EDITORIAL

LEADERSHIP LABYRINTH FOR WOMEN IN ACADEMIC MEDICINE

The number of females entering the medical profession has increased significantly in the last two decades, reaching a female/male ratio of almost 50/50 in certain countries and even more in others, including Pakistan. Despite that, the gender gap at higher ranks and prestigious academic responsibilities is evident, though not as drastic as seen in other professions. A study conducted at the University of Colorado school of Medicine`s department of pediatrics to determine gender equity in academic positions revealed interesting facts. Women comprised 54% of assistant professors, 56% of associate professors and only 23% of professors. Male professors held their rank six years longer. Women's pay was lower than men's across all ranks and specialties. It is important to remember that the overall ratio of male to female faculty in this department was 50/50[1]. The situation in Pakistan is even more drastic. Out of 155 recognized medical and dental colleges, only occasional examples of women as head of the institution can be seen.

According to a report by Association of American Medical Colleges (2009) women constitute less than 30% of medical school faculty, less than 20% of full professors, and less than 15% of department chairs[2].

Underrepresentation of women in prestigious academic responsibilities such as membership of editorial boards of biomedical journals and as editors-in-chief has also been documented[3].

In 1986, Hymowitz and Schellhardt tried to explain the phenomenon of women's under representation at higher positions by using the metaphor of a "glass ceiling". The metaphor became popular and presented the concept of an unseen barrier faced by women in leadership as they reached a particular point in their career. Glass ceiling represented a "goal within site, but somehow unattainable". For around two decades, research focused on women leadership used this terminology. However, this metaphor was contested by Eagly and Carli (2007) as according to them it was misleading for interventions planned to make a difference in the situation. They proposed the metaphor of a "labyrinth" indicating that the journey for a women leader to reach the top is complicated, full of expected and unexpected challenges and indicates that there are barriers all around. As a result only a few women are successful in crossing all these barriers and it is them that we see at the top. However, it also denotes that despite being difficult, a route exists that can take one to the centre provided there is persistence, self awareness and analysis of the challenges; a major difference when compared to the metaphor of glass ceiling[4].

Multiple studies have revealed presence of a significant difference in hiring, salary, evaluation and promotions that cannot be explained except for the presence of an unconscious widely held bias against women at work[5]. There are many faces of this prejudice. Sometimes women are considered more emotionally labile than men for a particular leadership position and at others some jobs are considered manlier. More often it is a clash of stereotypes associated with women and leadership. Leadership has been traditionally associated with assertiveness and the exercise of authority not appreciated much when demonstrated by women in similar positions. Women are supposed to be polite and sympathetic but are considered weak leaders

if they do so. On the other hand if they exercise leadership as a man would do, they are criticized for not being communal[4].

It has been documented that men and women differ in their work style, priorities and goals.

Women have to balance their careers against competing demands of family and childcare. Consequently, they take days off and mid career breaks more frequently than their male colleagues, ending up with fewer working hours per year and lesser job experience. Women generally socialize less because of time constraints owing to their family responsibilities resulting in inadequate professional net working[6].

The Work culture of an organization and more so of a department has been seen to influence women workers career progress significantly. Presence of gender based biases, unequal distribution of resources and growth opportunities and a lack of respect for work life balance are some of the factors that can adversely affect a woman`s progress at work[6,7].

In order to implement a solution, we have to acknowledge the problem first. It is important for organizations to accept that gender inequity exists and measures need to be taken at various levels to tackle this multifaceted problem. Efforts made to bring a change in the current situation need to focus both at the individual level and at the level of organizational practice and policies. Some of the interventions can be

1. Generating awareness about prejudice towards women leadership
Awareness about deep rooted biases against women leadership needs to be increased. Various measures, including diversity training initiatives can be taken to do this.

2. Changing the worth indicator
Focus of attention should be converted from "hours at work" to actual productivity. This may help women who, despite being very productive, are unable to give as much time to work as their male counterparts.

3. Objectivity of performance evaluation
In order to be fair, performance evaluation needs to be undertaken according to explicit criteria and standards, using objective measures. This may help offset the hidden biases that play a role in subjective measures of evaluation.

4. Open recruitment and promotion policy
Organizations should adopt transparent policies in hiring and promotions to undermine the influence of personal liking and disliking while undertaking such decisions.

5. Increasing the number of women members of an organization and teams
The presence of a significant number of females at higher positions in an organization will help in creating a culture where they are considered individuals rather than just women. Studies suggest that if there are limited numbers of women members in an organization, it will not be wise to distribute them across all projects as a token of diversity. This sometimes leads to them being ignored by male colleagues who are in majority.

6. Preparing women for promotions

There should be equal opportunities for women to undertake challenging work assignments so that they get the necessary job experiences required for timely promotions.

7. Mentoring:

Mentoring has been presented as one of the solutions to gender inequity in academic medicine. Formal mentoring can help women develop the necessary skills and help them cope better with work and family related issues. Multiple mentoring and peer mentoring models have been proposed for those who don't benefit much from traditional mentoring.

8. Creating a culture supportive of women`s academic success

Westring et al (2012) introduced a validated measure to assess a department`s culture regarding its conduciveness for women`s academic success. They brought forward four distinct dimensions, including equal access to resources and opportunities, promotion of work–life balance, encouragement of discussion about and elimination of gender biases, and presence of a supportive chair. It was seen that departments even within the same institution vary along these four dimensions[9].

9. Structural role redefinition

It is an approach suggested by Hall (1972) that encourages women to renegotiate their roles both at work and home. For instance, at home women can negotiate with their families to get their help in different tasks or hire help if possible. Similarly, they can negotiate at work to develop more female friendly policies like development of day care centers and job-protected maternity leaves.

Gender inequity at higher leadership positions is a reality in academic medicine. It is a multidimensional phenomenon that includes, presence of prejudice against female leadership, inadequate growth opportunities, family burden and stereotype threat as some of the causes. Institutions need to change their policies and make them more fair and female friendly if we want our women to successfully move through the leadership labyrinth to higher echelons of academic medicine.

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