

Advancing Women to Leadership Positions Through Individual Actions and Institutional Reform

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Women in medicine experience disparities in the workplace and in achieving leadership roles. They face challenges related to climate and culture, equitable compensation, work–life integration, opportunities for professional development and advancement, and occupational and systemic factors that can lead to burnout. Without specific resources to support women’s development and advancement and promote conducive workplace climates, efforts to recruit, retain, and promote women physicians into leadership roles may be futile. This article is designed for 2 audiences: women physicians of all career stages, who are exploring factors that may adversely impact their advancement opportunities, and leaders in academic medicine and health care, who seek to achieve inclusive excellence by fully engaging talent. The need for greater representation of women leaders in medicine is both a moral and a business imperative that requires systemic changes. Individuals and institutional leaders can apply the practical strategies and solutions presented to catalyze successful recruitment, retention, and promotion of women leaders and widespread institutional reform.

abstract

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Women experience disparities in achieving leadership roles in medicine. Although composing almost 50% of United States medical school graduates, women make up just 18% of medical school deans, 18% of department chairs, and 29% of division chiefs per the American Association of Academic Medicine.¹ Mirroring United States culture, the medical profession is plagued by discrimination against race, ethnicity, sex, sexual orientation, and religion.² Consequently, female physicians report lower compensation rates, less control over schedules, greater challenges with work–home integration, and higher rates of burnout, compared with that of male colleagues.^{3,4} Furthermore, efforts to recruit, retain, and promote women physicians to leadership roles may be futile without specific resources to support their trajectory.

Successful career advancement requires the ability to adapt and negotiate around impediments that may derail promotion and leadership opportunities.⁵ Hidden curricula, a hostile culture, and inaccessible or leaky leadership pipelines can undermine self-confidence and threaten career advancement.⁶ Rooted in organizational and societal culture, these disparities foster stress and burnout among women. Nevertheless, women physicians navigate multiple career transitions over a lifetime, all while caring for patients, pursuing leadership roles, and juggling personal and professional obligations.⁷

Work–life integration, including caregiving responsibilities, was cited by 64% of women physicians as the main challenge to building one’s reputation, professional networks, and leadership ascent.⁸ In response to these stressors, almost 40% of women physicians opt for part-time work or leave the workforce.

Compared with male peers at similar career stages, 75% of women physicians will consider or transition to part-time work within 6 years of completing medical training.^{5,9}

The coronavirus disease 2019 pandemic has amplified sex inequities by increasing the burden of caregiving responsibilities that society expects to be done by women. Women physicians have responded by reducing their work hours and professional responsibilities, limiting research activities, and delaying pursuit of leadership opportunities. Moreover, some have even exited the profession altogether.^{10,11}

Institutional committees that promote equity as an institutional value can play an integral role in monitoring and intervening on systemic practices that undermine diversity, equity, inclusion, and antiracism (DEIAR). A Mayo Clinic study revealed that men were significantly more likely to introduce women physician speakers informally by their first name at Internal Medicine Grand Rounds, compared with male counterparts, (eg, “Mary and Dr × [male]”). As a result, a team of men and women at the Mayo Clinic called for implementation of a standardized Internal Medicine Grand Rounds introduction for all speakers, regardless of sex.¹² This led to parity in recognizing professional titles. Another important surveillance strategy can occur within admissions committees. For example, many institutions mandate interviewer training and unconscious bias sessions to increase awareness of conscious and unconscious biases. In addition, institutional strategies must be transparent, supported by the top leadership, and iterative to be successful. Evidence-based best practices should be incorporated

and accompanied by metrics to promote accountability. Similar surveillance approaches are necessary to address inequities and maintain equity in compensation and leadership representation. These examples illustrate how advancement of DEIAR principles and policies can achieve significant impact through training, resources, and tracking and accountability.

The need for greater representation of women leaders in medicine is an institutional imperative that requires systemic changes. Successful, sustained recruitment and promotion of women physicians into leadership roles need both individualized efforts and institutional support. This case-based article serves as a guide for women physicians of all career stages to explore modifiable factors that impact career advancement and leadership opportunities. These real-life examples are paired with learning points and offer practical solutions for individuals and institutions, including 2 resource tables.

CASE 1: WORK-LIFE INTEGRATION (REFRAMING YOUR NARRATIVE)

Dr D is an early career physician with evolving life priorities: “I am obligated to travel for work, often out-of-the-country. Leaving my kids was the hardest challenge I’ve ever faced in my life and career, particularly when my second daughter was less than a year old. The pride I had in my professional life was mixed with the overwhelming guilt of being away from my family during such a vulnerable and impressionable time. I told myself that I work for the benefit of my daughters, I lead others for my daughters, so that they can see, firsthand, what is possible for women to achieve in this world.”

Dr D describes the guilt that many women physicians experience, often challenged to choose between career goals and family obligations. For example, women in pediatrics spend more time on household responsibilities than men, and sex discrepancies still exist regardless of work intensity.^{13,14} The path to desired leadership roles is often fraught with long hours and personal trade-offs. Some leaders model poor work-life integration like a badge of honor (eg, late night e-mails, forfeiting lunch, and restricting family time).⁴ Meetings for career advancement or socializing frequently occur during early morning hours or after-work times that may conflict with peak caregiving responsibilities. Consequently, some women physicians choose part-time employment and/or forego leadership opportunities, exacerbating systemic “talent or brain drain.”¹⁵ Although this choice may mitigate stressors, there are inherent longitudinal consequences on career and financial trajectories. Women are held to different expectations because of unconscious and conscious biases, and discrimination.¹⁶ Instead of advancing to leadership roles, they may be relegated to managerial roles with administrative and service work that is often invisible, associated with emotional stress and less compensation.^{16,17} Such work seldom result in publications, awards, esteemed committee appointments, or speaking opportunities, which are important benchmarks for promotion or pay increase.¹⁸

WAYS TO NAVIGATE

Psychologist Dr Brené Brown explores that the most impactful stories are the ones we tell ourselves and recommends to “reckon with emotions to change your narrative.”¹⁹ Despite the

internal conflict of being away from her family, Dr D adopts a reframing approach to tell herself “a different story” about the benefits of her work. Then she redefines her roles as caregiver and physician. Working through her guilt, Dr D reconciles that she is role-modeling behaviors that will broaden the worldviews of her daughters. In addition, her actions impact the next generation of women in the workforce. Accordingly, this change in mentality can drive negotiation of more effective, solution-oriented behaviors (eg, requesting a virtual assistant join work trips to track and coordinate meeting action items, which can improve efficiency and save time).

Despite more responsibility, negotiation can yield leadership roles for greater control over work schedules, promotion, and administrative support. These may not be available in full-time clinical positions. Physician leaders must stipulate these valuable resources for ideal engagement, including space, funding, personnel, protected time, and flexibility²⁰ (Table 1). Lastly, organizations that promote collaborative negotiation can empower women physicians and yield creative and mutually acceptable outcomes.

Readers can reflect on the following questions to reconcile personal goals with the culture of the organization: What is the current state of your work and personal life? Do models for your ideal work schedule currently exist at the organization?²¹ How can you negotiate changes that will benefit your work-life integration? Critically, reframing the work-life narrative requires negotiation skills, mentorship, and support to prevent burnout or a breakdown in relationships. Can you identify those who can help you (Table 1)?²²

CASE 2: TO LEAVE OR TO STAY? PRIORITIZING YOUR VALUES

Dr E shares her story as an early career physician initially working in a hospital system: “I was the only woman who identified as Black, Indigenous, or a person of color in leadership, the youngest, and the only individual in my unit with a medical license. My recommendations were often dismissed or not acknowledged unless a man or white woman reiterated them. I finally decided to leave, after a revelation that the situation was not going to change and that I had options. I started my new job exactly one year after I left my former leadership position. In my new health care company, my opinions are valued and respected. Although I am still the only Black, Indigenous, or a person of color woman, I feel included in an organization that values diversity. They are willing to acknowledge and address the institutional racism and microaggressions that occur in work settings.”

Hostility, marginalization, and discrimination disproportionately affect physicians historically marginalized and excluded in medicine, causing undue and even traumatic stress.² Accordingly, the stories we tell ourselves when workplace aggressions occur may have a self-deprecating or maladaptive tone to make the toxicity more bearable (eg, “I will have a hard time finding another position” or “I am inadequate and it’s better if someone else reinforces my point”). Career transitions are often triggered by unmet needs (eg, a disinterested or uninterested supervisor). Other times, an untimely sentinel event may catalyze efforts to separate from the employer.

TABLE 1 Summary of Cases, Resources, and Institutional Calls for Action

Problem	CASE No.	Resources to Navigate Transition	Individual Strategies	Organizational Call for Action
Internalized guilt and frustration with work–life integration manager versus leader work	(1) Dr D: work–life integration: the story you tell yourself to reframe the narrative	Reframing/Negotiating: <i>Gazelle, G. Resources for Physician Coaching, Burnout, Stress Reduction</i> ; Coaching resources: <i>International Coaching Federation</i> ; Caretaking in Academic Medicine: <i>Caretaking in Academic Medicine: From pregnancy through early parenting, Association of American Medical Colleges</i> ; Manager versus Leader: <i>Three Differences Between Managers and Leaders, Harvard Business Review (HBR)</i>	Redefine and align professional and personal life goals to achieve work-life integration ³² ; optimize conflict management and negotiation skills for ideal work-life integration; avoid pseudopromotions that are restricted to managerial work without long-term benefits; appraise leadership roles with potentially more time and flexibility for work-life integration ^{33,34} ; recognize that system and culture matter; vet options early and continuously	Prioritize a culture that promotes work-life integration through inclusive family-friendly policies and leaders that serve as role models (eg, on-site child care and lactation facilities); implement institutional changes that benefit work-life integration with attention to holding meetings and events within work hours and redistribution of tasks to more administrative staff; leverage advances in technology and team-based care that optimize flexibility with examples of remote scribe services and informatics engagement to omit obsolete orders and streamline workflows; sponsor well-being programs that promote work-life integration and self-care with integration of automated institutional resources to track vacation and sick days for individual record keeping and reminder prompts to encourage use of this time without penalty or shame; evaluate existing leadership roles to yield changes through a DEIAR lens with use of anonymous “fair and just” culture assessments, leadership performance reviews, and transparent channels to bring forth both concerns and praise of progress; train leaders to prioritize work-life integration paired with accountability; implement programs to improve open communication and encourage collaborative negotiation strategies such as through salary equity audits for salary adjustments with full transparency
Wrong environment and match, irreconcilable workplace hostility, and discrimination	(2) Dr E: when deciding to leave or stay, prioritize your values	Managing transitions: <i>Transition from Management to Leadership, American Association for Physician Leadership, How to Become an Effective Leader, Medscape, Strategies for Advancing the Careers of Women of Color in Academic Medicine, AAMC</i> ; <i>Thorndyke L, Grayson M, Gusic M. Navigating the Transition to a New Leadership Position: Moving on and Moving up. The Journal of Teaching and Learning Resources. AAMC</i> ; <i>Networking: Top Social Networks for Doctors, Nurses, and Healthcare Professionals, UpCity. March 29, 2021</i> ; Physician Moms Group, Facebook	Recognize there are always options for greater support; appraise the toxicity in the work environment to communicate to organizational leadership through regular meetings with a personal champion(s) or affinity group; mobilize fellow upstanders and allies who can review potential for work changes, before deciding to leave a toxic work environment; engage early, longitudinal career guidance as historically marginalized and excluded in medicine to help mitigate the physical and mental impact of racism (allostatic load) ³⁵ and bias	Reach goal of 100% participation in conscious and unconscious bias training for all levels of the organization, with the goal of promoting trust and communication for better teamwork; establish serial environmental scans for degree of toxicity with ongoing transparency of the results as well as open communication processes regarding remediation of problem areas; launch accountable action plans to address factors that limit recruitment, retention, and promotion of women leaders; monitor and track sex distribution in a variety of leadership positions within the organization; communicate results to senior leadership and more broadly within the organization; create a pipeline of talented, diverse women early in their careers by sponsoring leadership development programs; develop dedicated mentorship and sponsorship programs, including allyship, upstander, and career advancement; create mechanisms to recognize mentoring activities and outstanding mentors

TABLE 1 Continued

Problem	CASE No.	Resources to Navigate Transition	Individual Strategies	Organizational Call for Action
Negative self-talk and/or low self-esteem	(3) Dr I: finding a role that matches your values	Bidirectional interviewing: <i>DeCastro Jones R. Strategies for Cultivating Career Satisfaction and Success through Negotiation, AAMC; Woman Leaders: Gabow, PA. You Can't Parachute into Leadership. AAPL; A Guide to Prepare for Your First Job in Academic Medicine, AAMC; Find and Act on Local Opportunities for Improvement to Create Your Ideal Practice. AMA Steps Forward.</i>	Recognize the difference between a "best match" versus "gratitude-for-a-job-offer." Maximize satisfaction and career advancement by aligning your values with those of the organization; use interviews to bidirectionally compare your values with those of the company. Search for tangible examples and behaviors to indicate mutual alignment; improve discomfort with negotiating by thinking of others who also benefit	Establish diverse leadership with real power to influence real changes; develop tools and assessments to highlight cultural perceptions inside and outside of the organization, including use of nonexploitative media examples of diverse patient and employee populations; tailor resources for diverse constituents, related to mentorship, sponsorship, coaching, and access to mental health resources with use of existing community resources and development for areas of need; create "affinity groups" for peer-mentoring, support, and advocacy; create interview atmospheres for bidirectional learning and prioritization of mutual goals with greater transparency and provision of common onboarding priorities (eg, components of compensation model, dedicated office space, administrative help, schedule flexibility, mentorship, etc)
Feeling powerless or overlooked	(4) Dr A: negotiate to preserve your values	Negotiation: <i>Fisher R, Ury W. Getting to Yes: Negotiating Agreement Without Giving In, third ed. New York, NY: Penguin Books, 2011.; Voss C, Raz T, Kramer M. Never split the difference: negotiating as if your life depended on it. Unabridged. [United States]: HarperAudio, 2016.; Malhotra D, Malhotra M, Negotiation Strategies for Doctors – and Hospitals, HBR.; Heim P, Hughes, T, Golant SK. Hardball for Women: Winning at the Game of Business. Penguin Group, New York. 2015; A.Núñez "Ask For What You Need: A Workshop on Relational Skills for Negotiation" National Center of Excellence for Minority Academic Physicians. 2016-present (presentation); Contract negotiations: <i>Employment Contracting: Five Key Elements of a Physician Employment Agreement. AAFP; Multiculturalism: Lester, JS. The Future of White Men and Other Diversity Dilemmas.</i></i>	Aim for periodic conversations about your role; identify early discrepancies in role, effort, and/or compensation, with a goal to maintain excellent performance standing; follow-up in-person discussions with a written summary; create a job description of your role. This clarifies the current scope of responsibilities and related negotiation of salary and resources; generate a default response for time to clarify requests for new responsibilities; mitigate the minority tax by clarifying roles, time commitment, administrative support, and resources with the option to defer without guilt; produce tangible outcomes that document the impact of your efforts	Create organizational and cultural change through open dialogue and inclusive climate with aim for greater understanding rather than defensive posturing in response to concerns; build transparency about compensation equity and related evaluation and potentially outside the institution for greatest impact; engage a dedicated compensation committee to review pay equity and recommend structural changes with implementation strategies to promote guided individual and widespread procurement; demonstrate impact on DEIAR efforts as part of the promotions process and employee feedback; embark on cultural and strategic plans to engage all employees in longitudinal DEIAR initiatives instead of selective events or days of the year; create mechanisms to support those who lead or work on DEIAR efforts (salary support; administrative support); mitigate minority tax by holding all members accountable for DEIAR annual performance contributions

TABLE 1 Continued

Problem	CASE No.	Resources to Navigate Transition	Individual Strategies	Organizational Call for Action
Overcoming mistakes	(5) Dr R: putting it all together	Advocacy and Allyship: <i>Group on Women in Medicine and Science (GWIMS) Toolkit, AAMC; Newman C, Templeton K, Chin, EL. Inequity and Women Physicians: Time to Change Millennia of Societal Beliefs. The Permanente Journal. 2020; 24:20.024; Helitzer DL, Newbill SL, Morahan PS, Magrane D, Cardinali G, Wu, CC, Chang S. Perceptions of Skill Development of Participants in Three National Career Development Programs for Women Faculty in Academic Medicine. Acad Med. 2014 Jun; 89(6): 896-903.</i>	Memorialize expectations and always get it in writing; when expectations are changing, clarify what is expected within a reasonable scope, meet and/or exceed expectations, and communicate successes regularly; confirm opportunities for reevaluation and renegotiation; leverage experience and practice to negotiate needs throughout career; senior career women physicians are not immune to discrimination and multiple biases; identify peer mentors and networks to navigate challenges and strengthen self-confidence; share wisdom and best practices as mentors and trusted leaders to affect systemic changes	Reach 100% engagement through unconscious bias training for all levels of the organization; provide institutional support for professional development courses that include skill development in negotiation, finance, leadership styles, and conflict management; promote a culture of advocacy and allyship; train leaders to be flexible and collaborative in terms of prioritization, reprioritization, and leading during times of change; sponsor sex-specific leadership development and mentorship programs for women, emphasizing transition into or out of leadership roles; may offer option to opt-out for greatest inclusion

WAYS TO NAVIGATE

When feeling undervalued or experiencing disrespect, it is critical to decide whether a change will justify associated risks, benefits, and alternatives. Women can attempt to mobilize support and find upstanders and allies to assess the potential for evolution within the work environment. Preemptively, leaders can negotiate change after intentional self-reflection as well as engaging in work climate scans. Helpful reflection questions include: How acceptable is any degree of toxicity in the workplace? What is the physical and mental health impact of oppression on me and my ability to function? What is the impact on clinical or nonclinical outcomes?³ Would I be supported if I were to make this situation known to my workplace? These questions

are better echoed in front of a sounding board of individuals with similar experiences who can serve as champions. For optimal progress, women must be able to reconcile the vulnerability in asking for help and support. In addition, counseling and other mental health resources may help offset chronically ingrained and potentially harmful survival strategies.

Allies can help navigate away from jeopardizing situations.²² Iterative meetings with mentors, coaches, or other allies can review the current situation, state of well-being, career aspirations, and work environment for strategic planning. Professional affinity groups for networking are available locally, nationally, and internationally through medical schools, medical and nonmedical

societies, multidisciplinary organizations, and professional development programs (Table 2). In parallel, interviewing for career alternatives can validate self-worth and provide options.

CASE 3: FINDING A ROLE THAT MATCHES YOUR VALUES

Dr I shares this story as a midcareer physician: “I interviewed for executive positions at prestigious institutions that felt hostile. The subtext of the interview was: ‘How could a younger woman direct and supervise senior male colleagues?’ After reflection, I realized it was counterintuitive to ‘mimic the traditional model’ of leadership. Unlike earlier in my career, I decided to be authentic and transparent during the interviews, asking directly, ‘How will [this

TABLE 2 Helpful Leadership Resources Designed for Women Physicians

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- (1) Women's Wellness through Equity and Leadership
 - (2) Group on Women in Medicine and Science; Association of American Medical Colleges
 - (3) American College of Physicians: Women in Medicine
 - (4) Association of American Medical Colleges Early and Mid-Career Women Faculty Leadership Development Seminars
 - (5) Executive Leadership in Academic Medicine
 - (6) Additional resources available through American Academy of Family Physicians, American Psychiatric Association, American College of Obstetricians and Gynecologists, American Hospital Association, American Academy of Pediatrics, National Medical Association, GLMA: Health Professionals Advancing LGBTQ Equality
-

institution] respond to a younger woman leader?' When I got the position, I felt more natural and genuine, stepping into the position as my 'full self.'"

This example illustrates that the prestige of a job opportunity can confuse a "best match" with "gratitude-for-being considered" job-offer. More targeted questions can bring red flags to the surface during interviews, such as exposing antiinclusive environments (eg "what plans exist to increase diversity of executive leadership teams?").

WAYS TO NAVIGATE

When faced with aspirational job descriptions, ask the right questions and look for demonstrable behaviors. In preparation, women can apply interview strategies that root their values and must expect to negotiate.^{21,23} To combat discouraging self-talk, reframe the story as such: "the institution gains greatly when the environment allows me to perform my best, and this negotiation is required for me, my family, and others in the organization to thrive."^{21,24} Women negotiate more effectively when fighting for something greater than themselves (eg, family or community).²⁵ Of note, those historically marginalized and excluded in medicine benefit from at least 35% workplace

representation to promote alliances and impactful counterculture.²⁶ Will you be the first and only person of your identity? How will that impact your new role? Is there visible evidence of integration, retention, and promotion of physicians who are historically marginalized and excluded in medicine? Do the interviews include executive and front-line employees with consistent, inclusive mission signaling? Are your values aligned with the organization? After 1 year in this position, what will success look like for you?

Organizations that obtain and review continuous feedback about their processes for recruitment, retention, and promotion can better align future goals and targets. Methods may include surveying new candidates for their insights and perceptions and incorporating in-depth exit interviews for resigning employees.

CASE 4: NEGOTIATING TO PRESERVE YOUR VALUES

Midcareer physician Dr A shares: "I asked for a meeting with my executive supervisor a couple of months ago to discuss the fact that I spend ≥ 15 hours a week on top of my actual job to do this additional role, and yet I get paid only \$100 a month for the added work. I asked that they pay me appropriately because other health officers get

paid much more. I have yet to hear back, even though I check in every other week to find out."

This case highlights a midcareer physician, who is aware of the comparable industry compensation for her role and has verbalized her concerns regarding the pay inequity to her boss. Unfortunately, she is being undervalued and ignored.

Supervisors may request individuals take on additional work. This may be outside of established expectations and without additional compensation. Individuals may unwittingly contribute to pay gaps by assuming a new title without negotiating requirements for success, and this can be compounded by socio-political barriers. This can augment pay differentials, especially in specialties like pediatrics and family medicine, which traditionally make less money. In this example, a lack of role clarity may jeopardize perception of performance, inhibit upward mobility and compensation, and lead to burnout.

The "minority tax" is an important driver of burnout and source of inequity for women physicians and those from groups that are historically marginalized and excluded in medicine.^{27,28} This term encompasses the burden of extra responsibilities and pressure to support activities and others who have been historically marginalized and excluded in the name of diversity.^{27,28} These responsibilities usually come with limited recognition, little or no compensation or protected time, and exposure to additional bias.²⁷ Combined with a full load and inadequate support, these duties lead to stress and burnout, with disproportionate consequences for

those from historically marginalized and excluded groups.

WAYS TO NAVIGATE

We encourage clarification of roles and negotiation of remuneration upfront before accepting new positions. Realistically, you define what you can and cannot do, and the resources needed for success. To better appraise the role, effort, and compensation, draft a job description with a hypothetical third party in mind. Use this to evaluate the current scope of the role, delegate, and negotiate the final role responsibilities. This is a helpful, periodic practice. Finally, secure all agreements in writing.

For requests to increase role responsibilities, consider a default waiting period for reflection and response. Example responses include: “that is really interesting—please send me an e-mail with more detail about that,” which allows time for information gathering. Before making a commitment, weigh the benefits of the opportunity versus the cost to values like personal time and work-life integration. Consider roles carefully that yield tangible benefits for career trajectory. If unable to meet the request, suggest a future consideration: “happy to reconsider if my capacity increases over time.” Instead of apologizing out of guilt, use the phrase “my regrets” to connote empathy instead of “I am sorry,” which can imply fault. In brief, an invitation to perform an additional function empowers you with how to respond.

Organizations must promote an open dialogue and climate. Approaches can include flattened hierarchy and transparency about compensation and equity as well as engagement of a dedicated

compensation committee. As part of promotion assessments, tracking measurable DEIAR efforts may influence progress.

CASE 5: PUTTING IT ALL TOGETHER

Dr R explains, “I neglected to get my new role description in writing, and a few months later, I received a notice from my boss that the department had rescinded funding for aspects of the role previously promised. I vented to a close colleague, and then in response, I drafted an e-mail to my boss with a list of what was within my scope of practice versus what would require delegation to someone else. I then scheduled a follow-up meeting to discuss everything, setting the tone as collaborative instead of adversarial. After a few months on the renegotiated terms (and meeting the updated deliverables as promised) my boss reinstated my requests for the expanded role in writing. It was a win-win outcome for me and the organization.”

WAYS TO NAVIGATE

Experience and lifelong learning can improve recovery time from challenges. However, mid-to-late career women physicians still face sex discrimination, complicated by financial and caregiving pressures as factors contributing to burnout.^{29,30} Compounding this double-bind, women may not have prominent role models in later stages of their careers, although this is changing with time. Successful senior career physicians manage career challenges²⁷ by carefully negotiating conversations and documenting them.^{21,31} Through role models that may or may not look like them, they form alliances, collaborations, and teams to produce tangible outcomes, strengthen track

records, and successfully lead organizations.

These lessons and strategies support institutions and empower women physicians to actively pursue leadership roles, which takes grit. Organizations can accelerate progress by sponsoring initiatives that champion compensation equity, advancement, well-being, work-life integration, and DEIAR. The impetus for job transition begins with identifying the source of conflict, and often relates to a mismatch of personal and institutional values and culture. Significantly, leadership roles may yield more flexible integration of personal and work priorities, and institutional change toward DEIAR. Experience, mentorship, and professional development provide more satisfying responses during these transitions.

Institutions and the institution of medicine require values-driven, committed leaders of all genders to take appraisable action to change the status quo. This can help repair a disparate culture sustained by centuries of active and passive discriminatory practices. This call to action prioritizes justice, DEIAR, and excellence. Incontestably, individuals and institutions must recruit, retain, and promote women and those historically marginalized and excluded in medicine into leadership roles to achieve this aim.

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ABBREVIATION

DEIAR: diversity, equity, inclusion, and antiracism

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