

**Barriers to Career Development for Women Faculty
of the School of Medicine:
Findings from the Focus Groups at the 2005 WFSOM Fall Program**

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I.) Background:

In August 2005, Dean Horwitz met with the President of the Women Faculty Organization (WFSOM), Dr. Peggy Stager, to discuss the status of the women faculty at Case School of Medicine (SOM). Topics reviewed included barriers to career advancement, and gender specific career development needs. Historically, there have been few women in senior leadership positions at the SOM. The distribution of SOM women faculty by academic rank shows the majority of women faculty are at lower ranks in comparison to their male peers (74% assistant professor or instructor versus 52% assistant professor or instructor, respectively). Furthermore, the advancement of SOM women faculty into senior ranks has fallen flat over the last few years, leaving the SOM women faculty behind the national trends.

Distribution of full-time women faculty by academic rank

	U.S. Academic Medicine ¹	SOM ^{2,3}
Professor	12%	9%
Associate Professor	19%	17%
Assistant Professor	48%	56%
Instructor	21%	18%

1. Women in U.S. Academic Medicine, Association of American Medical Colleges, 2004-2005 report

2. 2005 data provided by Office of Faculty Affairs

3. Does not include CCLCM faculty

To facilitate the advancement of women at the School of Medicine, a number of relevant issues were discussed including salary equity, faculty development programming, and on-site child care. In order to appropriately identify and address the career development needs of the women faculty, the Dean proposed the establishment of a new Office of Women Faculty (and Minority) Affairs in the School of Medicine. Towards this end, the Women Faculty Organization created an action plan to investigate the career development needs of the women faculty, identify institutional barriers to the advancement of women, and aid in the development of the new office. The following report is Part I of the action plan: a career development needs assessment of SOM women faculty using a focus group methodology.

II.) Method

All women faculty at the School of Medicine were invited to participate in one of three focus groups held during the 2005 Fall Program of the Women Faculty of the School of Medicine (WFSOM) Organization. In order to achieve maximum participation of the women faculty at various hospitals and health care sites, the focus groups sessions were held at two locations (MetroHealth Medical Center, and Wolstein Research Building on the SOM campus) and at three different times of the day. The WFSOM hired consultant Janet Bickel, a nationally recognized expert in career development of women in science and medicine, to facilitate the

discussions. Women faculty were contacted by either electronic mail or regular mail prior to the focus group session and given three questions to consider. If a faculty member was unable to attend a focus group session, they were invited to respond to the questions by either electronic mail, or regular mail. Anonymous submissions were accepted by Dr. Stager.

- a.) *What has been your experience in obtaining effective mentoring and career advice? Do you think women experience challenges in this regard?*
- b.) *What, if anything, are you experiencing now as particular challenges to building your career at Case School of Medicine right now? What challenges do you think may be harder for women than men?*
- c.) *What woman faculty development need do you believe deserves priority?*

The focus groups were scheduled to run one hour; however two sessions ran longer at one and a half hours each, for a total of four hours of discussion. To facilitate open and fruitful discussions, focus group participants did not identify themselves by name. No recording devices were used and therefore all comments were transcribed by designated note takers. The notes constitute the qualitative data collected. At the end of each focus group, the participants also completed a needs assessment survey regarding perceived barriers to career development. The survey data constitutes the quantitative data collected. All of the quantitative data (survey data) was coded using the SPSS system. The focus group data was reviewed and thematically coded using accepted qualitative analysis techniques. We are aware that the three main focus group questions posed to the faculty members were inter-related. In turn, the responses had a high degree of content overlap. Therefore, we are reporting the comments grouped within major themes with specific quotations to illustrate particular concerns.

This report represents a compilation of the data collected from the focus group sessions, anonymous written responses, and the survey data.

III.) Results

A total of thirty-five women faculty from 17 departments of the SOM attended the focus group sessions (13 faculty at MetroHealth site, 22 faculty combined for focus groups #2 and #3 at the Wolstein site). There were five anonymous written responses submitted to Dr. Stager. Due to the anonymous nature of the written comments, we were unable to collect demographic data on these participants. Therefore, the tabulated results as listed below represent the focus group participants only. The group was comprised of 53% M.D./clinicians and 30% Ph.D./basic science faculty. All ranks of academic appointment were represented with the majority of participants currently at the lower ranks (12% Instructor, 50% Assistant Professor, 21% Associate Professor, 12% Full Professor). The distribution of academic rank of the focus group participants reflects the general distribution of the greater women faculty as a whole and therefore is a reasonable representation of the population. Racial/ethnic distribution was self-reported as 74% White, 12% Black, and 12% Asian.

Focus Group Participants Demographics

Department	Percent	N
Basic Science:	26%	9
Clinician:	52%	18
Other:	9%	3
Multiple:	12%	4

Race	Percent	N
White:	73%	25
Black/African Amer.	11%	4
Asian	11%	4
Other	2%	1

Degree	Percent	N
MD	52%	18
PhD	32%	11
Other	5%	2
MD +	8%	3

Rank	Percent	N
Instructor	11%	4
Assistant Prof.	50%	17
Associate Prof.	20%	7
Full Professor	11%	4
Other	2%	1
Missing	2%	1

Departments Represented	
Department	N
Medicine	7
Pediatrics	7
Genetics	4
Geriatrics	3
OB/Gyn	3
Epi & Biostats	2
Family Practice	2
Anatomy	2
Pathology	2
Infectious Disease	2
General Med Sciences	1
Psychiatry	1
Bioethics	1
Nephrology	1
Physiology & Biophysics	1
Biochemistry	1
Pharmacology	1

IV.) On obtaining effective mentoring and career advice:

A.) Challenges identified regarding the mentor/mentee relationship.

1. Lack of mentoring for career development. Some women faculty were unaware of the need for a mentor. Others felt that it is harder for women faculty to find a mentor compared to male faculty. For example, some participants reported that they independently found a mentor outside of their department or division resulting in greater satisfaction with the mentoring relationship.

“...they kept passing me along. I don’t think they knew what to do with me.”

“Because I attended the Women Faculty (WFSOM) faculty development programs, I realized I needed a mentor. If I hadn’t gone to these programs I wouldn’t have had any clue...”

“I have received excellent research mentoring from outside my division (a woman), but from within my division I am being encouraged to go the clinician/educator route (my division chief is a man). I don’t know if he is not supporting my research goals because I am female, because it is not what he wants for the division, or because it would be inconvenient for call schedules, etc. I don’t think it is because of a lack of ability on my part.”

2. Mentoring advice from Chairmen is seen as being focused on departmental interests, and not in the best interest of the mentee. The extremely hierarchical nature of relationships that characterize medical schools in general, and Case in particular, present challenges for women. Women faculty report feeling intimidated into saying ‘yes’ to suggestions regarding career development pathways even when they want something else. When confronting their mostly older male chairs, the women faculty referred to the “Daddy Syndrome” as being the conflict between the desire to please and asserting one’s self.

“ ... realization that those who should be your mentors are not true mentors. They may not give good advice because their vision of your career may not be the same as your vision. While they may not hinder, they don’t help either. Because of fiscal hardships, they try to get out of you as much as possible even if its not in your best interest.”

“I suffered because I was improperly mentored. I thought my Chair was looking out for me but that was not the case. My accomplishments were done on my own. Through perseverance, through fighting.”

“There is not a lot of divergent pathways. Many make different choices than your mentor would have you do. You are defined as “successful” when the mentor’s expectations were met – not necessarily when one’s own expectations were met.”

3. Lack of senior faculty role models and mentors who reflect the more heterogeneous junior faculty’s characteristics.

“...on the issue of families. There is not a good model on how to make it work: balancing a career and a family.”

“Being an African-American woman, the barriers and challenges for me are much greater as an African-American than as a woman.”

“All of the senior faculty in my department are male and mentorship relationships seem to spring naturally from their casual interactions with neighboring junior faculty.”

“Clearly some of the Division Chiefs and [Departmental] Chairs that trained in the days before women comprised half of the medical school classes still have significant difficulty mentoring and promoting women faculty. The problems for minorities are worse.”

4. There exists a need for different mentors for different periods of career development. Women at all levels of career development expressed the need for on-going mentoring and career development guidance as illustrated by this quote from an associate professor:

“I’ve always felt like I’m groping around in the dark, that I’m supposed to know things that I don’t know. I’ve been treated as if I’m naïve or stupid when I ask these questions like, how do I move my career forward... should I be taking on more administrative responsibilities... where do I want my career to go? Men seem to know this stuff.”

B.) Paucity of high quality mentors.

1. Case lacks an institutional culture that encourages the senior faculty to be mentors. For example, one faculty member performed an informal survey in an attempt to identify potential mentors in her department. She said that because faculty members were not willing to be mentors the mentoring program was not initiated.
2. Many mentors lack skills in mentoring. Participants described feeling unclear about mentoring; i.e., not having a good sense of what makes a good mentor or what mentoring should entail.

“Since being at Case, I started 5 years ago. I’ve been shuffled through mentors. There was no recognition that these people were needed by me as a mentor. I was told I needed a mentor. I was later told that my mentor was not a mentor. Mentors need to know: what makes a person click? What makes a person go? You need to piecemeal advice. Mentors need to listen more to what mentee needs to be productive. Mentors are sometimes promoting the agendas of other people instead of their own.”

“Mentorship is not just advice. It’s promoting me, networking me, telling other people about me. People need to take risks for women. Mentors need to be promoters (sponsorship). You need to be worthy of this promotion. Networking. Women need to be asked to do challenging things. Things that will expand their own skills.”

3. Mentors lack creativity and flexibility in their mentoring advice.

“The message I received was ‘You should follow in my footsteps, follow the laid-out path.’”

“Divergent paths in careers are deemed as failures, and they should not be seen that way. Our choices may leave mentors in the dust, and leave us feeling guilty. We don’t want to let people down. We don’t want to let other women down either. You need a different mentor for different stages of your career. There are changes in different stages.”

“Men dictate what path they are going to take. Women take the path dictated to them. In their careers, men assess what is required, what they need, then they dictate the path they are going to take. Women just do whatever it takes to make it work. This often means 70 hour work weeks.”

C.) The system fails to evaluate Departmental Chairs on the advancement (or lack thereof) of their women and minority faculty.

Many participants felt that Chairmen and Division Heads should be assessed annually and held accountable for their mentoring and promotion of the junior faculty. Furthermore, they felt it was essential that the emphasis on the importance of mentoring be modeled from the “top down”.

“A priority should be developing the training of chairs and leaders. Otherwise, it will continue to be hypocritical. Without acting, nothing changes. Talking is useless without action.”

“There should be reverse evaluations...[of Chairmen]”

V.) Challenges for women faculty trying to build a career at Case School of Medicine:

A.) Juggling work responsibilities and family life in an inflexible and non-supportive environment.

1. Isolation of women in the workplace. For the most part, women continue to bear the load as primary caretakers of the family. Isolation of women in the workplace frequently occurs when the demands of the academic career collide with the demands of the traditional role of the family caretaker.

“One way to advance is through the chummy way. But this is haphazard. There is a trade-off. There is no chance for women to be together for support. She can’t because of the time issue. There are trade-offs to how you spend your time. Women getting together takes time away from patients and time away from families, and she is not willing to do that.”

2. Lack of sensitivity to women’s dual roles and the time demands of a family. Many women cited the timing of meetings as “perfect” examples of how the time crunch affects their everyday lives. Often meetings are scheduled during the most hectic

times of the day (early morning or dinnertime) which precludes women from participating. Furthermore, some women cited how their behavior (e.g., miss the meeting to pick up the children) was misinterpreted by male colleagues and superiors and seen as lack of dedication to one's career.

“Women are blamed for not putting in the same time as males while in fact they spend more time at work.”

3. Need for sick child and well child care. Both the qualitative data from the focus groups and the quantitative data from the needs assessment survey supported the need for on-site child care. It is interesting to note that many women expressed that on-site child care is not a gender-based issue, but rather, an important human resources benefit which is valued by both men and women alike.

“Faculty meetings dealing with childcare are always directed to women. This should not be a women's issue but becomes one because men don't talk about it. What I do is genderless.”

“Child care issues are important. We need better options for families.”

“[attaching]...childcare to women is sexist. It tags you with a little pink flag. It's always been left to women in our culture.”

“The need for sick child care is tremendous. Individuals with working spouses need to have assistance when their children are not able to attend regular childcare facilities.”

4. Workplace lacks flex-time options. Flex-time options have been available in many workplace settings for years. Yet, academic health centers have been slow to incorporate them into their work environments. Many women stated that having the ability to utilize flex-time would allow them to better manage both their work demands and their family life, and improve their overall professional well-being.

“[We need the]...ability to take hours flexible (i.e. finish papers at home at night). The work gets done but the hours are flexible.”

B.) Women lack the networks that are essential for career advancement. Many women expressed the need for more opportunities for women faculty to come together to network and collaborate. WFSOM workshops and luncheons were given as good examples of such opportunities.

“The hidden mentoring is what is needed – and women are lacking in networking, etc. Networks are important for advancement. Women need to get introductions at professional meetings. There are important things to learn that they are not getting. Men are in senior positions. Men are not networking women faculty members.”

“Women are isolated in their individual needs. Networking is missing. Production is valued (professional production). Network opportunities at the university is lacking.”

C.) **Women feel “invisible” in their departments and on the greater campus.** They cited examples of exclusionary practices such as women not being placed in important leadership positions, not holding significant roles in search committees, and not being recognized or rewarded for their productivity and accomplishments.

“There is the unconscious categorizations of women by men. Women as a minority get left out of conversations. Women are not in key positions.”

“If a (junior faculty) man publishes with a male mentor, they are “colleagues”. But if a (junior faculty) woman publishes with a male mentor she is viewed as riding on his coat-tails, hanging on.”

D.) **Women faculty are tracked into the time consuming service-oriented positions more frequently than the male faculty and excluded from more prestigious positions.** Female faculty are shunted into educational work that is not as highly valued as traditional research work. They are also less likely to be asked to participate in important committees or placed in positions of power or authority. Women felt that despite the fact that they are approximately 30% of the workforce, they are not well represented on important committees. Some women stated that they felt that they were skipped over or ignored when committee positions opened in their departments.

“The women’s jobs, like clerkship directors, are mostly women. These positions are not career builders; it is not seen as important. Males get to be division directors.”

“When a woman faculty member accepted the position of clerkship director she was told by a male faculty member that she had gotten ‘the mommy job’.”

“Women tend to get put in jobs that are time-consuming but that do NOT advance their careers or build their careers. There are two kinds of leadership positions in departments: Service-oriented positions and power-oriented positions. Women tend to get put in the service-oriented ones.”

“Women are excluded from important committee work, or search committees mostly based on the timing of the meetings.”

E.) **Lack of guidance and support for promotion and tenure.** Many women reported that SOM lacks adequate information-sharing, and promotions-oriented faculty development programming that is critical for the academic advancement of faculty. A participant expressed concern that there is differential treatment of women when hired. She observed new (women) hires in her department were “automatically” placed into the non-tenure track because it was assumed that they wouldn’t want the tenure track due to the competing demands of a career and a young family.

“No one tells you it is time for promotion, you just have to figure it out for yourself.”

“There needs to be faculty development of people who are already here, rather than development of new recruits.”

“No one says ‘you meet criteria for promotion’. Women have to assertively ask for promotions, which mean that negotiation skills are needed.”

“Women are put into the non-tenure track because they are perceived to follow a certain professional career. The non-tenure track is less advantageous and prestigious. There is a huge pool of non-tenure track faculty who, if put into the tenure track, would look good.”

F.) Promotion criteria and pathway is perceived as being inflexible, outdated, and not reflective of the changing workforce. Women reported fearing discrimination and repercussions if the tenure clock was stopped or delayed for personal situations such as a birth of a child. In general, they stated that the promotional pathway needs to be updated or altered in order to accommodate the major changes in the workforce, namely women with families.

“... a change in the yardstick is needed – people who are judging have had a certain type of career. There needs to be an increase in the heterogeneity of people who decide the yardstick.”

“I feel like a square peg in a round hole.”

“[there is a need for]...development of alternative pathways for ‘successful’ academic careers and [we need the] confirmation that choosing one of these paths will not come back to haunt you later.”

G.) Women faculty expressed concern that information on salary structure is highly secretive and guarded. This leaves women in the dark about their appropriate salary range. Furthermore, women faculty has been unable to make real salary comparisons to their male faculty peers. It was noted that the women faculty have repeatedly requested a salary equity study to be performed at the SOM with no results.

“...need a more open climate, like salary range. In business, it’s about the bottom dollar. Therefore, it’s in everyone’s best interest if you are productive and all help to achieve this productivity- but academia doesn’t behave this way.”

“There should be a mandatory salary review in Clinical Departments every 1-2 years with Division Chiefs and Chairs held accountable. A survey of CASE School of Medicine salaries was obtained a few years ago and the results were never published, which is worrisome. Because my previous Chair did not pay me a fair salary, I sought an equitable salary through the hospital and the SOM. Senior members of both institutions expressed concern and support, but no one demanded that it be addressed. As part of this process I found out that several other women faculty had been forced to seek equitable salaries on an individual basis. I had assumed my situation was atypical. After going through this process I found it was not, which is intolerable. This is where CASE can really step forward and be a leader by addressing salary equity across the board, especially in clinical departments. Salary equity is a national problem and very few institutions, if any, address it for clinical faculty.”

H.) **The administration is perceived as being indifferent towards the status of women faculty.** Participants recalled the CWRU 2003 Resource Equity Study commissioned by the Provost. ([See http://www.cwru.edu/president/action/aaeeo.html.](http://www.cwru.edu/president/action/aaeeo.html)) They expressed concern that despite findings of system-wide problems with gender equity, little was done to promote positive changes on campus. Some felt that the study had been ignored and therefore did not feel hopeful about the potential effect of the focus group sessions. The participants emphasized the importance of open access to women faculty status reports and data.

“ [there appears to be a] ...huge amount of apathy concerning the upward movement of women. This data collection has happened before but then stopped short of results.”

“ This is why openness in relation to data is important: you can't turn a blind eye to it if it is open.”

“The culture here is dysfunctional in it's treatment of women. I'll say it again- The culture here is dysfunctional in it's treatment of women.”

VI. Results of the survey data

Participants were provided with a list of potential barriers to career advancement. They were asked to mark any item they found to be a barrier, and were provided with additional space for write-in responses. Each participant was able to choose more than one barrier, and all women chose at least three barriers. The three most commonly reported barriers to career advancement among participants were a.) lack of women in leadership positions (73%); b.) work and life balance issues (61%); and c.) the need for more mentoring (58%). These were followed by d.) need for additional faculty development programs (52%); and e.) male department chairs who lack skills in mentoring women and/or minorities (47%). The complete list of reported barriers to career advancement is shown in the table below:

Barriers to Career Advancement: Most Commonly Chosen Items

Lack of women in major leadership positions	73%
Work/life balance issues	61%
Need for more mentoring	58%
Need for additional faculty development programs	52%
Male chairs lack skills in mentoring women and/or minorities	47%
Women excluded from important committee work, or search committees	38%
Salary/compensation inequity	38%
Unfamiliar with the promotions and tenure process	35%
Need for telecommuting and/or flex work days	35%
Inequities in resources such as lab space, budget, support, staff, etc.	29%
The lack of a women's "network" in your workplace	29%
Lack of childcare assistance (including sick child care)	23%
Limitations of part-time status	23%
Gender discrimination	20%
Campus culture lacks cultural diversity	14%
Sexual harassment	5%

Summary:

The findings from this series of women faculty focus groups have major implications for the SOM, its administration, and faculty members. In carefully examining the layers of barriers women faculty face while at the SOM, we found women faculty have distinct and definable disadvantages. We believe this report affords the SOM administration an unprecedented opportunity to systematically address the significant issues, and implement changes in a logical step-wise manner.

There were several career development barriers identified by women faculty. Notably, the barrier with the most pervasive and extensive effect was the lack of a robust and fulfilling mentoring environment in the SOM. Many women faculty identify the primary problem to be the lack of an established infrastructure to support mentoring practices. Furthermore, most mentors do not receive any training nor direct benefits from their mentoring and thus it is not highly valued. The mentoring environment needs to include a system-wide cultural change, modeled from the top-down, practiced in both a formal and informal manner, and institutionalized as a career development tool. This change will make a substantial contribution towards the professional development of not only the women faculty but of all SOM faculty.

Also identified were wide-spread exclusionary practices and system-wide insufficiencies which impede the career development of women faculty. Examples identified included the lack of promotion information and support, the service-tracking of women faculty, the hidden and secret nature of salary structure, and the overall exclusion and marginalization of women faculty from positions of authority such as search committee chairs, division heads, or departmental chairs. There were other barriers identified by the focus group participants which centered around work/life integration issues and the non-supportive working environment. Lack of child care, workplace isolation, absence of flex-time options and a “cultural insensitivity” to women’s time demands were the most frequently cited problems. These circumstances, coupled with the perception of an outdated promotions process, result in an accumulation of disadvantages which leave women faculty many years behind their male peers and out of the mainstream of an academic career pathway.

The first step in addressing these concerns begins with dissemination of this report and its findings to the SOM faculty and University administrators. Transparency is a crucial aspect of understanding and interpreting the complexity of the women faculty’s concerns. It is apparent

that these concerns are not isolated incidents, and when considered as a whole, paint a picture of repeated and wide-ranging gender bias and discrimination. They should not be treated as solitary events or as “personality conflicts”. Furthermore, open discussion of the issues will provide the context to drive the necessary implementations of change. We believe the results presented here support the need for a new office in the SOM, such as an Office of Faculty Development and Leadership, to address these concerns and to develop an environment which provides equal opportunities for all faculty regardless of gender or racial/ethnic status. This report is the first of four reports to the Dean to assist in developing a proposal for a new office in the SOM dedicated to diversity and career development issues for all faculty. The three other reports are departmental chair interviews (investigating the career development needs for their faculty), peer institution data (exploring other faculty development programs aimed at women and minorities), and a minority faculty and student survey (identifying factors which shape their perception of Case SOM as a minority-friendly environment). What follows is a list of priority strategies based on the focus group findings to facilitate women faculty’s career advancement, to positively impact the retention of senior women faculty, and to enrich the academic and scholarly environment for all faculty.

VII.) Priority Strategies for Advancing the Career Development of Women Faculty at Case School of Medicine:

- Place women in visible and interactive leadership positions throughout the School of Medicine and the hospital systems.
- Create a campus culture where mentoring is highly valued, of superior quality and becomes a faculty development tool of distinction.
- Implement career development programming that acknowledges and supports the diversity of the faculty.
- Hold Departmental Chairs accountable for their mentoring of, and successful advancement of, their junior and mid-career faculty. This evaluation would include salary equity within the department, committee assignments, teaching assignments, lab space and promotions practices.
- Support annual leadership training for Department Chairs, division heads and others in leadership positions to improve mentoring skills, and promote diversity in hiring practices.
- Add flexibility to the tenure and promotions timelines to acknowledge and reflect the needs of the junior faculty with young families.
- Utilize innovative web based technologies to allow faculty members access to career development information, programming, meetings, and promotion criteria.
- Institute a SOM salary study with the results made openly available to the faculty.
- Establish on-site child care and emergency sick child care.

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Respectfully submitted,

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