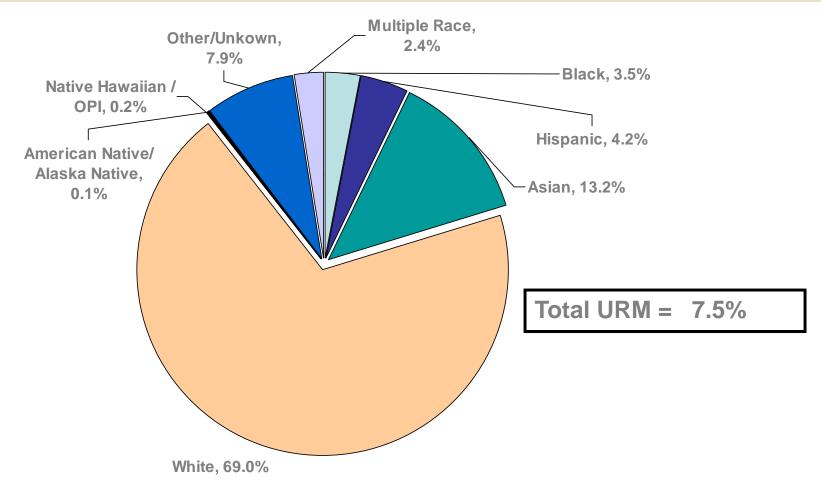
Background and Context for Study of Factors that Promote and Support the Careers of Women of Color in Academic Medicine

Joan Y. Reede, MD, MPH, MS, MBA Emorcia V. Hill, PhD Harvard Medical School August 6, 2010

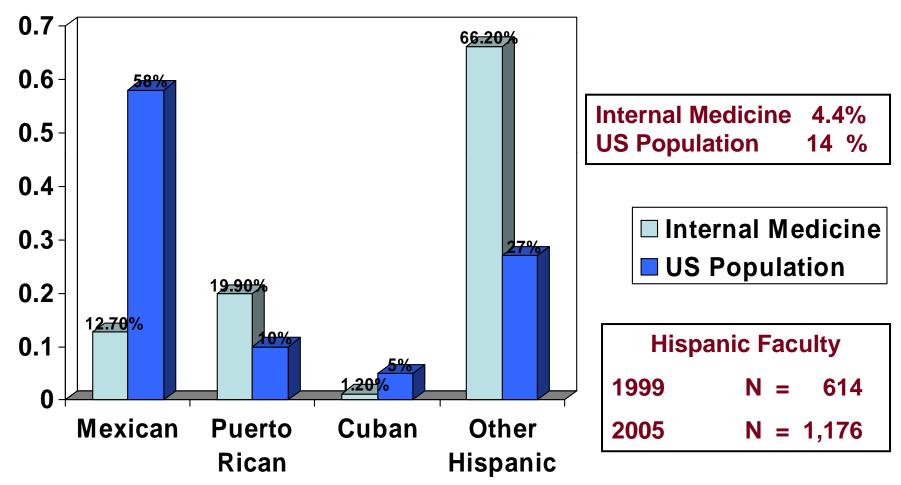


US Medical School Faculty by Race and Hispanic Origin, AAMC 2007





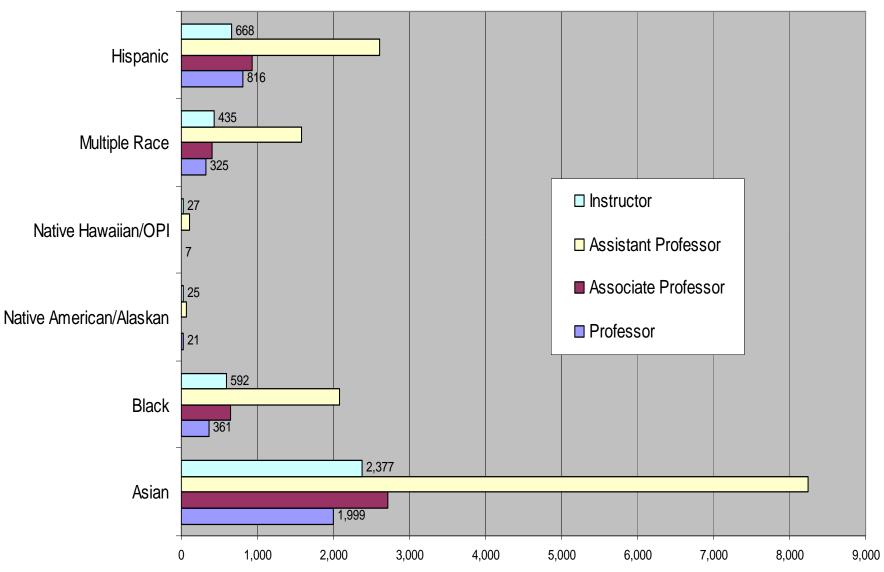
Race/Ethnicity of Internal Medicine Faculty versus Country of Origin of Hispanic Americans, 2005



Source: AAMC Faculty Roster, 2005 and Time, August 22, 2005

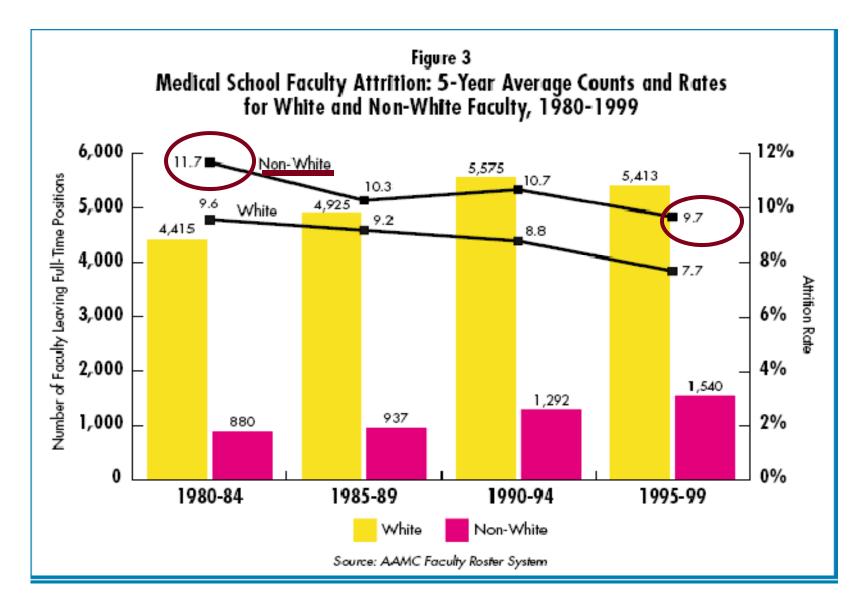


US Medical School Minority Faculty by Rank, AAMC 2006



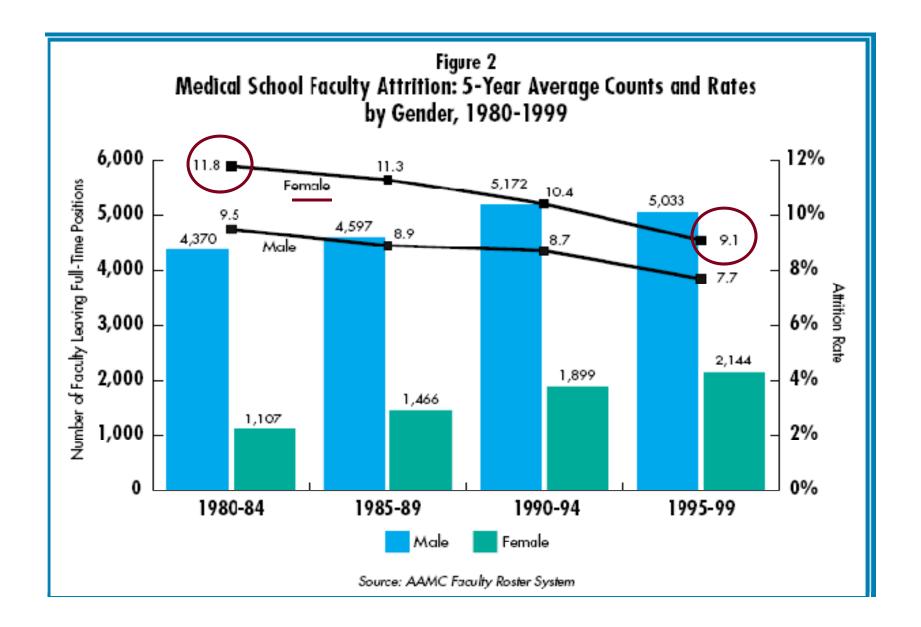
Source: http://www.aamc.org/data/facultyroster/usmsf06/start.htm





Women, non-white, and clinical faculty members are leaving full-time appointments at a higher rate than men, white, and basic science faculty members."

Source: AAMC, Analysis in Brief, Trends in Faculty Attrition at US Medical Schools, 1980-1999, March 2002



Source: AAMC, Analysis in Brief, Trends in Faculty Attrition at US Medical Schools, 1980-1999, March 2002

NIH Scientific Staff_{Source: Gottesman, Catalyst}

Tenure Track Investigators

	1994	2004
Total	157	300
African Amer.	7 (4.5%)	5 (1.7%)
Hispanic	7 (4.5%)	17 (5.7%)
Native Amer.	1	0
A/PI	16	65
White	126	213

Senior Investigators

	1994	2004
Total	1145	952
African Amer.	8 (0.7%)	10 (1.1%)
Hispanic	17 (1.5%)	24 (2.5%)
Native Amer.	1	2
A/PI	82	81
White	1038	835

The Minority Experience in Academe and Medicine

Frequency of Types of Mistreatment: 2001 Medical Schools Graduation Questionnaire All Schools Report

Source: AAMC	2001 N = 14,133 17.1% Perceived Personal Mistreatment			
	Never	Once	Occas.	Freq.
Been denied opportunities of training or rewards because of your gender ?	81.3	6.5	10.6	1.5
Been denied opportunities of training or rewards because of your race or ethnicity?	87.9	3.5	6.1	2.5
Been subjected personally to racially or ethnically offensive remarks/names?	82.6	7.0	9.0	1.5
Received lower evaluations or grades solely because of your race or ethnicity rather than performance?	87.0	4.5	6.5	2.0



Racial and Ethnic Discrimination During Residency: Results of a National Survey

Objective:

- Establish the current prevalence of racial-ethnic-based harassment or discrimination during residency.
- Design:
 - 13-page anonymous survey instrument sent in 1991 to:
 - 10% random sample of 2nd year residents identified from the AMA Medical Education Research and Information Database of the AMA
 - 2nd year residents who had been senior medical students at schools (n=10) that held an earlier study on medical student mistreatment.
- Results:
 - 72% response rate (n=2,630)
 - 61% of minority respondents reported at least one experience of discrimination
 - Over 60% of all residents reported personal observations of racial or ethnic discrimination at their places of work

Source: Baldwin, Daugherty, and Rowley. Emotional Impact of Medical School and Residency. Racial and Ethnic Discrimination During Residency. Results of a National Survey. Academic Medicine 69:S19-S21, 1994.

Perceived/Observed Racial-Ethnic Discrimination: Racial and Ethnic Discrimination during Residency

	% White (n=1492)	% URM (n=143)	% Asian (n=163)	% Middle Eastern (n=27)
Denied opportunities	7.5	26.4	21.0	25.9
Racial or ethnic slurs	32.1	38.7	33.3	29.6
Racist teaching materials	1.3	5.6	2.5	3.7
Malicious gossip	13.6	17.6	13.6	18.5
Favoritism toward other groups	16.2	32.4	25.3	40.7
Poor evaluations	6.4	26.8	20.4	33.3

Source: Baldwin, Daugherty, and Rowley. Emotional Impact of Medical School and Residency. Racial and Ethnic Discrimination During Residency. Results of a National Survey. Academic Medicine 69:S19-S21, 1994.

Faculty Perception and Experience of Racial/Ethnic Discrimination in Academic Medicine

Peterson et al, J Gen Int Med 2004

	Percent	Adjusted OR	95% CI
Perceived racial/ethnic bias in academic environment			
URM	63	5.4	3.8 to 7.8
NURM	59	2.6	1.8 to 3.7
Majority	29	1.0	-
Personal experience of racial/ethnic bias in professional advancement			
URM	54	12.8	8.7 to 18.7
NURM	36	6.9	4.5 to 10.5
Majority	8	1.0	-
Personal experience racial/ethnic discrimination by a superior or colleague			
URM	48	12.3	8.4 to 18.2
NURM	26	5.0	3.2 to 7.8
Majority	7	1.0	-

Impact of Race on the Professional Lives of Physicians

- Awareness of race permeates the experience of physicians of African descent in the health care workplace
- Race related experiences shape interpersonal interactions and define the institutional climate
- Health care workplace is often silent on issues of race
- Collective race-related experiences can result in "racial fatigue"

Source: Nunez-Smith, Curry, et al, Ann Intern Med. 2007;46:46-51



The Push and Pull to Identify, Homogenize and Choose Sides

Are women of color members of a gender group or members of a minority group?









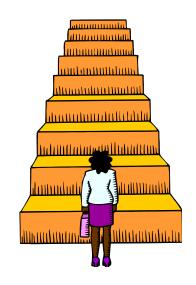




The Double Challenge

African-American,
 Latinas, & Asian women
 are not a monolithic group





 The Bi's – Bicultural, Bilingual, etc.



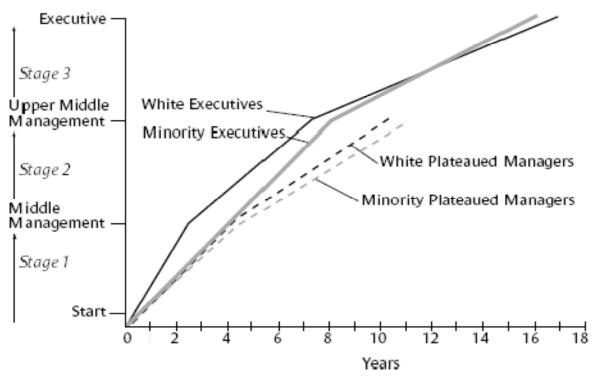


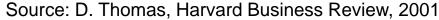




Separate and Unequal Advancement

The Tournament System: Differences in Progression up the Corporate Ladder by Minority Status







Differences in Progression up the Corporate Ladder by Minority Status

	White Professionals	Minority Professionals
Stage 1 – entry to middle mgmt.	Future executives fast trackSlow advance of future middle mgrs	 Slow advance of future middle mgrs and future executives Many with high potential become discouraged
		• <u>Future executives</u> evaluated self in terms of personal growth & not external rewards, had mentors, challenging assignments, expanded responsibilities
		• <u>Future middle mgrs</u> made decisions on perceived fast track opportunities, accepting nominal promotions

Source: D. Thomas, Harvard Business Review, 2001

Differences in Progression up the Corporate Ladder by Minority Status

•	White Professionals	Minority Professionals
Stage 2 — middle mgmt. to Upper middle mgmt.	•Future executives convergences of careers with future minority executives •Future executives •Similar number of development relationships for white and minority, but minority more likely to have powerful corporate-levels executive sponsors	•Future executives waited longer to reach executive level, increased functional knowledge, enhanced managerial skills, acquired influential executive mentor •Compared to whites -2X change functions -2X special projects or task-force assignments -2X change locations -4X report big success •Middle mgrs. Received Instructional mentoring
Spurce: D. Thomas, Harvard Busi	hess Review, 2001	

Differences in Progression up the Corporate Ladder by Minority Status

	White Professionals	Minority Professionals
Stage 3 – Upper middle mgmt to executive	•Continued convergence of careers for whites and	•Continued development of network of highly placed mentors
	minorities	•Development of new relationships with other executives
		•Future executives with more diverse network — middle mgrs with either their own racial group or predominately white

Overview of Study

Study Period

•September 30, 2009 – June 30, 2013

Type of Research Study

•Exploratory; descriptive; interdisciplinary; multi-institutional study

<u>Purpose</u>

•Clarify the characteristics and interrelationships of **institutional**, **individual**, **and sociocultural factors** that influence the **entry**, **progression**, **persistence**, **and advancement** of women of color (WOC) (African-American, Hispanic, American Indian/Alaskan Native, and Asian-American) faculty in academic medicine



Overview of Study (continued)

Research Questions/Aims:

- •Characterize academic medical institutions in terms of institutional structure, mission, promotion, and tenure policies and faculty supports, especially for WOC
- •Characterize individual, institutional, and sociocultural factors that influence the entry progression, and persistence of WOC in academic medicine
- •Determine the career trajectories, including the performance of WOC in academic medical careers
- •Elucidate the interplay between individual, institutional, and sociocultural factors as they relate to career outcomes



Overview of Study (continued)

Research Methods:

- •Institutional assessment that includes:
 - a) a review of documents
 - b) structured interviews with key administrative informants
- •Faculty assessment composed of :
 - a) Individual faculty interviews
 - b) Focus groups with WOC faculty
 - c) Web-based survey for all women faculty



Overview of Study (continued)

Primary Study Site:

- Office for Diversity and Community Partnership, Harvard Medical School via Converge: Building Inclusion in the Sciences through Research
- Center for Gender in Organizations, Simmons College School of Management



Overview of Study (continued)

Participating Institutions:

- Case Western reserve University School of Medicine
- Charles Drew University of Medicine and Science
- Duke University School of Medicine
- Harvard Medical School
- Meharry Medical College
- Mount Sinai School of Medicine
- Morehouse School of Medicine
- Stanford University School of Medicine
- University of California, San Francisco School of Medicine
- University of Connecticut School of Medicine
- University of Nebraska College of Medicine
- University of Puerto Rico School of Medicine



Research Team

Advisory Committee

Institutional Liaisons



Advisory Committee:

- Areas of interest for the institutional interviews
- •Focus groups vs. individual interviews before survey to improve the suitability of questions asked about WOC in academic medicine
- Possible domains and instruments to be used in construction of survey



Institutional Liaisons:

- Institution-specific contextual factors discussed and brought to the forefront
- Learning community for sharing policies, programs and practices
- Commonalities and consensus definitions established and used for instrument redesign and revisions



Conceptual Model and Factors

Diagram 3. A Conceptual Model for Career Paths of Women of Color in Academic Medicine

Individual Factors

Career Trajectory

Sociocultural Factors

<u>Institutional Factors:</u> context within which faculty work

- •Human resource activities:
- Organizational culture and constraints
- Professional supports

Conceptual Model and Factors

Diagram 3. A Conceptual Model for Career Paths of Women of Color in Academic Medicine

Institutional Factors

Career Trajectory

Sociocultural Factors

<u>Individual Factors</u>: characteristics that faculty bring to the organization

- Self-efficacy
- Self-management of one's career/career strategies
- Interpersonal conflicts
- Socio-economic status and debt burden
- Training and time of first academic medicine appointment



Conceptual Model and Factors

Diagram 3. A Conceptual Model for Career Paths of Women of Color in Academic Medicine

Individual Factors

Career Trajectory

Sociocultural Factors

Sociocultural Factors: manifested among racial and ethnic subgroups and women

- Gendered roles
- Race and gender
- Perceived race/ethnicity
- Perceived discrimination
- Levels of racism

Conceptual Model and Factors

Diagram 3. A Conceptual Model for Career Paths of Women of Color in Academic Medicine

Institutional Factors

Career
Trajectory

Sociocultural Factors

<u>Career Trajectory</u>: performance and progression issues of WOC

- Career interruptions (on/off ramp)
- Time at rank
- Number of grants
- Number of publications
- Awards and recognitions

Conceptual Model and Factors

Diagram 3. A Conceptual Model for Career Paths of Women of Color in Academic Medicine

Individual Factors

Career Trajectory

Sociocultural Factors

<u>Career Outcomes</u>: advancement and satisfaction of WOC

- Promotion and tenure
- Increases in responsibility and leadership roles
- Faculty satisfaction

Study Methods and Partial Preliminary Results

Data Collection and Analysis

Data Collected from 12 partner institutions:

- Differences in administrative structure and policies
- Variations in definition of faculty, students, trainees, etc.
- •Differences in numbers of faculty, student, and trainee diversity by sex and race/ethnicity
- •Some policies were formal, some informal and not documented
- •Institutional variations in policies, programs offered, and faculty recognitions



Study Methods and Partial Preliminary Results

Data Collection and Analysis

Challenges:

- Data identification
- Data access
- Data collection
- Data authenticity

Study Methods and Preliminary Results

Institutional Interviews

Role/purpose/function of the office:

- •Some were formal and were represented in the institutional hierarchy
- Some were informal and operated on a volunteer basis
- •Interviewees varied in titles and position, though not necessarily in their duties

Mission/Goal

- Some offices have comprehensive missions
- Some offices are more focused and limited in scope



Study Methods and Preliminary Results

<u>Institutional Interviews</u>

Administration and Management:

- •Some offices have received federal funding for their programs/services
- •Some offices have relied on internal funding or volunteer support only

Metrics/Accountability:

- Varied based on the structure of the program and funding source
- •Some offices had no formal assessments, while others had established methods and criteria



Study Methods and Preliminary Results

Institutional Interviews

Marketing and outreach:

- •For many primary means of outreach is email or internet based marketing
- •Diversity offices seem to be more formal within an institution, while Women's offices seem to be more informally structured
- •Women's offices seem to focus on creating connections for faculty to network, while Diversity offices seem to have a greater reach and have established networks



Study Methods and Preliminary Results

<u>Institutional Interviews</u>

Unanticipated results:

 Many appreciated the questions asked and commented on the fact that it gave them ideas for things that they could implement

Additional Observations:

•One program for leadership development began with URM, then extended to all faculty ("canary in the coal mine")



Some Implications for Research and Action (continued)

Change Option:

- •Can occur at:
 - Individual Institutional (micro)
 - System of academic medicine (macro)

Challenges and Opportunities

Challenges:

- •Finding a common/uniform approach and definitions of key variables that count
- Differences in quality and quantity of data across different settings

- •Drill down to better understand the organization and institutional context within which women of color work
- Ascertain what it will take to create environments in which women of color can thrive and succeed

In what ways do your institutions address issues related to women of color?

What factors impede or promote the career advancement of women of color?

What actions might institutional offices take to address the career advancement of women of color?

– faculty affairs, women's offices, diversity offices

Thank you.

