



GLASS CEILINGS AND STICKY FLOORS

Time for the Department of Pediatrics to Renovate
to Improve Opportunities for Women in Leadership

EXECUTIVE SUMMARY

Women in Leadership Task Force of the McGill Department of Pediatrics
May 4, 2017

TASK FORCE MEMBERS

Laurie Plotnick (Chair) MD CM, FRCPC

Associate Professor, Faculty of Medicine, McGill University

Associate Director, Division of Pediatric Emergency Medicine, Montreal Children's Hospital, MUHC

Ingrid Chadwick PhD

Assistant Professor, Management, John Molson School of Business

Jean-Pierre Farmer MD CM, FRCSC

Professor, Neurosurgery, Pediatric Surgery, Oncology and Surgery, McGill University

Chair of Pediatric Surgery and Pediatric Neurosurgeon, Montreal Children's Hospital, MUHC

Stephen Liben MD, FRCPC

Professor, Department of Pediatrics, McGill University

Director, Pediatric Palliative Care Program, Montreal Children's Hospital, MUHC

June Ortenberg MD, FRCPC

Assistant Professor, Department of Pediatrics, McGill University

Division of General Pediatrics and Medical Genetics, Montreal Children's Hospital, MUHC

Joyce Pickering MD, FRCPC, FACP

Associate Professor, Department of Medicine and Department of Epidemiology and Biostatistics, McGill University

Executive Associate Physician-in-Chief, Department of Medicine, MUHC

Maria Psihogios MD

PGY2 Department of Pediatrics, McGill University

Montreal Children's Hospital, MUHC

Aimee Ryan PhD

Associate Professor, Departments of Pediatrics and Human Genetics, McGill University

Deputy Executive Director and Deputy CSO of the RI-MUHC (Interim)

Christine Sabapathy MD, MSc, FRCPC

Assistant Professor, Department of Pediatrics, McGill University

Residency Training Program Director, Division of Hematology-Oncology, Montreal Children's Hospital, MUHC

Samara Zavalkoff MD CM, FRCPC, FAAP

Assistant Professor, Department of Pediatrics, McGill University

Division of Critical Care, Montreal Children's Hospital, MUHC

TASK FORCE GUIDING PRINCIPLES

- 1. “The rise of women does not mean the fall of men.”** (*Stephanie Coontz*) – The work of the Task Force is inclusive of all genders. The goal is not to minimize men, but to gain an understanding of the gender gap and to consider strategies to achieve gender parity in leadership positions. The goal is to “level the playing field”, so that a male and female with equal suitability for a leadership position truly have equal access to it. Not all women will be suitable for leadership, just as this is true for men. Ultimately, the recommendations from the Task Force are expected to benefit all genders in supporting potential leaders from any gender to be successful.
- 2. Diversity** – The Task Force mandate was to examine gender diversity in leadership in the Department of Pediatrics. However, many of the concepts and ideas discussed in this report apply to many aspects of diversity e.g. race, ethnicity, sexual orientation. Therefore, the Task Force is optimistic that the report will result in a better understanding of the value of diversity and that the recommended strategies will bring greater overall diversity in the Department of Pediatrics’ leadership.
- 3. Gender Terminology** – The Task Force recognizes that gender is not dichotomous but rather best represented on a spectrum and that, for some, gender is an artificial construct entirely. However, for the purposes of the report, we are restricting ourselves to male versus female gender, as this reflects the current literature on the subject of gender disparity.
- 4. Gender Generalizations** – The Task Force recognizes that, although the report discusses generalizations about women and men, not all women and men fit these generalizations. Characteristic traits and behaviours of women and men are well-supported by the literature and understanding them is fundamental to understanding the gender gap and proposing solutions that will result in true equal opportunities. The report will discuss the negative consequences resulting from overgeneralizations and false assumptions.
- 5. Leadership Terminology** – In this report, the term “medical leadership” refers to the various types of leadership roles that exist for members of the Department of Pediatrics including those related to research, administrative, education and clinical. The Task Force recognizes that the lines are often blurred between hospital, departmental and university roles, and therefore the report includes the discussion of some roles that, to some, may not be seen as purely academic.

EXECUTIVE SUMMARY

Although women comprise 59% of the faculty (assistant, associate and full professors) of the McGill University's Department of Pediatrics, there remains a disproportionately low number of women with "full professor" rank and in high level (i.e. highly visible and valued) leadership positions within the Department.

Gender diversity in medical leadership results in improved patient care and outcomes through an increase in creativity, productivity and innovation,¹⁻⁹ improved decision-making and health^{1,3,4,6,9-13} and increased engagement of faculty and other health care professionals.⁹ However, the increasing number of female faculty within Pediatrics has not resulted in a proportionate increase in the number of women assuming leadership roles. Women are as equally interested in leadership positions as their male colleagues, yet the leadership opportunities for women are inferior to those of men and providing what appears to be "equal" opportunities will not necessarily result in gender equality in leadership positions.¹⁴

Therefore, in April 2016, the Women in Leadership Task Force of the McGill Department of Pediatrics was created to develop strategies and realistic action plans that will result in an increased number of women applying for and assuming leadership positions within the Department of Pediatrics.

Barriers to Women Applying for and Assuming Leadership Positions

Through an extensive literature review, participation in the Leadership for Medical Women conference (Physician Leadership Institute, Canadian Medical Association) by two task force members, and results from the Women in Leadership Department of Pediatrics survey and focus groups, the Task Force gained a better understanding of the perceived and real barriers to women attaining high level medical leadership positions within the Department of Pediatrics. These barriers include:

1. **Image of effective leadership as traditionally "male"** due to implicit biases in both women and men which results in less women envisioning themselves in leadership roles and less women being considered for these positions.
2. **Lack of active guidance for women** in the form of mentorship and networking opportunities which results in less awareness and consideration of women for roles that will lead to career advancement.
3. **Disproportionate amount of family obligations** for women resulting in the assumption that women are less interested, dedicated or able to take on more visible roles and less time for women to actually take on leadership roles.
4. **"Distracting roles"** that women assume rather than higher level leadership roles. In other words, women disproportionately assume clinical and educational leadership roles that are less visible and valued while also being more time-consuming, and therefore impede on opportunities for leadership career advancement.
5. **Outdated organizational structure** that relies on a career framework based on the traditional man's work-life cycle (i.e. does not account for the peaks and valleys of career advancement that women commonly experience often related to family obligations) and does not ensure a family-friendly work environment, a gender diversity policy, nor tracking of gender-related data and measuring of gender-related metrics.

Task Force Recommendations

Based on the identified barriers to women assuming leadership positions within the Department of Pediatrics, the Task Force proposes six recommendations with associated action plans that the Department of Pediatrics should implement to help close the gender gap in medical leadership.

- 1. Implement gender diversity training and education** through the recruitment of a diversity expert to help implement gender-diversity training of faculty members, a gender-diversity policy, and specific gender-diversity training of all leaders within the Department of Pediatrics which will result in bias-free selection and promotion processes.
- 2. Track and monitor demographic data and metrics** to determine ongoing gender disparity issues and whether implemented initiatives have been effective in a measurable capacity.
- 3. Adopt a renewed career framework** that would allow flexibility in work to support work-life integration and career advancement, optimizing faculty productivity and wellness.
- 4. Provide active guidance for women** which includes a formal mentorship program (for both men and women), increased networking opportunities for women and increased participation of women in leadership, career-related and scientific workshops, programs and meetings.
- 5. Establish a family-friendly work environment** which would aim to benefit both women and men by re-evaluating concepts (such as flexible meeting times and remote access) to allow participation of faculty with family-related responsibilities, and establishment of on-site services and amenities to facilitate work-life integration.
- 6. Formally recognize departmental members' clinical, administrative and educational achievements equal to research achievements**, allowing for such achievements to be celebrated and held in high regard benefiting faculty and trainees of all genders.

Although the focus of the Task Force was on gender diversity, implementation of the recommended action plans will benefit faculty and trainees of all genders and will provide the foundation to increasing diversity across race, ethnicity, culture, sexual preference, and socioeconomic origins. By realizing the Task Force recommendations, the McGill Department of Pediatrics will be an innovative leader within the McGill Faculty of Medicine by breaking down barriers that both women and men may face related to assuming high level medical leadership positions and supporting faculty self-actualization and wellness, all of which will also translate into richer academics and better patient outcomes.

REFERENCES (EXECUTIVE SUMMARY)

1. Corbet C, Hill C. Solving the Equation. *www.aauw.org*. 2015.
2. Chang S, Morahan PS, Magrane D, et al. Retaining Faculty in Academic Medicine: The Impact of Career Development Programs for Women. *J Womens Health (Larchmt)*. 2016;25(7):687-696.
3. Grimm LJ, Ngo J, Pisano ED, Yoon S. Men (and Women) in Academic Radiology: How Can We Reduce the Gender Discrepancy? *AJR Am J Roentgenol*. 2016;206(4):678-680.
4. Advisory Council for Promoting Women on Boards. *Good for business - a plan to promote the participation of more women on Canadian boards*. Ottawa, CA June 2014.
5. Vongalis-Macrow Ae. *Career Moves: Mentoring for Women Advancing their Career and Leadership in Academia* Sense Publishers; 2014.
6. Skroupa C. We Talk About Gender Diversity, But What We Really Mean Is This. *Forbes* 2016:6.
7. Bismark M, Morris J, Thomas L, Loh E, Phelps G, Dickinson H. Reasons and remedies for under-representation of women in medical leadership roles: a qualitative study from Australia. *BMJ Open*. 2015;5(11):e009384.
8. Soklaridis S, Lopez J. Women for a change: closing the leadership gap. *Acad Psychiatry*. 2014;38(6):731-736.
9. Ovseiko PV, Edmunds LD, Pololi LH, et al. Markers of achievement for assessing and monitoring gender equity in translational research organisations: a rationale and study protocol. *BMJ Open*. 2016;6(1):e009022.
10. Warren A. *Checking the Pulse of Women in Bioscience: What Organizations Need to Know*. 2011.
11. Carnes M, Morrissey C, Geller SE. Women's health and women's leadership in academic medicine: hitting the same glass ceiling? *J Womens Health (Larchmt)*. 2008;17(9):1453-1462.
12. Murrell D, Ryan T, Bergfeld W. Advancement of women in dermatology. *The International Society of Dermatology*. 2011;50:8.
13. Wenger N. Women in Leadership Positions in the Medical Academic Enterprise: The Impact of Career Development Programs for Women. *Arch Intern Med*. 2008;168(5):2.
14. CIDA. *Gender Equality: Policy and Tools*. Canadian International Development Agency 2010:16.