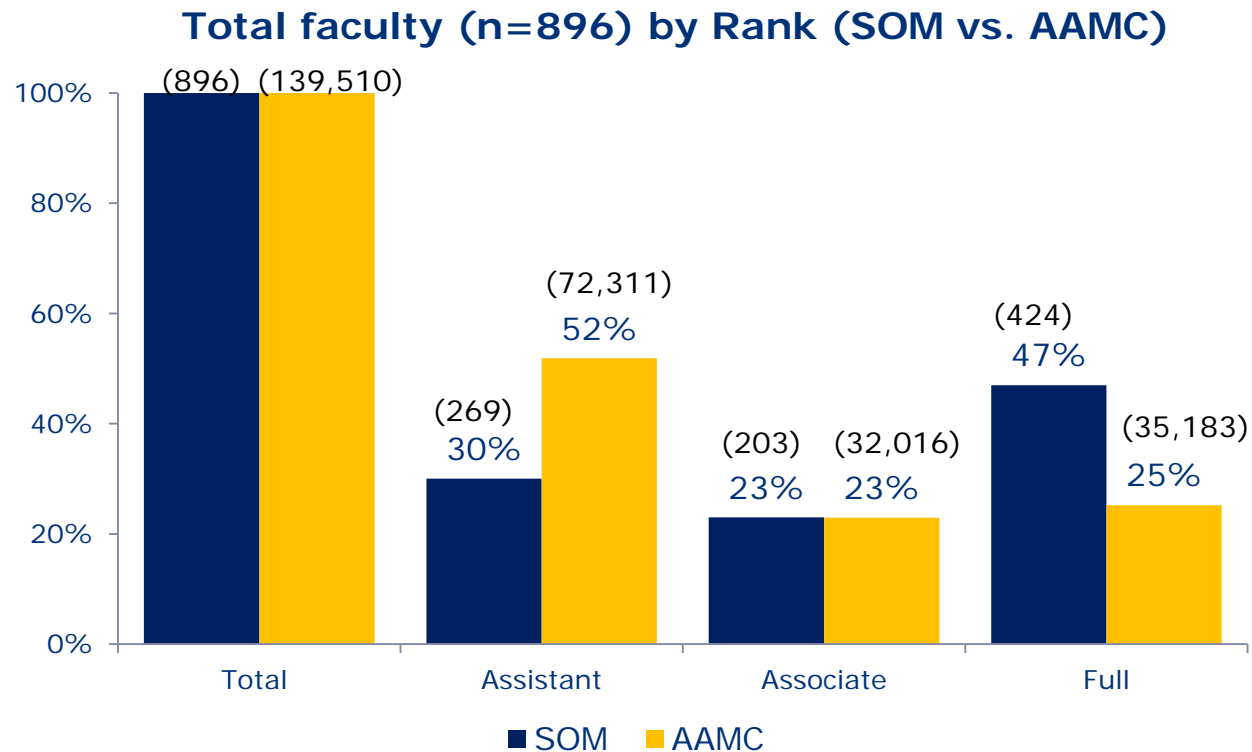   - ❑ 1 summary report (JGIM, 2018)
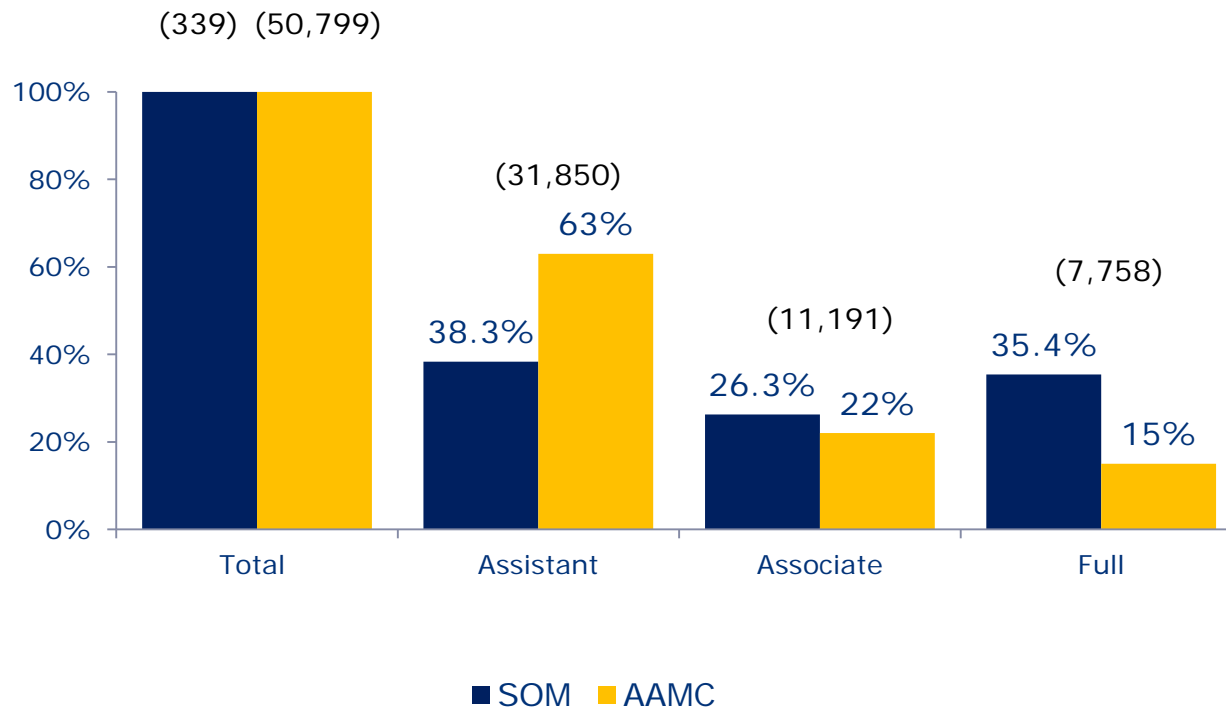
❑ **Business and industry**

❑ **Our own experience/data**

Benchmarking: Faculty by Rank
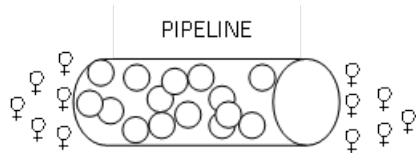

Total faculty (n=896) by Rank (SOM vs. AAMC)

Total: SOM (896), AAMC (139,510) — 100%
Assistant: SOM (269) 30%, AAMC (72,311) 52%
Associate: SOM (203) 23%, AAMC (32,016) 23%
Full: SOM (424) 47%, AAMC (35,183) 25%

Legend: SOM, AAMC

Benchmarking: Women by Rank

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

(339) (50,799)

(31,850)
63%

(11,191)

(7,758)

38.3%

35.4%

26.3%
22%

15%

- Total
- Assistant
- Associate
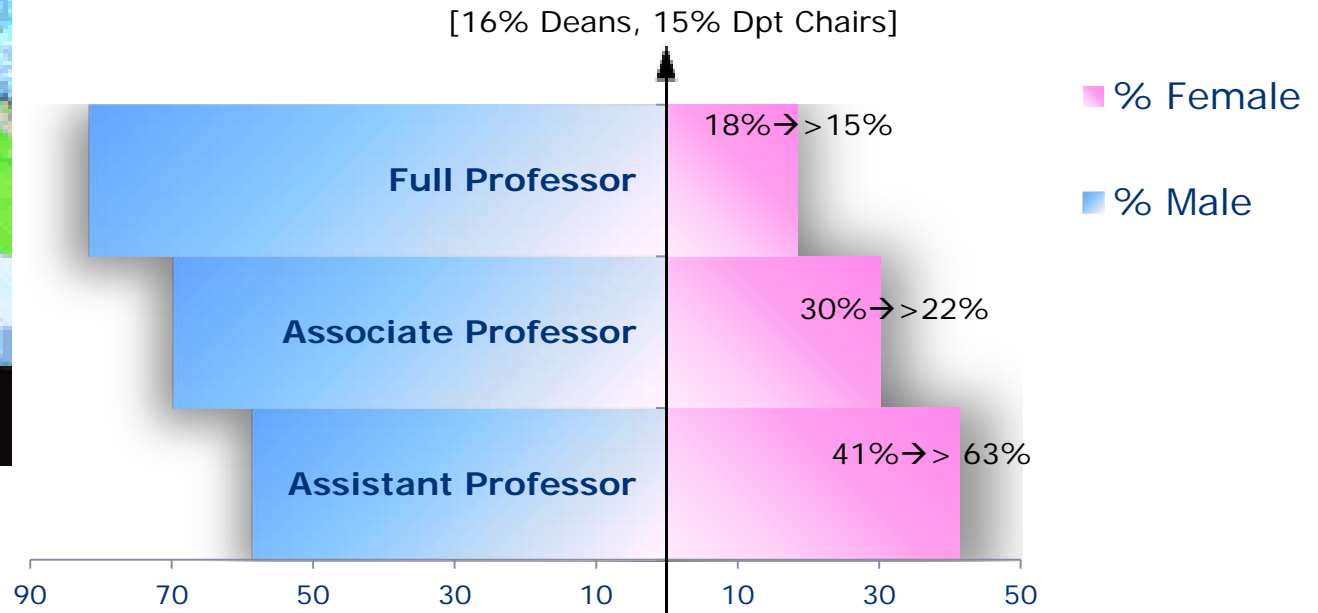- Full

■ SOM ■ AAMC

(Overall UCD-SOM: 17%→>36% women; 5%→>7.9% URM)

Academic Career Path for Women- National Academies 2006 Report: Beyond Bias & Barriers
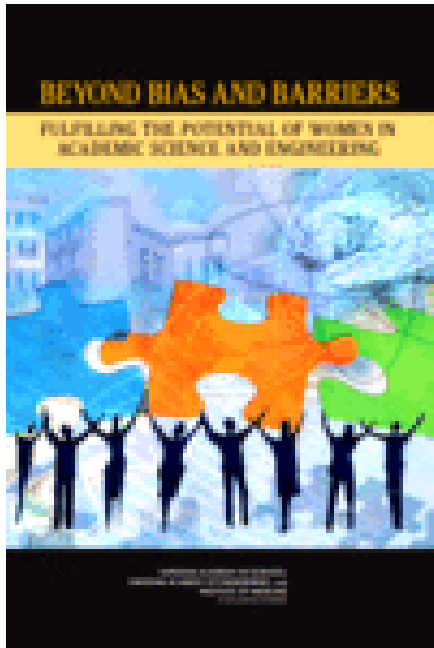
Gender Discrepancies in U.S. Medical School Faculty by Rank

[16% Deans, 15% Dpt Chairs]

Full Professor — 18%→>15%

Associate Professor — 30%→>22%

Assistant Professor — 41%→> 63%

■ % Female

■ % Male

90   70   50   30   10 | 10   30   50

PIPELINE

Why the Attrition?
Interacting Factors Affecting Successful Career Progress and who Joins and who Leave Academic Health Sciences

INDIVIDUAL ⟷ **INSTITUTION**

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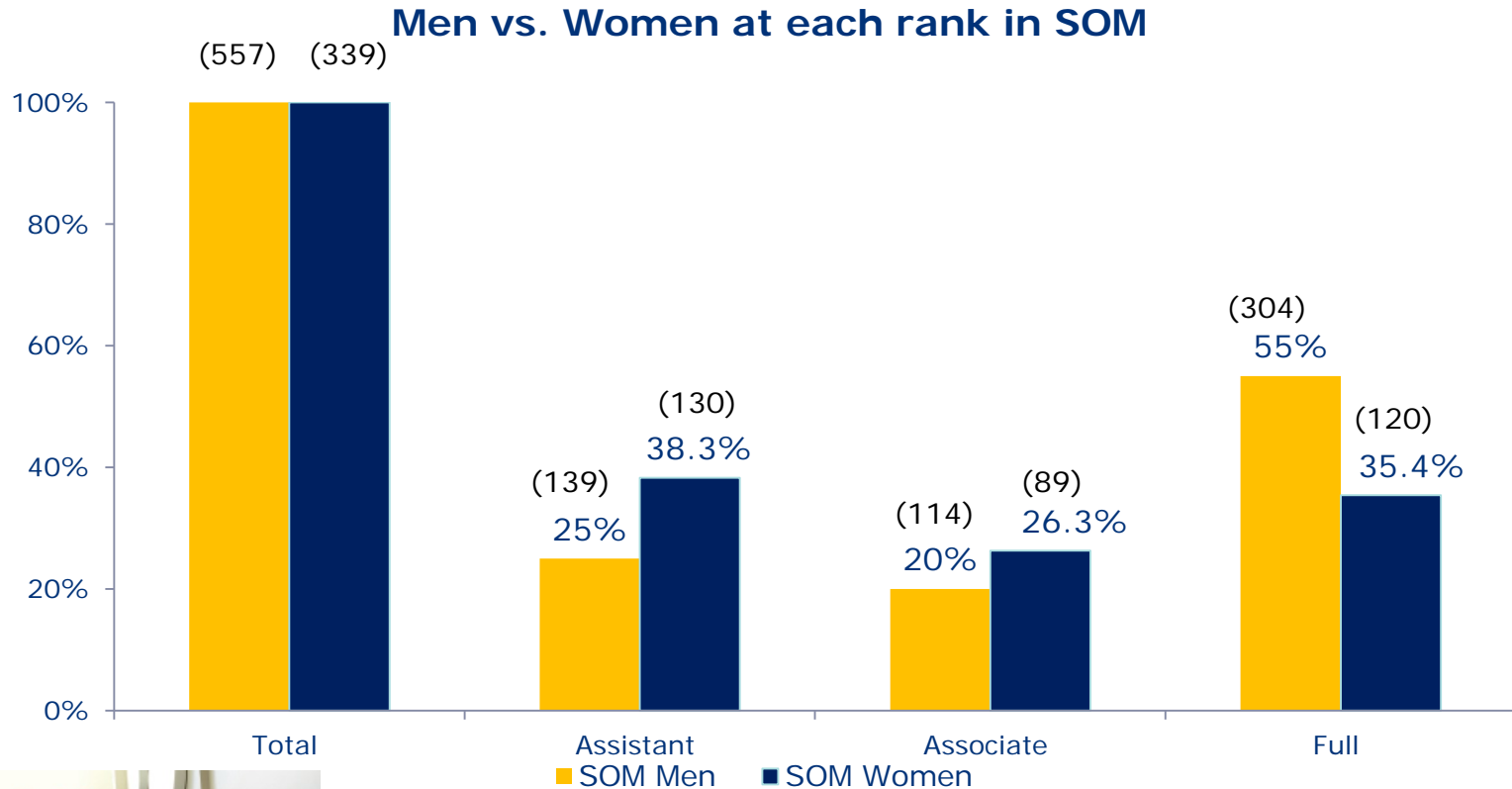
CULTURE/CLIMATE
IMPLICIT BIAS/SEX STEREOTYPE THREAT
INCLUSION/EQUITY
MENTORING/SPONSORSHIP
RESOURCES
PRODUCTIVITY
COMPENSATION
ALIGNMENT
SATISFACTION
WORK-LIFE FLEXIBILITY

ADVANCEMENT / OPPORTUNITY / LEADERSHIP

Men and Women by Rank at UCD Health

Men vs. Women at each rank in SOM

200 Women Full Professor
Pin reception 2018

Benchmarking: Women in Leadership

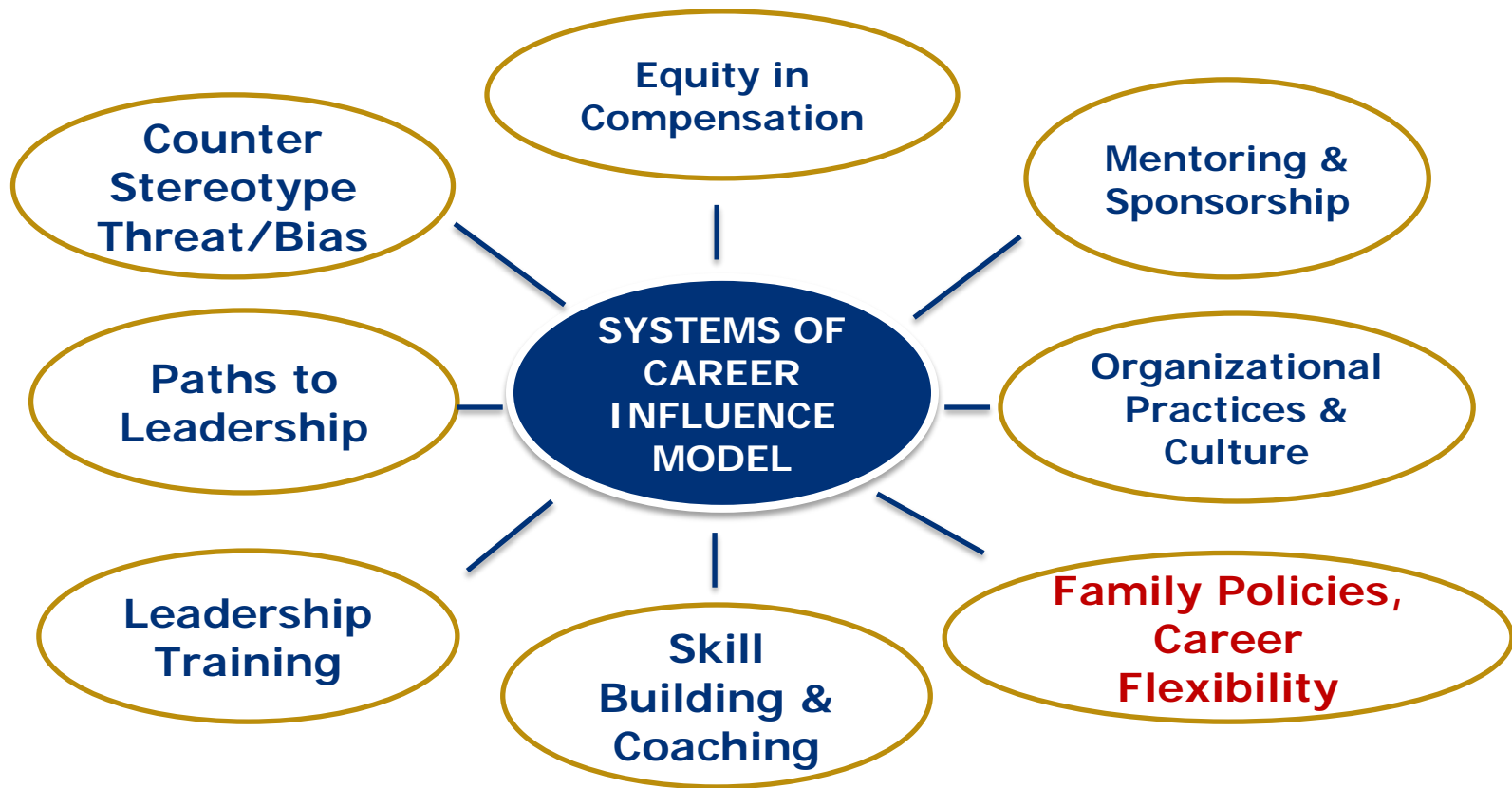| Women in Leadership in AHCs and at UCD		
	AAMC	**UCD SOM**
Dean	16%	0
Dpt Chair	15%	(3) 12%
Vice Chair	24%	(5) 20%
Division Chief	24%	Not avail

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

SYSTEMS OF CAREER INFLUENCE MODEL

- Equity in Compensation
- Counter Stereotype Threat/Bias
- Mentoring & Sponsorship
- Paths to Leadership
- Organizational Practices & Culture
- Leadership Training
- Skill Building & Coaching
- Family Policies, Career Flexibility

(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.**

Learning Flexibility

Families and **Work** Institute

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

- **1988:** UC Family Accommodation Policies.
  - 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
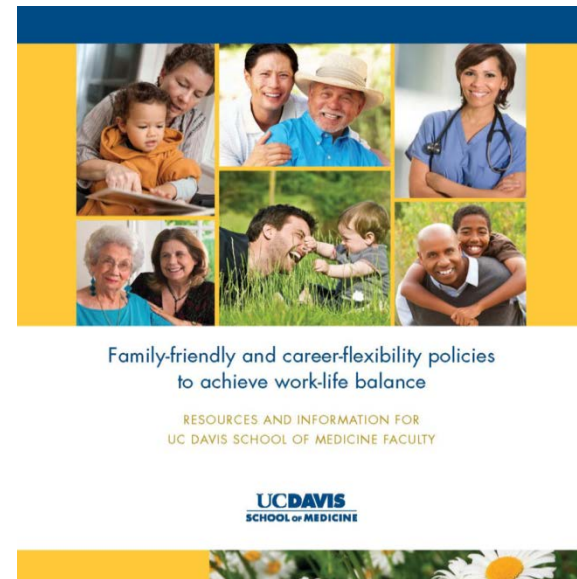
Summary of UCD SOM Family-Friendly Policies

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

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

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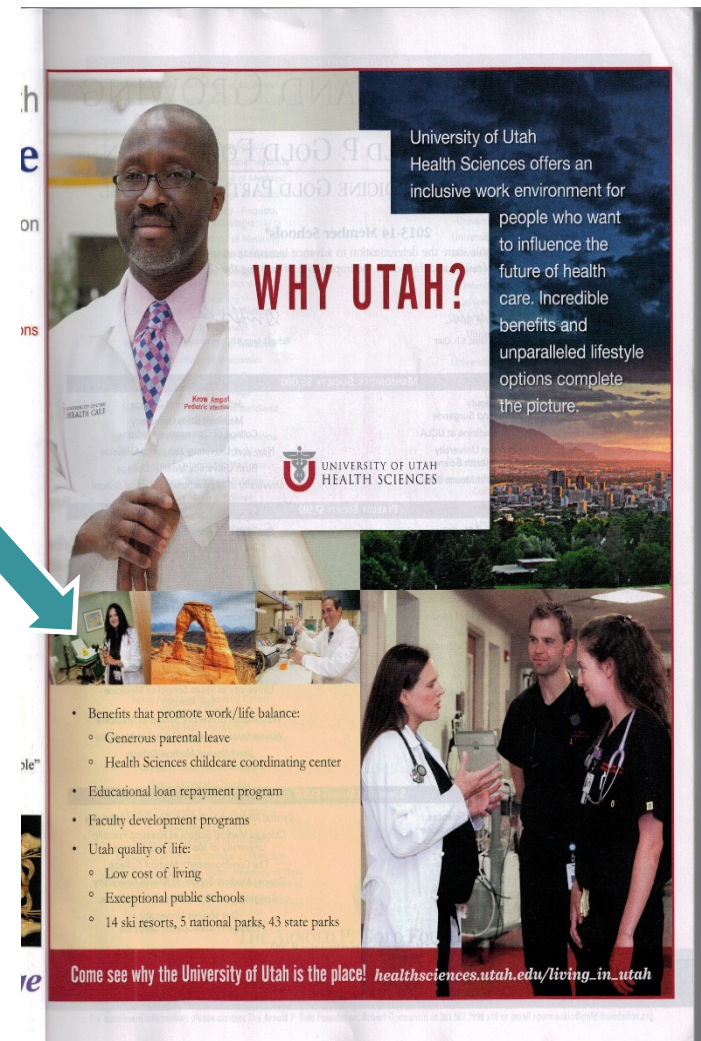 - **Deferral of review**
  - **Tenure-clock extension**

- **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]**

Family-friendly and career-flexibility policies to achieve work-life balance

RESOURCES AND INFORMATION FOR
UC DAVIS SCHOOL OF MEDICINE FACULTY

UCDAVIS
SCHOOL of MEDICINE

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 RO1: study **awareness, attitudes, and use** of family friendly and career flexibility policies at UCD:

1. <u>Baseline survey</u> (2010) re: satisfaction, awareness, and use of career flexibility options

2. Implement an **<u>Accelerator Intervention</u>** 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. <u>Analyze</u> impact of gender, school, generation (age <50, >50), family formation, qualitative variables, & an accelerator intervention

5. Propose **<u>model(s) of success</u>**

6. <u>Compare</u> 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.
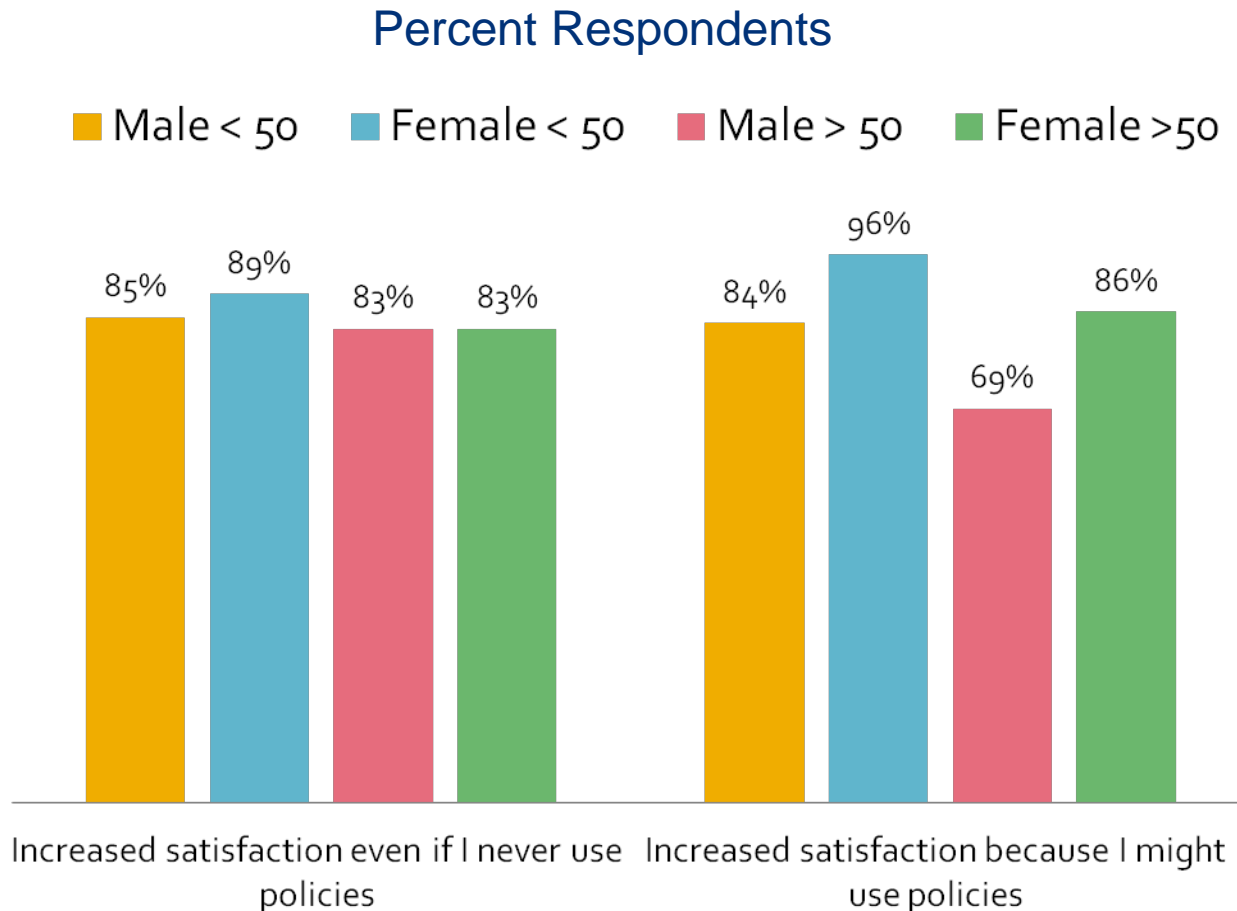
  - **Gender issues:**

    - 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

- <u>Respondents:</u> representative of our school

- <u>Knowledge and awareness:</u> low
  - Women more aware than men, especially for child-bearing leave

- <u>Use:</u> overall low, especially for men

- Policies tied to <u>career satisfaction</u>

- <u>Many barriers</u> to use, none predominant

- <u>Broad support</u> for career flexibility amongst all groups

- 3 <u>'at-risk' groups</u>

Attitudes to policy use and link to career satisfaction

Percent Respondents

Legend: ■ Male < 50 ■ Female < 50 ■ Male > 50 ■ Female >50

Increased satisfaction even if I never use policies: 85%, 89%, 83%, 83%

Increased satisfaction because I might use policies: 84%, 96%, 69%, 86%

- 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.

  2. Assess ongoing change in awareness, attitudes, barriers and satisfaction (re-survey 2011 & 2013).

  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:
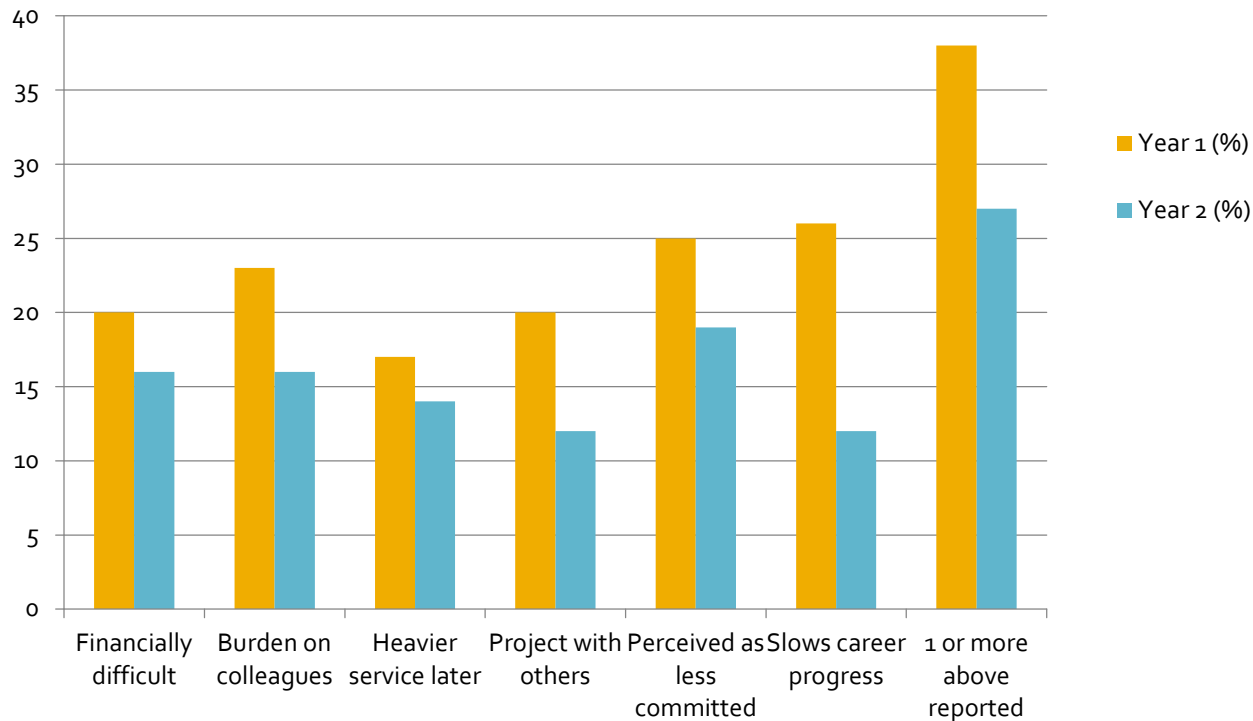## Yr 1-3, Mean score (1-5)
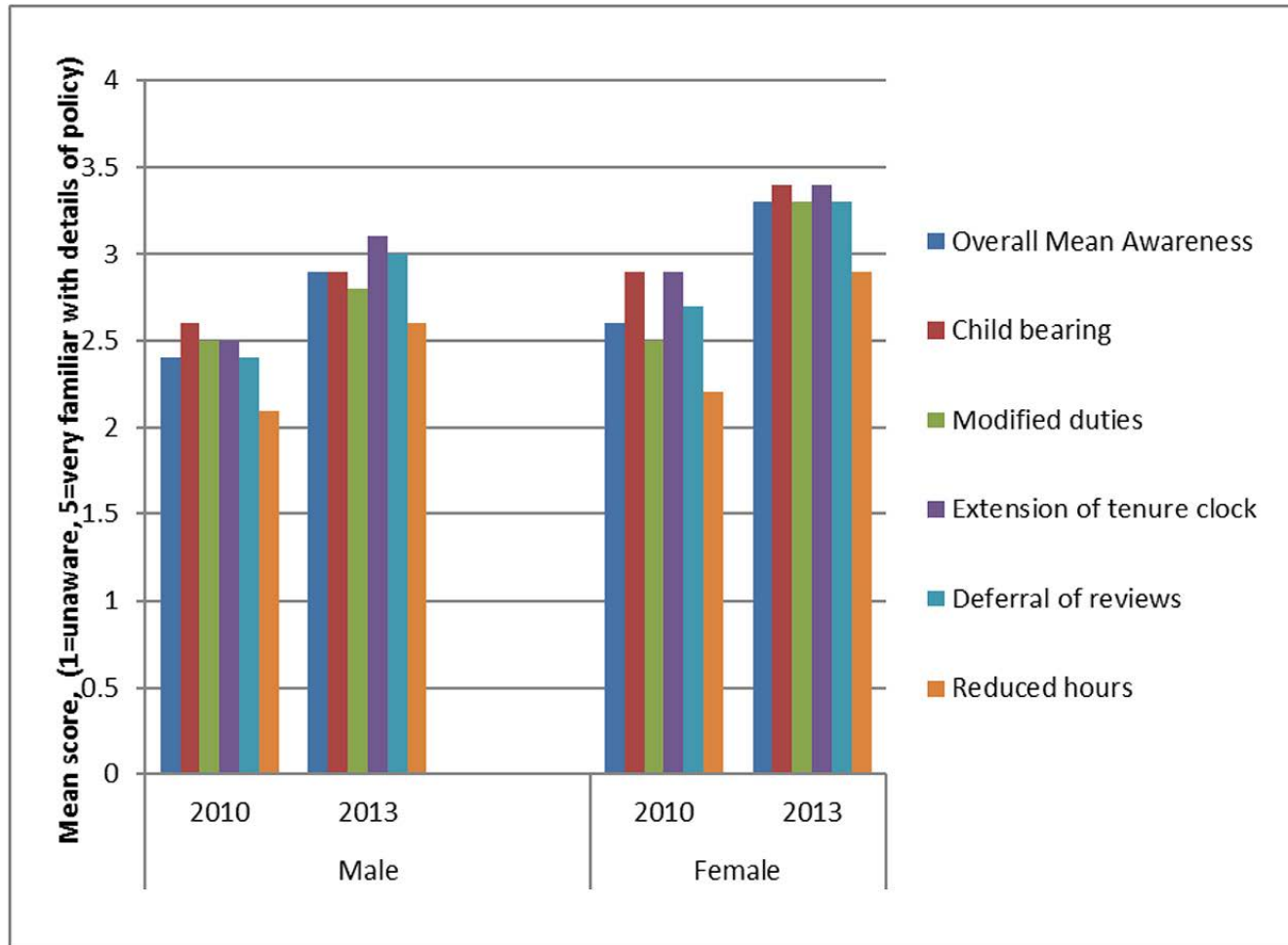
[p-value: ≤0.001 for yr 1 vs yr 3 comparisons for all policies]

Villablanca AC, Beckett LA, Nettiksimmons J, Howell LP. Career Flexibility and Family Friendly Policies: an NIH Study to Enhance Women's Careers in Biomedical Sciences. J Women's Health; 20(10): 1485-1496, 2011.

Lydia P. Howell, Laurel Beckett, Jasmine Nettiksimmons, Amparo C. Villablanca. Generational and Gender Perspectives Toward Career Flexibility: An Approach to Ensuring the Faculty Workforce of the Future. Amer J Med (APM Perspectives);125(7):719-772, 2012.

Change in perceived Barriers: School of Medicine, Yr 1-2

Percent Respondents

Legend: Year 1 (%), Year 2 (%)

Categories: Financially difficult | Burden on colleagues | Heavier service later | Project with others | Perceived as less committed | Slows career progress | 1 or more above reported
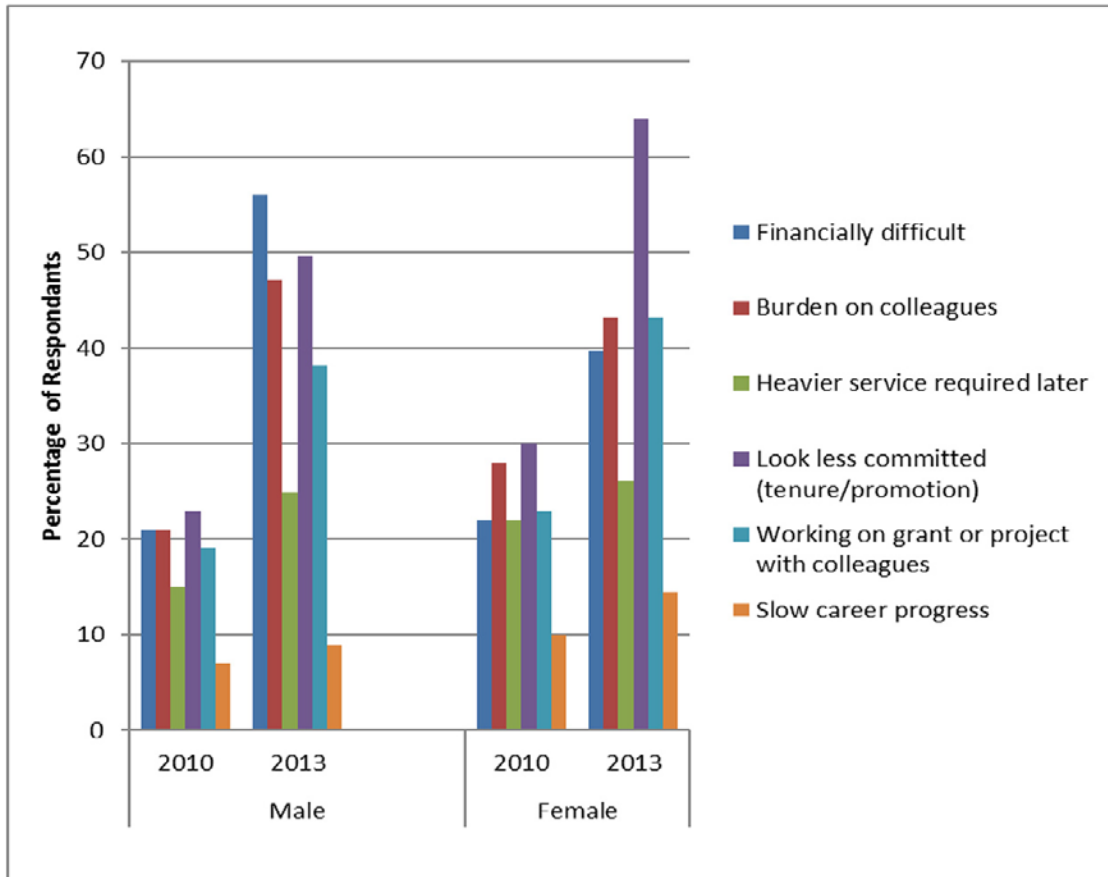
Statistically significant **lessening** of perceived barriers in the SOM re:

- 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

Amparo C. Villablanca, Laurel Beckett, Jasmine Nettiksimmons, and Lydia P. Howell. Improving Knowledge, Awareness, and Use of Flexible Career Policies through an Accelerator Intervention at the University of California, Davis, School of Medicine. Academic Medicine; 88(6):1-7, 2013.

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**

Lydia Pleotis Howell, Kimberly D. Elsbach, and Amparo C. Villablanca. The Role of Compensation Criteria to Minimize Face-Time Bias and Support Faculty Career Flexibility: An Approach to Enhance Career Satisfaction in Academic Pathology. Acad Pathology;3:1-9, 2015..

What is face-time bias?

```
Flexibility        →    Reduce          →    Perception
• Leaves                visibility            of being
• Alternate hours       (face-time)           unavailable
• Distance work                               and a
                                              "slacker" –
                                              "face-time
                                              bias"
```

UC DAVIS GRADUATE SCHOOL OF MANAGEMENT

- **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.**

  K. D. Elsbach, D. M. Cable and J. W. Sherman, "How Passive 'Face Time' Affects Perceptions of Employees: Evidence of Spontaneous Trait Inference," Human Relations 63, no. 6 (June 2010): 735-760 .

Elsbach's research on employee evals: Unconscious inferences for "expected" <u>face time</u>

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.**"

Ref: Elsbach KD, Cable DM, Sherman JW. "How Passive 'Face Time' Affects Perceptions of Employees: Evidence of Spontaneous Trait Inference," Human Relations 2010; 63: 735-760.

Elsbach's research: Unconscious inferences for <u>extracurricular</u> 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**."

Elsbach KD, Cable DM, Sherman JW. "How Passive 'Face Time' Affects Perceptions of Employees: Evidence of Spontaneous Trait Inference," Human Relations 2010; 63: 735-760.

Face-time bias can lead to <u>flexibility stigma</u>

- 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.

Lundquist JH, Misra J, O'Meara KA. Parental leave usage by fathers and mothers at an American university. Fathering 2012; 10:337-363.

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**."

K. D. Elsbach, D. M. Cable and J. W. Sherman, "How Passive 'Face Time' Affects Perceptions of Employees: Evidence of Spontaneous Trait Inference," Human Relations 63, no. 6 (June 2010): 735-760 .

# 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)
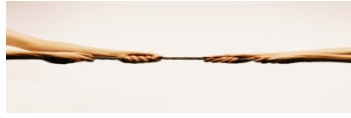
Culture of extreme "work devotion" in medicine/science
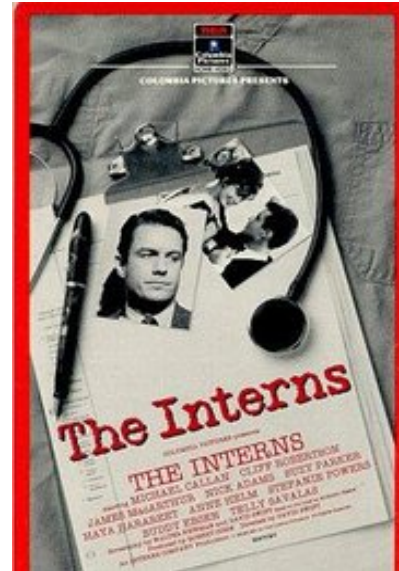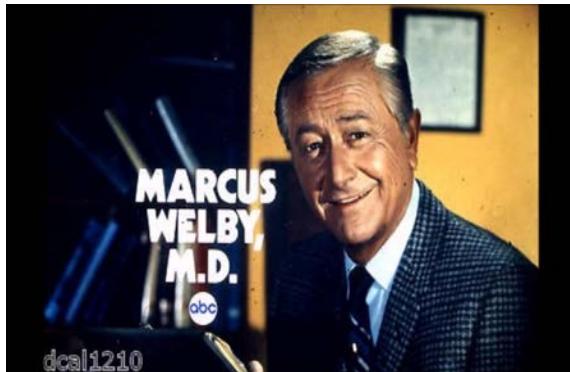
- **Reinforced by popular culture: TV, films, etc.**
- **Part of the "hidden curriculum."**
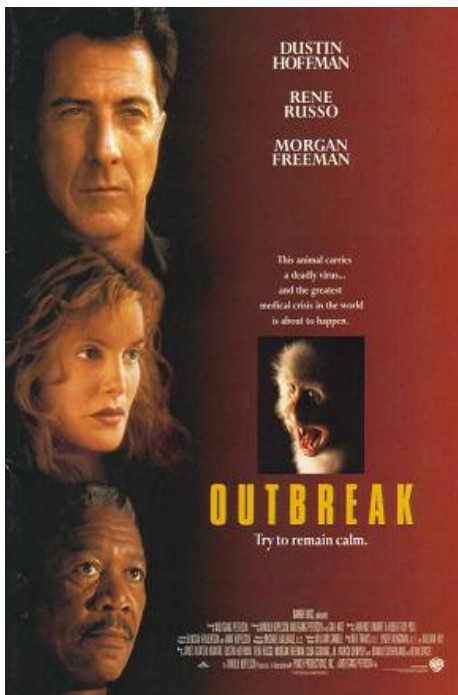
Culture of "over-work" and biases re: personal and professional roles → "tug of war"

- **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

Ref: Howell LP, Beckett LA, Villablanca AC. Expectations of the ideal worker and the influence of professional identity in academic medicine: findings from a career flexibility educational intervention. Am J Med 2017; 130: 1117-1125.

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

    » *Ref: Reid et al. Embracing, passing, revealing and the ideal worker image: how people navigate expected and experienced professional identities. Organiz Sci 2015; pp.1-21.*

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 <u>outcomes</u> (ie.: productivity, quality measures, teaching evals), <u>not</u> face-time.
- Reward <u>team contributions</u> to raise visibility of "hidden" contributions to minimize face-time.
- <u>Reward covering for others</u> 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 team work because we answer to a <u>higher calling</u>.

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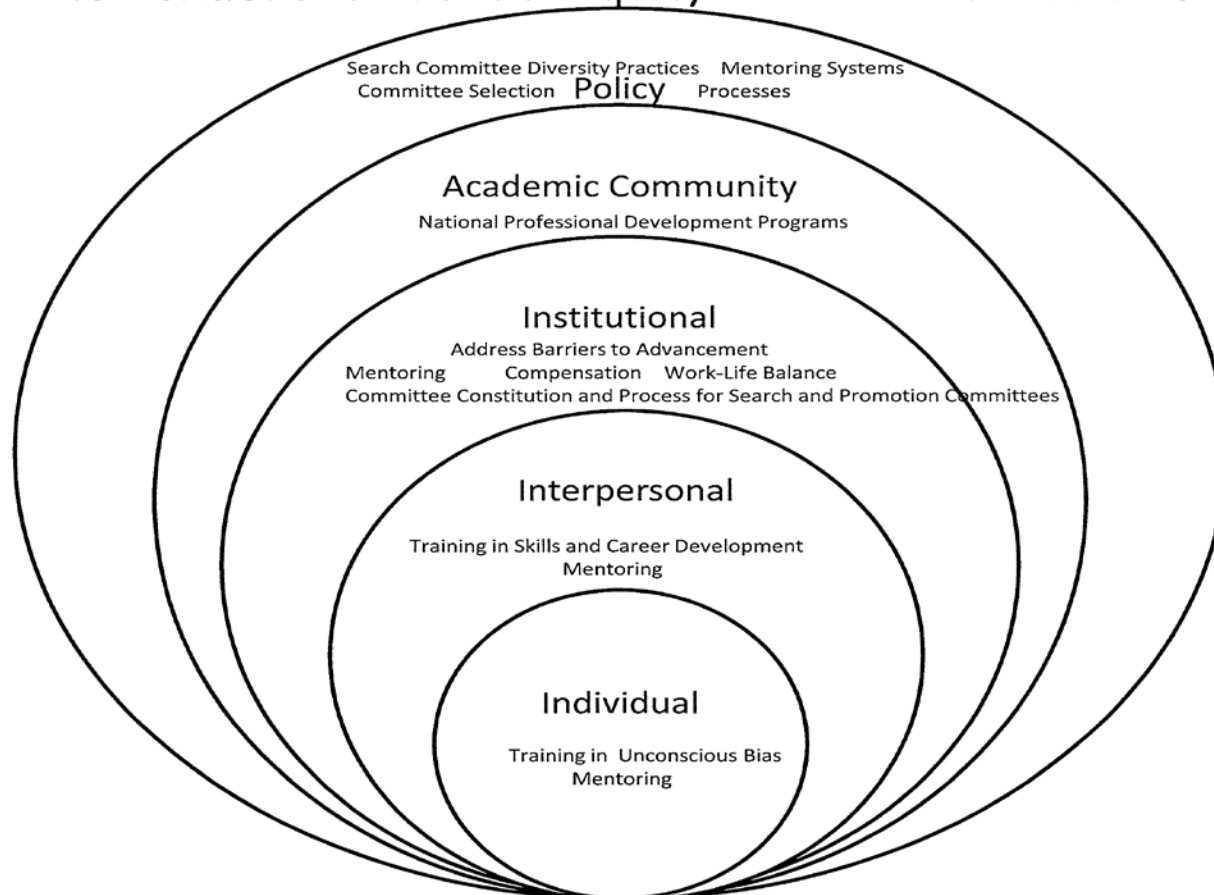
In summary:

- **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

Search Committee Diversity Practices   Mentoring Systems
Committee Selection   Policy   Processes

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

Villablanca, A. Summary report from the Research Partnership on Women in Science Careers, JGIM, 2018.

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  - Laurel Beckett PhD
  - Kimberly Elsbach PhD
  - Kimberlee Shauman PhD

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

If you want to learn more from our published work…

- Villablanca AC, Beckett LA, Nettiksimmons J, Howell LP. *Career Flexibility and Family Friendly Policies: an NIH Study to Enhance Women's Careers in Biomedical Sciences.* J Women's Health; 20(10): 1485-1496, 2011.

- Howell LP, Beckett LA, Nettiksimmons J, Villablanca AC. *Generational and Gender Perspectives Toward Career Flexibility: An Approach to Ensuring the Faculty Workforce of the Future.* Amer J Med; 125(7):719-727,July 2012.

- Amparo C. Villablanca, Laurel Beckett, Jasmine Nettiksimmons, and Lydia P. Howell. *Improving Knowledge, Awareness, and Use of Flexible Career Policies through an Accelerator Intervention at the University of California, Davis, School of Medicine.* Academic Medicine; 88(6):1-7, 2013.

- Laurel Beckett, Jasmine Nettiksimmons, Lydia Pleotis Howell and Amparo C. Villablanca. *Do Family Responsibilities and a Clinical Versus Research Faculty Position Affect Satisfaction with Career and Work/Life Balance for Medical School Faculty?* J Women's Health;24(6):471-480, 2015.

- Lydia Pleotis Howell, Kimberly D. Elsbach, and Amparo C. Villablanca. *The Role of Compensation Criteria to Minimize Face-Time Bias and Support Faculty Career Flexibility: An Approach to Enhance Career Satisfaction in Academic Pathology.* Acad Pathology;3:1-9, 2016.

- Kim Shauman, Laurel A. Beckett, Lydia P. Howell, **Amparo C. Villablanca**. *A Qualitative Analysis of Biomedical Faculty Attitudes and Perceptions on Family-Friendly Workplace Policies: Implications for Department Chairs.* Acad Med, 2017.

- Lydia P. Howell, Laurel A. Beckett, **Amparo C. Villablanca**. *Ideal Worker and Academic Professional Identity: Perspectives from a Career Flexibility Educational Intervention.* AJM;130(9):1117-1125, 2017.

- Phyllis Carr, Deborah Helitzer, Karen Freund, Alyssa Westring, Richard McGee, Patricia Campbell, Christina Wood, and Amparo Villablanca. **A Summary Report from the Research Partnership on Women in Science Careers.** J of Gen Internal Med; 2018.