

Women's Leadership in Academic Medicine: Insignificant Gains?

Joyce A. De Leo, Ph.D.

As the preeminent women's leadership program in academic medicine anticipates its 25th anniversary in 2020, there has been much discussion about the progress (or lack of) made by women in the field over the past quarter century. The founders of [ELAM](#) — Hedwig van Ameringen Executive Leadership for Academic Medicine, within the Drexel University College of Medicine — developed the program to increase the number and influence of women leaders in academic medicine with the expectation that gender equity would be achieved well before this anniversary and the program could retire with significant tangible gains.

Established in 1995, the ELAM program offers an intensive one-year fellowship of leadership training with extensive coaching, networking, and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry, public health, and pharmacy. ELAM has become a tremendous resource for career networking and mentoring for the over 1,000 graduates — myself included.

According to ELAM's own database, alumnae of the program hold executive leadership positions at 257 academic health organizations, which include: 44 chief executive or academic officers; 17 associate/vice/senior associate provosts; 51 vice presidents; 33 deans of accredited U.S. schools; and 198 department chairs.

While ELAM has clearly made a difference, the data are misleading since the latest AAMC data demonstrate that

only 15 percent of department chairs and 16 percent of all deans at U.S. medical schools are women. More discouraging is the dearth of women in the pipeline to step up to be considered for major leadership roles in academic medicine. Despite the fact that, also according to AAMC, [51 percent](#) of incoming medical students were women in 2017, this gender gap in leadership is quite alarming.

As a researcher and administrator in academic medicine, I recently joined the executive search profession to fuel my passion to mentor women to apply for and succeed in leadership roles. My current role has provided additional insight into the challenges and factors, both internal and external, that may account for our meager progress.

Personal Decisions, Professional Implications

One thing I have observed is that potential women candidates are much more reluctant to "throw their hat in" than their male counterparts. When they do apply, they typically have done deep research into the position and organization. I advise all candidates to ["dive deep"](#) and do their homework, but find that women take this to heart more than men. Unfortunately, this degree of engagement can lead to discouragement when they are not chosen as the final candidate. That is, the significant investment has not paid off. Many decide not to pursue future opportunities due to the extensive time commitment and potential disappointment of the search process. Add to this the fact that women are often balancing multiple family and professional responsibilities and may

not have the time to commit energy to their own career development and self-promotion.

Women candidates also tend to highly value how their families may be impacted by a move. When considering a leadership role that will involve a relocation, children and parents take precedence over the opportunity and timing becomes the decision point. I recently had a conversation with a highly qualified candidate for a cancer center position who declined because her daughter was a junior in high school and her mother, who was recently widowed, refused to move with her.

Finally, the interview process itself may inhibit women from pursuing higher positions. My colleague Robin Mamlet, among others, has written about what she often sees as a "misalignment" between how women present themselves in interviews and how (mostly male) search committee members interpret them.

Macro Considerations

When considering external factors, the changing face of a medical career may contribute to the lack of gender equity in academic medicine leadership roles. The 40-year physician career may have reached its end. More physicians are deciding to leave practice due to career dissatisfaction and burnout. The main drivers for this have been identified as: increased regulatory burden, feelings of being overextended and undervalued, a lack of clinical autonomy, and emotional exhaustion. (The AMA, through its STEPS Forward program, and other organizations are beginning to tackle this issue head-on.) The traditional trajectory of the leadership ladder is being threatened by the rapidly changing healthcare environment and physician attrition.

More women are opting for less stressful positions with better work-life balance and choosing alternative second/encore careers away from academic medicine. At a recent ELUM (ELAM alumni) event, attendees shared with me their frustrations with the current volatile healthcare and research funding environments. Since I have made the transition from academic medicine to a "non-traditional" career, many women physicians and scientists have

asked about my decision and have confided that they are exploring careers in non-profit foundations, higher education, consulting, coaching, and executive search.

Solutions

With the recognition of our lack of gender equity in 2018 comes the realization that we need to identify reasons and generate multiple solutions. The internal factors mentioned above that prevent women from considering leadership roles are difficult to prevent. Awareness of the current cultural and societal norms that inhibit women seeking leadership roles is one part. The challenge is to determine how to best support and mentor women more effectively at each stage of their careers to embrace and succeed in leadership roles. This can begin as early as medical or graduate school and continue throughout training and at all career stages.

Formal career development programs have been offered over the past 20 years at academic health centers to address the underrepresentation of women faculty and to identify and mentor emerging leaders. These programs enhance succession planning within organizations, as well as position women to seek and obtain leadership roles. Research by Chang et al reported that participants of these programs at the Full Professor rank were significantly less likely to leave academic medicine than women who did not participate. With this reported success, all academic health centers should be offering similar programs for their faculty. Mentors and senior leaders should encourage women faculty to consider leadership roles both inside and outside of their organizations. If relocation is an issue, there may be opportunities that would not require a major move.

At the institutional level, improving physician satisfaction has become a major emphasis for retention, revenue, and quality improvement. Unfortunately, the focus on increasing women leadership has not yet shaped these discussions nor have strategies been developed to mitigate burnout, particularly for women. The isolation that often accompanies burnout is even more prevalent for women leaders. The ELAM program attempts to address the isolation encountered by women in academic

medicine. Unfortunately, ELAM can only admit 40 or 50 women yearly for the fellowship program.

Therefore, what can women and senior leaders do to make gender gains?

Suggestions for women:

- Move out of your comfort zone, take a few risks even if there may be disappointment.
- Understand that there will never be the perfect time to move. If you wait, the best positions may not be there when you are ready.
- Carve out self-promotion, self-development time to update your CV (create a job CV with bulleted accomplishments, not a P&T version), and time to regularly reach out to mentors and peers for advice and networking.
- Start a monthly breakfast club to foster peer mentoring and support. Take time for your own development and help others by reviewing their CVs and executive summaries and share ideas for career progression.
- Meet with your chair/dean and ask about current, and upcoming, internal leadership opportunities.

Suggestions for senior leaders:

- Establish (if not in place) formal career development programs for all faculty with protected time to participate.
- Sponsor emerging and established women leaders to attend AAMC, ELAM, and other leadership programs.
- Reach out to women faculty to mentor and support their aspirations and career development.

It is clearly recognized that diversifying leadership provides new perspectives to improve processes, impact, and outcomes. Only when more women are placed in senior leadership roles will we see the balance of power shift and more women reaching these positions. If we do not increase the number of women role models and leaders, ELAM will be celebrating its 50th anniversary in 2045...with continued insignificant gains.

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About the Author

Joyce De Leo, Ph.D. is a principal in WittKieffer's Academic Medicine and Health Sciences Practice.

For more information, contact: jdeleo@wittkieffer.com.