

## Retention of Women Faculty in Academia: Ensuring Success

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**R**ETENTION OF FACULTY in academic medicine is an increasingly hot topic. Although retention has long been a challenge, the financial costs of replacement are becoming less sustainable due to the economic environment that medical schools and academic health centers find themselves in today. Women faculty provide a ripe target of opportunity to turn-around this retention trend since the AAMC and others have demonstrated that attrition is steeper for women faculty than men and happens at the earliest career phases. Loss of women faculty also means a significant loss of talent since women constitute 50% of medical school classes and 50% of assistant professors. Many studies have tried to uncover the factors behind the loss of women from academic medicine, and have demonstrated a number of factors principally rooted in career dissatisfaction. Many interventions have also been reported—including career development programs (CDPs) and institutional family-friendly policies. These are often specifically designed to address the unique needs and challenges that women faculty face, including pervasive gender stereotypes, implicit bias, and other aspects of an inhospitable climate that contribute to the “leaky pipeline.”<sup>1</sup> Few reports, however, have shared the outcomes of these interventions, and whether they are impacting retention and career growth of women.

The article by Chang and colleagues, “Retaining faculty in academic medicine: the impact of career development programs for women,” is an important contribution since it examines the outcomes and impact of three substantial CDPs for women: the AAMC’s Early- and Mid-Career Development Programs and Drexel’s ELAM program. The authors studied 3268 women attendees of these CDPs over a period of 20 years (1988–2008) and compared women participants with nonparticipants and with men. The groups were matched by degree, rank, years of appointment in rank, and home institution. Most faculty were not tenured (2/3) and in clinical departments. Multiple analytic models were used to compare retention (defined as first year of appointment in rank to year of departure) adjusting for age, degree, tenure, and department. The authors demonstrate that women CDP participants were more likely to be retained, less likely to switch institutions, and less likely to leave academic medicine after appointment at all ranks. The effect was most pronounced for assistant professors: when compared with men, women CDP participants were less likely to leave for up to 9 years, and for up to 13 years

compared with women who did not participate in CDPs. The effect was less, but still substantial and significant, for associate professors: when compared with men, women CDP participants were less likely to leave for up to 8 years, and for up to 9 years compared with women nonCDP participants. In addition, for up to 10 years after CDP participation, women switched institutions at earlier career stages significantly less than men. CDPs may have a ceiling effect however, as retention was equal for men and women professors.

At all ranks, men in the study by Chang et al. were less likely to leave than women, even among those who participated in CDPs.<sup>2</sup> It is clear that the vulnerable years for departure from an academic career differ for men and women and for career stage. The early years after hire were found to be critically important, particularly for women assistant professors. Thus, time-sensitive retention interventions are needed to retain women faculty. It is important to note, however, that leadership and CDPs such as AAMC and ELAM, are relatively costly (~\$5000 per faculty for AAMC and \$22,000 per faculty for ELAM), and highly selective since typically a maximum of one to two women per year are accepted from any single academic health center. Only a few women, therefore, benefit. To maximize retention, institutions must consider how they can replicate key aspects of these CDPs locally, and how they can track their outcomes, to learn from their experience, continually improve their programs for women faculty, and strategically manage their talent to ensure a satisfied biomedical workforce.

Ideally, retention efforts need to be started shortly after hire, delivered during the first 8–9 years after hire, and sustained for long periods (perhaps for as long as 13 years from the time of hire). But this can only be accomplished if key commitments are recognized and addressed: a commitment to allocate adequate institutional resources to retention; a sustained commitment to retention; a commitment to family friendly policies and career flexibility, diversity and inclusion; and to sex stereotype and unconscious bias training. The latter has been demonstrated to be a “habit” that can be broken, thereby contributing to a more gender equitable climate.<sup>3</sup>

The authors identified some interesting and thought-provoking gender differences in their retention outcomes. Male faculty had fewer departures and changed institutions

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less often than women faculty at all ranks, except professor, indicating that the factors that affect career satisfaction may be dissimilar for men and women in academics. The cause(s) of the associations identified by the authors are not known. However, they suggest that curricular components and other consequences of CDPs may contribute to retention, such as skill building and career guidance, enhanced self-efficacy, personal assertiveness, increased awareness of institutional resources, and greater visibility. Our own research has demonstrated that the barriers to use of a seemingly universally desirable benefit such as career flexibility options differ between men and women, with women having greater concern of being perceived as less committed to career and of over burdening colleagues.<sup>4</sup> Career development and retention interventions, therefore, need to be cognizant of these gender differences in real or perceived barriers to their use. Our research also demonstrates that there are generational differences that influence faculty values, goals, and priorities, and that may contribute to satisfaction and the response to dissatisfaction.<sup>5</sup> Others have pointed to the misalignment in academic medicine between individual values and organizational practice (especially with respect to trust, climate, and self-promotion) that contributes to a sense of not belonging.<sup>6</sup> This is also relevant given that organizational connections, more common in men than in women faculty, are predictive of both attrition and advancement.<sup>6</sup>

Since change occurs slowly at large institutions, like academic medical centers, CDPs must include coaching for resilience, that is, building perseverance in the face of barriers and challenges, and the ability to “bounce up” in the face of those challenges.<sup>7</sup> Resilience allows women faculty to overcome feelings of being marginalized and includes the ability to create personal networks, build professional relationships, identify role models, and engage in teamwork. Resilience can help women faculty reframe their experience from just surviving to thriving and, as such, sustain and propel an academic career to success. Building on the experience shared by Chang et al. and creating local CDPs that include these elements can create a welcome and hospitable culture of inclusion that allows women faculty to take chances, grow, and advance within academic medicine.

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