

## Increasing the Number of Women Leaders in Academic Medicine

## About AMN Healthcare

AMN Healthcare (NYSE: AMN) is the national leader in healthcare talent solutions and is the largest healthcare staffing organization in the United States as rated by Staffing Industry Analysts.

Through our Center for Workforce Research, AMN Healthcare publishes multiple surveys, white papers and other thought leadership resources that provide original data and analyses on a variety of healthcare workforce-related topics, including healthcare professional compensation, supply and demand trends, practice metrics, provider morale and others.

In this white paper, developed by AMN Healthcare's Academic Solutions division, we examine strategies for increasing the number of women physician leaders in Academic Medicine.

## The Expanding Role of Women Physicians

The number of women physicians in U.S. has greatly expanded in recent years and continues to grow. In 1981, women represented just 12% of all physicians. Today, approximately 35% of physicians are women. In 1981, women made up approximately 35% of medical school graduates. Today, approximately 54% of medical students are women. Given current trends it can be anticipated that medicine will eventually be a majority female profession, as is nursing and a variety of other healthcare professions. Women physicians already are the majority in several medical specialties, including pediatrics and obstetrics/gynecology.



of physicians  
are women



of medical students  
are women

## Career Advancement in Academic Medicine

Similar gender ratios continue at the residency level and through the ranks of new faculty members at the nation's academic medical centers. Women physicians represent 58% of medical faculty at the instructor level and 46% of faculty at the assistant professor level. It is at this point where women faculty representation begins to significantly decline. Only 37% of associate professors and 25% of full professors are women.

Not surprisingly, this trend continues across the leadership ranks. According to data from the Association of American Medical Colleges (AAMC), in 2019 only 18% of U.S. medical school deans and 19% of clinical department chairs were women. In 2018, one-third or fewer senior associate deans, center directors, division chiefs and section chiefs were women. (<https://www.aamc.org/data-reports/data/2018-2019-state-women-academic-medicine-exploring-pathways-equity>)

## Career Challenges

Career advancement for women physicians, both in terms of promotion, tenure and movement into leadership, has lagged for reasons that are likely multifaceted. Based on the numbers referenced above, there is no pipeline problem, but there are concerns around retention and advancement. Some of the causal factors include unconscious and conscious discrimination, sexual harassment, and gender-based compensation disparities.

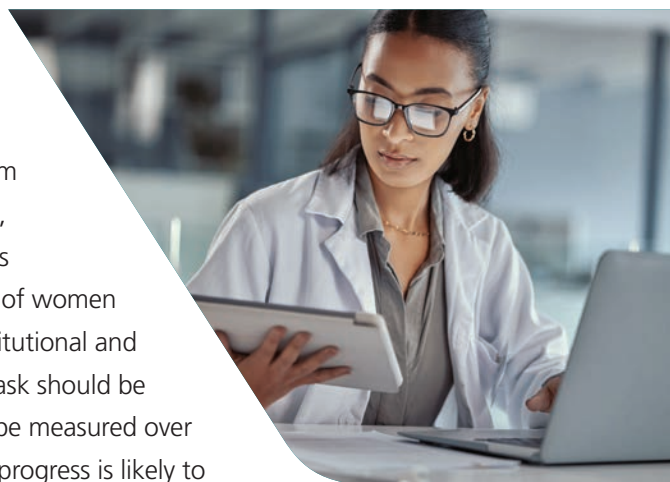
Greater than 50 percent of women faculty and staff and 20–50 percent of women students encounter or experience sexually harassing conduct in academia, with women medical students being 220% more likely than students from non-SEM fields to experience sexual harassment. (*National Academies of Sciences, Engineering, and Medicine. 2018. Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24994>.*) The AAMC report entitled *Promising Practices for Understanding and Addressing Faculty Salary Equity at U.S. Medical Schools* found that female medical school faculty were paid between \$0.72 and \$0.96 of what male faculty members were paid across departments and specialties. All of these factors, combined with the dual roles of professional and family caregiver often played by women physicians, can lead to burnout, which is more prevalent among female physicians than their male counterparts. (*Templeton, K., C. Bernstein, J. Sukhera, L. M. Nora, C. Newman, H. Burstin, C. Guille, L. Lynn, M. L. Schwarze, S. Sen, and N. Busis. 2019. Gender-based differences in burnout: Issues faced by women physicians. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201905a>*) All of these factors can and are leading to attrition of women from academic medicine.

## Women in STEMM and the Effects of the COVID-19 Pandemic

In 2020, the National Academic Press published proceedings of a symposium on increasing representation of women in science, technology, engineering, mathematics, and medicine (STEMM). A panel composed of STEMM leaders generated several strategies that may be relevant to increasing the number of women physicians in senior academic leadership roles. These include increasing institutional and organization accountability for promoting women into top positions. This task should be assigned to specific individuals who are given set goals to achieve that will be measured over time. Without ownership of the process by leaders within an organization, progress is likely to be incremental at best.

The panel also recommended institutional commitment to addressing burnout and stress among women professionals through mental health programs and childcare. This is an area of particular concern among women physicians who were disproportionately stressed by the COVID-19 pandemic.

It may be too soon to understand the full effects of the pandemic on women in academic medicine, but many are raising the alarm. (*Minding the Gap: Organizational Strategies to Promote Gender Equity in Academic Medicine During the COVID-19 Pandemic - PubMed (nih.gov)* Preventing a Secondary Epidemic of Lost Early Career Scientists. *Effects of COVID-19 Pandemic on Women with Children - PubMed (nih.gov)*; *Rebuild the Academy: Supporting academic mothers*



during COVID-19 and beyond - PubMed (nih.gov)) Early evidence points to decreases in academic productivity in terms of publications, grants, citations, and promotions among female academic physicians, particularly those with young children. (COVID-19 medical papers have fewer women first authors than expected - PubMed (nih.gov); w28360.pdf (nber.org); <https://doi.org/10.1111/gwao.12699> ; DOI:10.1177/23780231211006977) Some have even expressed concern about the possibility of young women leaving academic medicine altogether at greater rates than are already occurring.

The 2020 Survey of America's Physicians conducted by AMN Healthcare/Merritt Hawkins on behalf of The Physicians Foundation during the height of the pandemic found that 68% of female physicians often or always experience feelings of burnout compared to 50% of male physicians. The effects of COVID-19 have the potential to erode further the already small number of women in academic leadership positions, thus reversing progress that has been made to this point.

## Strategies for Increasing the Number of Women Academic Medicine Leaders

An organizational commitment to expanding the number of women academic medicine leaders should be coupled with a specific plan for doing so. Elements of such a plan focusing both on the unique needs of females and on institutional priorities may include:

- 1 Focus on early career development.** The early career stage is the most vulnerable point for all academic faculty members as they must solidify their clinical skills and begin their academic careers while navigating a new organizational culture. This stage is a particularly vulnerable period for women academics as it may coincide with childbearing and/or rearing of young children. Parental responsibilities are a major reason cited by women physicians for leaving academic medicine. “Stay interviews” are one way of addressing the challenges women physicians face at this career stage. Stay interviews are meetings with new faculty members that do not focus on performance or compensation, but are centered entirely on the physician’s experiences, needs and satisfaction levels. They are one way of identifying concerns or problems early and subsequently providing onboarding physicians with the resources they need to address the challenges they face, whether professional or personal. Stay interviews should be conducted within three months of the initial hire and subsequently at six-month intervals for the first two years.
- 2 Offer leadership development and mentoring opportunities.** Mentorship programs designed for women professionals often receive high satisfaction ratings and can help promote and retain women in academic medicine. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6614283/>). One program included in this study reported an 85% retention rate for women faculty who participated in the program, which was higher than the national average. Mentoring programs have been associated with more academic productivity, (<https://pubmed.ncbi.nlm.nih.gov/24286367/>) and with increased job satisfaction (<https://pubmed.ncbi.nlm.nih.gov/22439908/>).

These programs may either be institutional or national programs that focus on understanding metrics for promotion, resume preparation, and personal leadership skills such as communication skills and conflict resolution. These programs have a secondary benefit of helping to build a professional network and community, ideally beyond one’s own institution.



Women tend to have smaller professional networks (*Research: Men and Women Need Different Kinds of Networks to Succeed (hbr.org)*) yet they are of key importance as a source of both personal and academic camaraderie, mentorship and sponsorship.

**3 Prioritize sponsorship – narrow the recognition gap.** Both mentors and sponsors are critical to helping aspiring women leaders gain the perspective and connections they need to take on larger roles and advance their careers (see *Drive Sponsorship & Mentorship for Women in Your Organization | CCL*) but the role of sponsorship deserves particular emphasis. Many women who aspire to advance in academic medicine report being over-mentored and under-sponsored. A review of business literature reveals many articles about women and the benefits of career sponsorship. Many of these concepts can and should be applied to academic medicine. According to the Harvard Business Review “A sponsor is a person who has power and will use it for you” and notes that a major reason too few women reach the top of their organizations is due to lack of sponsorship (See <https://hbr.org/2019/08/a-lack-of-sponsorship-is-keeping-women-from-advancing-into-leadership>). To be clear, both men and women undervalue or fail to nurture a network of professional sponsors. Yet women are 54% less likely than men to have a sponsor. (*Why Women Need Career Sponsors More Than Mentors (fastcompany.com)*)

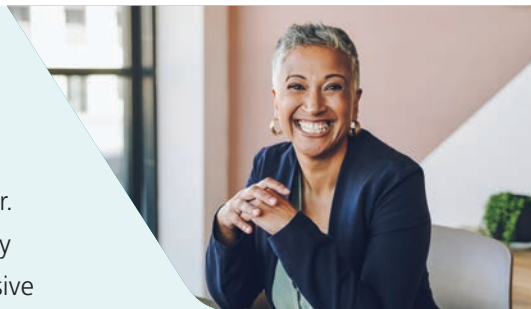
While organizations may assign individual mentors for faculty members, sponsorship is more elusive. It tends to be based on relationships that are cultivated and women may not realize its importance or seek it out. Sponsorship is also more subject to unconscious bias.

As noted in a recent report by McKinsey and Company, “Women must accumulate the experience they need to prepare for leadership or academic roles and raise their profiles. The building blocks are not new—leadership training, sponsorship, high-profile assignments—but many organizations need to redouble their efforts to provide women employees with access and opportunities.” (*Women-in-healthcare-Moving-from-the-front-lines-to-the-top-rung.pdf (mckinsey.com)*). Presenting at national meetings, opportunities for collaboration, key research projects, speaking opportunities, sitting in important meetings or committees, leading strategic clinical or quality initiatives, and journal reviews are all are opportunities for growth that often require nomination by one with influence in an organization, i.e., sponsorship.



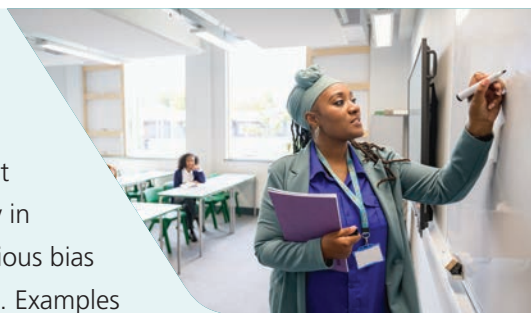
**4 Hire leaders committed to fostering a culture of inclusion.** Given the mission of academic medical centers, recruiting leaders based on academic scholarship, national reputation, and record of leadership will continue to be important. However, leaders set organizational priorities and help shape the culture. It is their responsibility to empower others to ensure equal access to opportunity. One of the most important steps in increasing the number of women in academic leadership is to hire leaders who will commit to identifying and sponsoring women leaders. Keys to hiring such leaders include:

**A Willingness to Re-Evaluate Organizational Culture.** Rather than simply filling open positions, academic medical centers should determine if they are culturally focused and structurally organized to achieve leadership inclusion. Candidates today are increasingly selective about the organizations they work for. They are asking for an organization's diversity statistics, wellness programs, family support, and schedule flexibility. The organization should consider a comprehensive assessment of its culture to determine if it has specific diversity goals, who is responsible for achieving them, and how they are measured.



**Casting a wide net.** It is important to look beyond traditional phenotypes, and focus on specific leadership skills, personal attributes, and values when seeking academic leaders. Institutions should identify candidates via medical societies or other groups that represent women or underrepresented groups. The organization may desire a candidate be at the professor level, but also may wish to consider associate professor candidates who are on a stellar career trajectory. Once hired, the organization should put support programs and resources in place to help ensure the candidate's success.

**Working to Mitigate Unconscious Bias.** Unconscious bias affects virtually everyone and it is important to put measures in place to minimize its effects. AMN Healthcare recommends unconscious bias training for search committees. It also is important to have a diverse search committee that will reflect the diversity in gender, ethnicity, thought, and experience of candidates being sought. Unconscious bias training helps us become aware that we all have biases, and what they might be. Examples might include affinity bias (liking people who are like us), anchoring bias (overvaluing one piece of information such as excellent board scores or a great evaluation), or conformity bias in a group setting, such as a search committee where one is hesitant to speak against the majority view. Training may not eliminate our biases, but bias awareness combined with measures to mitigate its effects can be productive.



**Looking Beyond Credentials.** Academic degrees, certifications and formal experience are essential in academic medicine, but should not be considered independent of a candidate's interpersonal skills, communications skills, and values. One tool to consider in evaluating these skills and attributes is the Essential Assessment® for Senior Leaders. This assessment provides a sound predictive approach for measuring leadership behaviors and includes information on why leaders do what they do, as well as what they do and how they do it. It was developed in partnership with Hogan Assessments, a firm with over 30 years of experience providing cutting-edge assessment and consulting solutions to some of the world's largest companies.



**Implementing a Defined Process.** An organizational commitment to advancing women academic leaders is important but will not achieve results without a defined and measurable process for doing so. Candidate evaluation criteria should be clear and captured in writing, so that all stakeholders are aware on the front end of what types of candidates will be considered and ultimately selected. The nature, duties and core competencies of the role being sought also should be clearly defined in advance, as should be the metrics by which the leader will be evaluated. It should also be clear who the decision makers are.

## Conclusion

Women physicians, once a distinct minority in medicine, are growing in number and now comprise over one-third of the physician workforce. The number of women physicians in academic medicine has increased correspondingly, but females remain underrepresented in the top academic leadership ranks. Existing difficulties faced by women in medicine combined with the effects of the pandemic threaten to further shrink the numbers who reach the C-suite or Deans office.

Increasing the number of women academic medicine leaders requires organizational commitment, but also a defined plan with measurable goals. These efforts, as part of the broad effort to increase academic medical faculty diversity, will be increasingly important as candidates seek organizations that reflect their backgrounds and values.

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