

# The GRACE Project

**Generating Respect for All in a Climate of academic Excellence**

**Sponsored by the Dean of the University of Arizona College of Medicine  
Conducted by the Dean's Committee on Women Faculty**

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GRACE Project Website  
[www.medicine.arizona.edu/grace](http://www.medicine.arizona.edu/grace)

## An Overview of the GRACE Project

The GRACE (Generating Respect for All in a Climate of academic Excellence) Project was designed by the Dean's Committee on Women Faculty to document and investigate causes of disparities between male and female faculty at the University of Arizona College of Medicine (COM) with the ultimate goal of identifying and implementing solutions to documented barriers. To achieve this objective, we focused on several areas of the academic setting – salaries, rank attainment, track assignment, leadership issues, institutional resources, and treatment of faculty. The Project consisted of three main parts: collection of institutional data, an on-line survey of faculty members, and interviews with randomly selected faculty and a small group of department heads. This provided quantitative and qualitative data from which we could assess the presence and causes of gender inequities in the College.

Analyses of the institutional data and the survey of faculty members documented the following gender disparities:

### ❖ SALARY INEQUITIES

On average, female faculty members at the College of Medicine earned \$12,777 (or 11%) less than male faculty in 1999-2000, after adjusting for other predictors of salary.

### ❖ RANK AND TRACK INEQUITIES

Female faculty were disproportionately represented at the assistant professor level and on clinical and research tracks: 63% of female faculty were assistant professors compared to only 31% of male faculty being assistant professors, and 63% of women were on non-tenure tracks compared to only 37% of men.

### ❖ LEADERSHIP INEQUITIES

There were no female department heads and only 11% of section heads were women in 2000. Women and men were equally likely to report *aspirations* for leadership positions, but women were significantly less likely to have been *asked to serve* as leaders.

### ❖ RESEARCH SPACE INEQUITIES

Seventy-three percent of female full professors reported sharing research space as compared to only 40% of male full professors. Women reported exerting more effort to obtain research space.

### ❖ GENDER DISCRIMINATION

Almost one third of women reported being discriminated against, as compared to only 5% of men. The majority of women (68%) questioned whether the College responded appropriately to such charges, as compared to only 15% of men.

In an effort to address these gender disparities, the Dean's Committee on Women Faculty developed a series of recommendations for the College of Medicine administration. We recommend a four-part process of continuing to monitor the problem, fostering faculty development and diversity, improving campus climate and increasing productivity, and making the issue official.

## Methods

### *Selection of Faculty*

The GRACE project selected its study population of faculty members in the College of Medicine as those who met the following criteria as of July 1, 2000:

- Primary appointment in one of the nineteen College of Medicine departments<sup>1</sup>
- 50% time, located in Tucson
- Research, tenure, and clinical suffix tracks only
- Assistant, associate, and full professors only

These criteria created a population of 418 faculty members.

### *Data Sources*

Data for this study came from three primary sources: institutional databases, an on-line survey of faculty members, and open-ended interviews with faculty.

First, quantitative data on gender, rank, years in rank, track, degree, department, specialty, and leadership positions were obtained from the College of Medicine Appointed Personnel database. Salary data came from the University of Arizona University Information Systems database (salary data was missing for five faculty members lowering the population of faculty to 413). We collected information on research and clinical productivity from additional sources. The lifetime number of peer reviewed publications was counted from current curriculum vitas provided by each department for 87% of faculty (n=361). In addition, University Physicians Inc. provided the total amount of clinical revenues generated by each clinical faculty member during the 1999-2000 fiscal year (n=241).

Second, faculty members were surveyed using a structured questionnaire to obtain information on individuals' ideas about and experiences with leadership, promotion, professional and personal career issues, institutional support and space, resource procurement, and treatment by colleagues and superiors. Demographic information was collected for data analysis purposes. The survey also allowed respondents to elaborate in an open-ended fashion on any response. All survey responses were confidential. To encourage faculty participation, a letter was sent from the Dean to all faculty members in the dataset requesting their participation in this on-line survey, entitled The Faculty Advancement Survey. Instructions were provided on how to access the survey, and the letter included a password to ensure that only eligible faculty participated. Over the next several weeks, three reminders were sent out either by campus mail or email. To encourage participation, a \$100 gift certificate to a restaurant of the respondent's choice was donated for every 100 respondents. Forty-seven percent (n=198) of eligible faculty members responded to the survey.

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<sup>1</sup> Departments existing as of July 1, 2000 and included in this study were: Anesthesiology, Biochemistry, Cell Biology and Anatomy, Family and Community Medicine, Medicine, Microbiology and Immunology, Neurology, Obstetrics and Gynecology, Ophthalmology, Orthopedics, Pathology, Pediatrics, Pharmacology, Physiology, Psychiatry, Radiation Oncology, Radiology, and Surgery. The Arizona Prevention Center had just become the College of Public Health, but we opted to include it in this study since it had recently been a department in the College of Medicine.

Finally, we conducted ethnographic interviews with a representative group of faculty to provide a more detailed look at individuals' perceptions and experiences at the College of Medicine. Topics included career choices, promotion experiences, advice received, mentoring, committee and leadership experiences, barriers to faculty development, and personal success. A representative sample (n=80) of faculty from the population of 418 was identified, as follows. Male and female faculty were categorized according to their rank, track, and type of department (basic science and clinical). Associate and full professors were merged into one group since they had already been promoted and, in the case of tenure track, received tenure. A total of 9 groups were identified, and approximately 20% of each group were selected for interviewing. To assure adequate sampling of women given the 3 to 1 ratio of men to women on the faculty, one male was selected for each female identified in each of the 9 existing categories. Faculty were selected by generating random numbers for each potential respondent and then ordering them from smallest to largest. Every nth person was then selected, with "n" depending on the number of faculty to be interviewed in each group. Department heads were not eligible to participate in ethnographic interviews since they were to be interviewed separately about perceptions of gender issues and possible solutions.

All selected faculty were contacted by telephone and/or email and invited to participate in the interview. Graduate students with extensive experience in interviewing scheduled and conducted the interviews in the faculty member's office. With permission, interviews were tape recorded and transcribed verbatim. Eight faculty members refused to participate, 17 were unreachable despite multiple phone messages and emails, and five had left the university. We randomly selected several replacement faculty, four of whom agreed to be interviewed. A total of fifty-four faculty members were interviewed, approximately 68% of the randomly selected faculty and 13% of the entire study population.

### *Characteristics of Faculty*

The following table gives demographics for the total population of faculty, survey respondents, and interview respondents according to gender, department type, rank, track, and degree. The table also compares the survey and interview respondents to non-respondents to assess the representativeness of the samples to the study population. Survey respondents were significantly more likely to be female, from basic science departments, on the tenure track and have a PhD. As intended, faculty who participated in the ethnographic interviews differed little from the population, except that more were women and a higher proportion had PhDs.

	<b>All COM Faculty</b>	<b>Survey Respondents</b>	<b>Interview Respondents</b>
Total (n)	413	198	54
Gender: Male	72% (297)	66% (130)*	46% (25)**
Female	28% (116)	34% (68)	54% (29)
Type of Dept: Basic	17% (71)	23% (45)**	22% (12)
Clinical	83% (342)	77% (153)	78% (42)
Rank: Assistant	40% (165)	37% (74)	50% (27)
Associate	24% (100)	26% (52)	20% (11)
Full	36% (148)	36% (72)	30% (16)
Track: Research	15% (60)	15% (29)*	24% (13)
Clinical	30% (122)	25% (49)	24% (13)
Tenure	55% (231)	61% (120)	52% (28)
Degree: PhD	38% (157)	46% (91)**	52% (28)*
MD	62% (256)	54% (107)	48% (26)

\* p<.05, \*\* p<.01

A chi-square test was used to test for statistically significant differences between proportion of respondents and non-respondents.

## *Data Analysis*

Data were stored in an ACCESS database and analysis of both the salary and survey data was conducted using SPSS. The dependent variable for salary analyses was total remuneration, including incentives and base salary. Salaries were log-transformed to remove the effect of outliers, such as exceptional individuals whose salaries are substantially higher than their colleagues of comparable rank, track and department. A multivariate ordinary least squares regression (OLS) model was used to estimate the effect of gender on salary adjusting for the following possible confounders: rank and years at that rank, track (tenure, clinical, or research track), degree (MD or PhD), administrative responsibilities (section/division chief, department head), and type of “specialty” (basic science department, generalist, non-surgical specialty, surgical specialty).<sup>2</sup> Adjusted mean salaries were computed from multivariate ANOVA models.

Survey responses were analyzed using standard statistical techniques, such as contingency tables, bivariate means tables, and multivariate ANOVA.

The ethnographic interviews serve two purposes. First, they provide qualitative support for many of the findings discussed below. Faculty quotes highlight personal experiences to complement many of the statistically derived findings. Secondly, qualitative data analysis methods will be conducted with the interviews to determine main themes and concerns of faculty members. These analyses are extremely time-consuming and not yet complete, thus they are not included in this summary report.

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<sup>2</sup> It would be impossible for the regression models to detect any relationships if every department and specialty in the College were included. Thus, we created four groupings to combine areas of medicine where salaries are similar. Basic science includes the five basic science departments (Biochemistry, Cell Biology and Anatomy, Microbiology and Immunology, Physiology, and Pharmacology). Generalists include the department of Family and Community Medicine, the Arizona Prevention Center, general Medicine faculty, and general Pediatrics faculty. Surgical Specialties include the five highest paying departments: Surgery, Orthopedics, Obstetrics and Gynecology, Anesthesiology, and Ophthalmology. Non-surgical specialties included all other groups including non-generalists in Pediatrics and Medicine and the departments of Radiology, Psychiatry, Neurology, Pathology, and Radiation Oncology. We tested the appropriateness of the groupings by comparing the mean salaries of departments, sections, and each category. Overall, the mean salary for faculty in the “basic science” specialty is \$84,870; “generalist” category \$90,655; “non-surgical specialty” category \$132,976; “surgical specialty” \$181,552.

# Salary

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## The Myth

The distribution of rewards at the College of Medicine is gender blind.

## The Facts

A simple comparison of the average total salaries paid to College of Medicine faculty in the 1999-2000 fiscal year reveals that women earn \$36,768 or 29% less than men's salaries.

A more realistic analysis of men's and women's salaries after adjusting for faculty rank, years in rank, track, degree, specialty, section heads, and department/center heads corroborates the existence of a gender disparity, showing that women earn a statistically significant \$12,777 or 11% less than what men earn (*women - \$104,713; men - \$117,490; p=.0003*).

## Common Justifications for the Disparity

*"The disparity only exists among faculty in the clinical science departments, where the number of patients one sees determines salary rather than a standard scale."*

NO. A breakdown of average adjusted salaries for male and female faculty in clinical and basic science departments shows a statistically significant disparity in both types of departments. The disparity is larger in clinical departments where the adjusted difference in average salary is \$13,691 or 11% as compared to \$7152 or 9% in basic science departments.

	<b>Men</b>	<b>(n)</b>	<b>Women</b>	<b>(n)</b>	<b>Female/Male Salary Ratio</b>	<b>P value</b>
Basic science departments <sup>1</sup>	\$81,283	51	\$74,131	20	.91	.03
Clinical departments <sup>2</sup>	\$125,893	246	\$112,202	96	.89	.002

<sup>1</sup> Analysis is adjusted for rank, track, degree, years at that rank, and department head. There are no specialties or section heads in the basic sciences. These variables account for 80% of the variation in salary ( $R^2=.80$ ).

<sup>2</sup> Adjusted for rank, track, degree, specialty, years at that rank, department head, and section head. These variables account for 68% of the variation in salary ( $R^2=.68$ ).

*"The disparity only exists among full professors who have been here for many years and it is not a problem for recent hires."*

NO. The gender disparities are largest among full professors but are still evident among assistant professors, suggesting that salary discrimination is not a thing of the past. The following table shows that female full professors earn 17% less than do their male colleagues, and female



assistant professors earn 9% less than their male colleagues. The gender disparity becomes borderline statistically significant among associate professors after controlling for the number of publications (p=.06).

<b>Rank<sup>1</sup></b>	<b>Men</b>	<b>(n)</b>	<b>Women</b>	<b>(n)</b>	<b>Female/Male Salary Ratio</b>	<b>P value</b>
Assistant Professor	\$100,000	93	\$91,201	72	.91	.03
Associate Professor	\$114,815	76	\$104,713	24	.91	.14
Full Professor	\$141,254	128	\$117,490	20	.83	.008

<sup>1</sup> Adjusted for track, degree, specialty, years at that rank, department head, and section head. Assistant professor equation, R<sup>2</sup>= .79; Associate professor equation, R<sup>2</sup>= .72; Full professor equation, R<sup>2</sup>= .61.

*“The disparity is limited to the tenure track.”*

NO. Gender disparities are evident among clinical and tenure track faculty. On average, clinical track women earn 15% less than clinical track men and tenure track women earn 11% less than tenure track men. Although research track women earn less than research track men, the disparity is not statistically significant.

<b>Track<sup>1</sup></b>	<b>Men</b>	<b>(n)</b>	<b>Women</b>	<b>(n)</b>	<b>Female/Male Salary Ratio</b>	<b>P value</b>
Research track	\$61,660	33	\$58,884	27	.95	.36
Clinical track	\$138,038	76	\$117,490	46	.85	.0008
Tenure track	\$128,825	188	\$114,815	43	.89	.01

<sup>1</sup> Adjusted for rank, degree, specialty, years at that rank, department head, and section head. There were no department heads on the research or clinical tracks and no section heads on the research track, so these variables were excluded from those analyses. Research track, R<sup>2</sup>=.56; Clinical track, R<sup>2</sup>=.52; Tenure track, R<sup>2</sup>=.68

*“Women do not generate the amount of clinical revenues that men do and it is revenues not gender that accounts for women’s lower salaries.”*

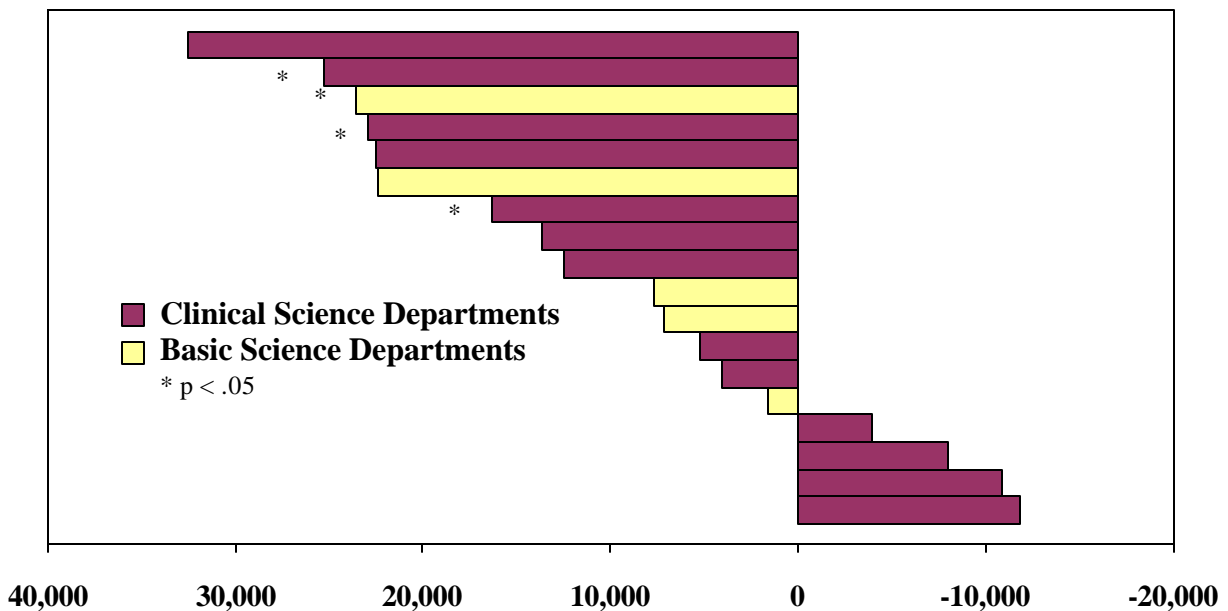
NO. An analysis of salary differences among faculty who generate clinical revenues reveals that the gender disparity persists. On average, men earn \$151,356 while women earn \$138,038, a statistically significant difference of 9% (p=. 01), adjusting for rank, track, degree, specialty, years at that rank, department head, section head, and total clinical dollars generated during the 1999-2000 fiscal year.

*“Women are less productive than are men and that explains their lower salaries.”*

NO. Accounting for productivity does not alter the gender disparity in salary. A statistically significant disparity in men’s and women’s salary persists ( $p=.0001$ ) with women earning \$13,074 or 11% less than men. Men’s average salary is \$120,226 while women’s average salary is \$107,152, adjusting for rank, track, degree, specialty, years at that rank, department head, section head, and total number of peer-reviewed publications.

*“The disparity is limited to one or two departments.”*

NO. A comparison of average adjusted salaries in College of Medicine departments reveals that the trend for women to earn less than men is present in the majority of departments.<sup>3</sup>

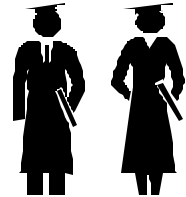


### The Reality

Women in most departments at the UA College of Medicine are less likely to be rewarded for their work in terms of salary even after accounting for rank, track, years in rank, specialty, departmental leadership roles, clinical revenues, and research productivity.

<sup>3</sup> Average gender disparity (men to women) in adjusted salary by department. Disparities are ANOVA estimates adjusted for rank, track, degree, specialty, years in rank, department head, and section head, as appropriate. One department is missing from this graph because it has no women.

# Rank and Track



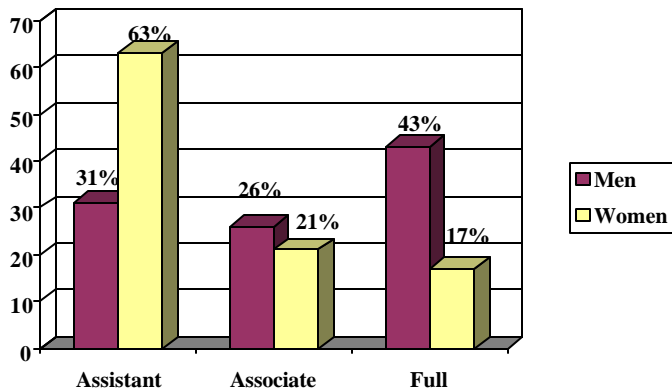
## The Myth

Women and men have equal access to and are equally represented in all ranks and tracks.

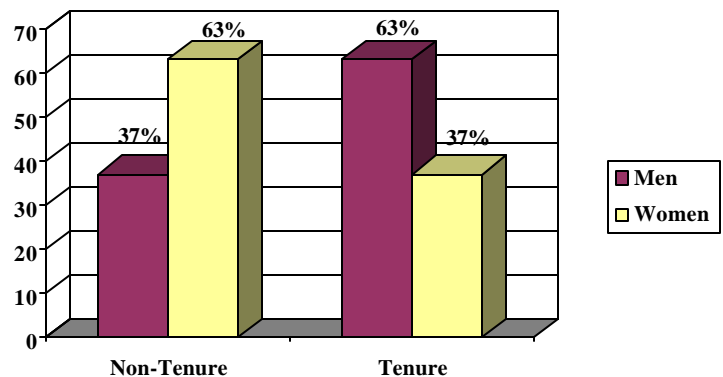
## The Facts

In 1999-2000, women were disproportionately located at the assistant professor level and on clinical and research tracks: 63% of female faculty were assistant professors compared to 31% of male faculty being assistant professors and 63% of women were on non-tenure tracks compared to only 37% of men.

Distribution of Gender across Ranks



Distribution of Gender across Tracks



- ◆ A greater proportion of women felt they did not know the requirements for being promoted (*women - 13.4%, men - 4.3%;  $p=.03$* ).
- ◆ Women were significantly more likely to report having considered changing tracks (*women - 58%, men - 29%;  $p=.0001$* ), particularly if they were on the tenure track (*women - 46%, men - 9%;  $p=.00001$* ). However, women were not significantly more likely to report actually changing tracks (*women - 19%, men - 14%;  $p=.35$* ).

## Common Justifications for the Disparities

*“Women are predominantly assistant professors because few women have been in medicine long enough to have been promoted to higher ranks.”*

NO. National studies have also shown that the lack of women in higher ranks cannot be explained by a pipeline effect (Bickel 1988, Dial 1989, Carr 1993, Tesch 1995, Nonnemaker 2000). Tesch et al. (1995) conducted a national study of this hypothesis by selecting a cohort of faculty who were hired in academic medicine positions between 1979 and 1981 and compared the faculty ranks after twelve years. They found that while 83% of men were appointed to associate or full professor positions only 59% of women had reached those ranks and only 5% of women reached full professor while 23% of men had attained that rank.

The Faculty Advancement Survey reveals that women took longer to be promoted to associate professor than men (*women - 6.5 yrs, men - 5.2 yrs; p=.01*). This becomes borderline significant when adjusted for degree, track, and total publications (*women - 6.0, men - 5.1, p=.10*).

*“Women value academic activities such as teaching and clinical service, which are not as important in the promotion process.”*

NO. The Faculty Advancement Survey shows that there were few gender differences in the value that men and women placed on teaching, research, clinical, and service activities.

Issue	Mean Response <sup>1</sup>		P value <sup>2</sup>
	Men	Women	
Value of teaching	1.9	2.1	.20
Value of research	1.8	2.0	.32
Value of clinical work	2.4	2.3	.39
Value of service work	3.3	3.1	.04

<sup>1</sup> A 1 to 4 scale, where 1 is *most* valuable and 4 is *least* valuable.

<sup>2</sup> A p-value less than .05 is considered a statistically significant difference between men and women.

*“Women are less career-oriented than men.”*

NO. The Faculty Advancement Survey shows that women and men were equally committed to career advancement, equally likely to find it important to balance work and personal life, and not very likely to want to work part-time.

Issue	Mean Response		P value <sup>4</sup>
	Men	Women	
Importance of career advancement <sup>1</sup>	4.2	4.1	.79
Importance of balancing work with personal life <sup>1</sup>	4.5	4.6	.12
Extent to which work and personal life conflict <sup>2</sup>	4.6	4.5	.78
Desire to work part-time (among full time faculty) <sup>3</sup>	27%	38%	.12

<sup>1</sup> A 1 to 5 scale, where 5 is “very important.”

<sup>2</sup> A 1 to 5 scale, where 5 is “very frequently.”

<sup>3</sup> The percentage of faculty who responded positively to question.

<sup>4</sup> A p-value less than .05 is considered a statistically significant difference between men and women.

In addition, the survey shows that women were significantly less likely to be willing to move for a better job and were more likely to have their employment here as a result of their spouse or partner’s hire. Women were also more likely to be working part-time.

Issue	Mean Response <sup>1</sup>		P value <sup>2</sup>
	Men	Women	
Working part-time	.9%	9%	.005
Willing to move for a better job	71%	57%	.06
Employment a result of spouse/partner’s hire	2%	19%	.00003

<sup>1</sup> The percentage of faculty who responded positively to question.

<sup>2</sup> A p-value less than .05 is considered a statistically significant difference between men and women.

“Women are less productive in their research and clinical activities than men.”

- ◆ Initial observation might suggest that this justification is true since men had an average of 47 career publications while women only had 20 career publications ( $p=.00$ ). However, this ignores the finding shown earlier that most women are assistant professors on non-tenure tracks while men are over-represented as tenured associate and full professors. Adjusting for rank, track, and degree reveals that women and men are equally productive in publishing their research – women have on average 36 publications and men have on average 41 publications (not statistically significant,  $p=0.31$ ).
- ◆ An analysis of faculty clinical revenues reveals that there are some differences in clinical revenues when adjusted for rank and specialty (*men* - \$262,467; *women* - \$202,581;  $p=.02$ ). Yet the difference in clinical revenues was significant for only two groups of faculty: full professors who were generalists (in which case the sole woman in this category made double what the three men made) and surgical specialists at the level of assistant professor, where men generated significantly more clinical revenues than women (*men* - \$383,162; *women* - \$285,970;  $p=.05$ ).

## The Reality

Women are not represented on the tenure track or in associate/full professor ranks in the proportions that they should be. This cannot be explained by a pipeline effect, a different value system for women, or lower productivity levels for women.

## Faculty Comments

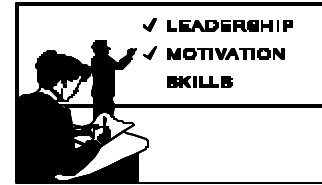
*Woman:* “There is a problem when there are just as many women junior faculty members as men but then when you get to associate [or full] professor there is hardly anyone [women]. And they [department leadership] always say, well there is not a pool of women, but there is. It is just that they are dropping out or they are being left out or they are dropping away for whatever reason and I think it is pretty important to find out what those reasons are.”

*Man:* “I received advice and I guess it was timely but the whole process is really very mysterious and nebulous and I wish I would have received more guidance along the way of exactly what I needed to fulfill the tenure requirement.”

*Woman:* “I was supposed to be tenure track when recruited. Unfortunately, [I] came in on the clinical track based on advice from leadership. This has drastically affected my ability to be productive and therefore be promoted.”

*Man:* “Just look at young women coming on the faculty. They don’t want to be on tenure because they don’t want the pressure of it”

# Leadership



## The Myth

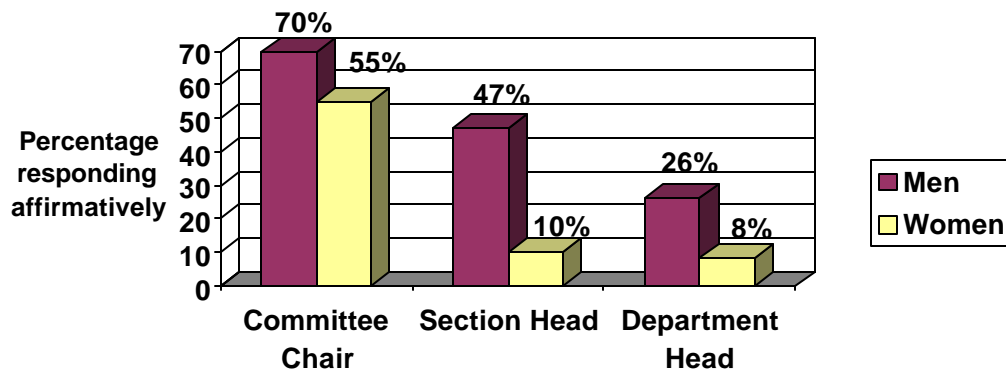
Women and men have equal access to leadership positions.

## The Facts

At the University of Arizona College of Medicine, there were no female department heads of the nineteen departments, and only 11% (4 of 36) of section or division chairs were women in 1999-2000.

Female respondents to the Faculty Advancement Survey were significantly less likely to report that they had ever held leadership positions as committee chairs ( $p=.03$ ), section heads ( $p=.00$ ), and department heads ( $p=.003$ ). In addition, the section head and department head results remained statistically significant when limited to associate and full professors.

### Have you ever served in any of these positions?



## Common Justifications for the Disparity

*“Women are not interested in becoming leaders.”*

NO. The Faculty Advancement Survey reveals that women and men were equally likely to aspire to leadership positions and placed moderate importance on holding a leadership position. They were also equally likely to be willing to take on time-consuming service tasks, which would include leadership positions.

Issue	Mean Response		P value <sup>4</sup>
	Men	Women	
Aspiration to leadership positions <sup>1</sup>	57%	61%	.55
Importance of holding a leadership position <sup>2</sup>	3.3	3.0	.12
Willingness to take on time-consuming service tasks <sup>3</sup>	4.3	4.6	.33

<sup>1</sup> The percentage of faculty who responded affirmatively.

<sup>2</sup> A 1 to 5 scale, where 5 is “very important.”

<sup>3</sup> A 1 to 6 scale, where 6 is “very willing.”

<sup>4</sup> A p-value less than .05 is considered a statistically significant difference between men and women.

*“Women just don’t have “the right stuff” to be leaders.”*

NO. Women and men were equally like to think they have the necessary qualities to be a good leader, and particularly interesting, almost everyone thought they would make a good leader (women – 91%; men – 95%; p = .35).

*“Women are not in leadership positions but have other opportunities to participate in departmental affairs and influence policy.”*

NO. Women reported having less power and influence in their departments than their male colleagues.

Issue	Mean Response		P value <sup>4</sup>
	Men	Women	
Feel effective in influencing departmental decisions <sup>1</sup>	4.2	3.6	.01
Have decision-making authority over promotion of colleagues <sup>2</sup>	48%	27%	.005
Have decision-making authority for allocation of non-grant related resources <sup>2 5</sup>	47%	22%	.0007
Offer advice to the department chair <sup>3 5</sup>	3.2	2.7	.001

<sup>1</sup> A 1 to 6 scale, where 6 is “very effective.”

<sup>2</sup> The percentage of faculty who responded affirmatively.

<sup>3</sup> A 1 to 5 scale, where 5 is “always.”

<sup>4</sup> A p-value less than .05 is considered a statistically significant difference between men and women

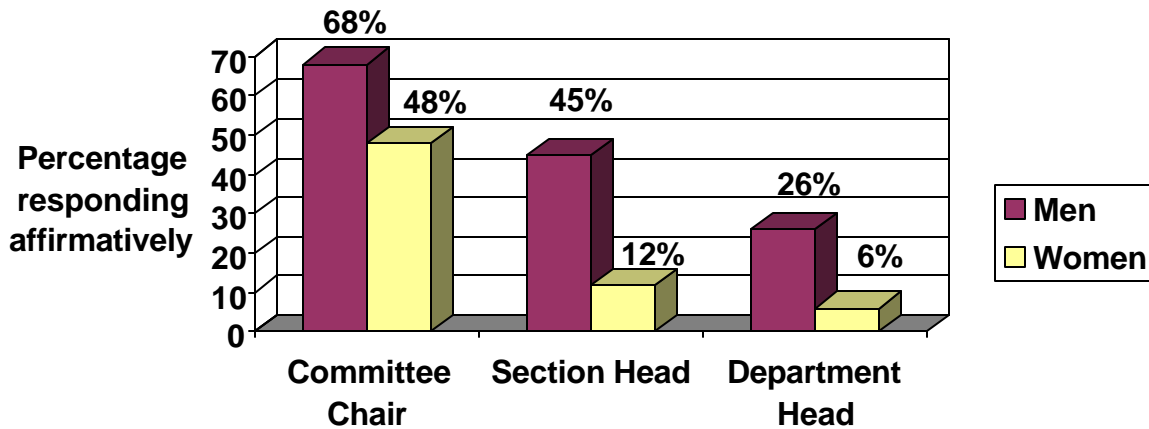
<sup>5</sup> When analyses were limited to associate and full professors, differences remained statistically significant.

*What we do find...*

While women and men were equally likely to aspire to leadership positions, found them important, thought they have the right qualities to be a leader, and were willing to take on time-consuming tasks, women were significantly *less likely* to be *asked to serve* as leaders. In addition, the disparities for section heads and department heads persisted when limited to associate and full professors.



## Have you ever been asked to serve in any of these positions?



### The Reality

Women and men do not have equal access to leadership positions. Women in the College of Medicine are willing and able to lead but their leadership abilities are not recognized and they are not asked to lead. In addition, they do not feel they have power or influence in their departments.

### Faculty Comments

*Woman:* “I think that the things that are valued by the people who run our department are not necessarily skills that women exhibit forthrightly...aggression. Anybody who is a strong leader or aggressive or anything like that is immediately labeled that she is nasty and evil which unfortunately are qualities that someone needs to succeed in this department.”

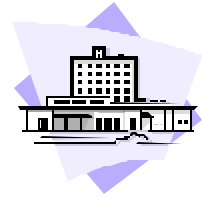
*Woman:* “I definitely think that it would be hard for a woman to be a departmental chair here just in terms of being treated with respect and legitimacy. I think there is an awful lot of good old boy stuff that goes on, not necessarily in a bad way but it’s just the way business is done, whether it’s on the golf course or at the basketball games or at the parking lot or whatever, forging those kinds of relationship which ultimately help in the business world that is here.”

*Woman:* “I certainly see that women have less of a voice and are heard less when it comes to official things like faculty meetings and stuff like that. I don’t know how much of that has to do with the style of presenting their problems, presenting themselves, how they are perceived in the department but certainly they carry much less influence in these situations. Also as a general rule, women in the Department are not part of, the unspoken power structure. We all know that 95% of the important decisions that are made in a Department do not occur at a faculty meeting. They occur in the hallways, in offices, and women certainly aren’t involved in that around here.”

*Woman:* “People keep saying well it’s the pool effect and there's not a lot of candidates but yet, for many, many years now there have been many women that have come out of [my field] and we haven’t seen the reflection in the leadership.”

# Institutional Resources

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## The Myth

Women and men have equal access to institutional resources such as office and research space, staff support, and operating resources.

## The Facts

This myth is, in part, a reality. Responses to the Faculty Advancement Survey reveal that there are no statistically significant gender differences in perceptions of the difficulty in obtaining secretarial support, technical support, support for clinical activities, advice or reports on fiscal matters, or operating resources.

However, there are some differences with regard to space:

- ♦ Women full professors were significantly more likely to report that they share research space with other faculty (*women - 73%, men - 40%;  $p=.05$* ).
- ♦ After adjusting for rank, women reported exerting significantly more effort to obtain non-grant supported research space (*1-5 scale with 5 being “a great deal of effort”: women - 4.4, men - 3.8;  $p=.02$* ).

Also, analyses of survey responses reveal no gender differences in terms of office space: whether office space was shared, the effort it took to obtain office space, and whether faculty felt they had been given an appropriate amount of office space.

## The Reality

Women and men **do** have equal access to institutional resources and support, except that women are more likely to share, and have more difficulty obtaining, research space.

## Faculty Comments

*Woman:* “I think women have to work harder and advocate more vigorously for themselves to get the same opportunities or the same resources that seem to be more automatically given to other faculty members.”

*Woman:* “This is the kind of issue that I would like to see addressed in a more collegial manner. In my department, it often seems like you get space by being a bully - loud and aggressive.”

# Treatment of Faculty

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## The Myth

There are no gender differences in the treatment of faculty at the College of Medicine.

## The Facts

### *Working Environment:*

- ◆ The Faculty Advancement Survey revealed **no** gender differences in frequency of:
  - ❖ Colleagues or supervisors questioning one's expertise or authority or discouraging faculty from pursuing advancement.
  - ❖ Being criticized by colleagues or supervisors on appearance or style of communication.
  - ❖ Respectful treatment by staff.
- ◆ However, women were significantly less likely to feel like they "fit in" at the College (*women 72%, men 85%,  $p=.03$* ).
- ◆ Women were less likely to feel they were given appropriate credit for their work, though the difference had borderline statistical significance (*1-6 scale, 6 as "always": women - 4.2, men - 4.5;  $p=.06$* ).
- ◆ Women were significantly more likely to report that safety concerns had deterred them from working at certain times (*women - 10.1%, men - 1.6%;  $p=.006$* ). Women were also more likely to report safety deterred them from working in certain places, but the disparity was less significant (*women - 11.6%, men - 4.7%;  $p=.07$* ). Safety did not deter a significantly larger proportion of women from working with certain people (*women - 7%, men - 4%;  $p=.33$* ).
- ◆ There were no gender differences in the value placed on mentoring received (*1-5 scale with 5 being 'very valuable': women - 3.8, men - 3.7;  $p=.66$* ).
- ◆ There were no gender differences in whether the department head was perceived as taking an interest in the respondent's career advancement (*1-6 scale with 6 being 'always takes an interest': women - 4.0, men - 4.0;  $p=.82$* ).

### *Gender Discrimination:*

- ◆ 32% of women who responded to the Faculty Advancement Survey reported having been discriminated against, while only 5% of men did ( $p=.00$ ).

- ◆ 54% of female respondents felt that their department treats people differently based on gender to a “somewhat” or “great extent” ( $p=.00$ ).
- ◆ None of the men and only 9% of the women who felt they were discriminated against sought recourse.
- ◆ 68% of female respondents thought that the College of Medicine responds inappropriately to charges of discrimination while only 15% of men agreed ( $p=.00$ ).

## The Reality

Women and men at the College of Medicine are treated equally in some respects, but gender discrimination, safety issues, and feeling comfortable in the work environment are persistent problems for women. Women at the College of Medicine are significantly more likely to report having been discriminated against, are more likely to perceive differential treatment of faculty, and have little confidence in the mechanisms for dealing with reports of discrimination. They are significantly less likely to feel they “fit in” at the College of Medicine or receive appropriate credit for their achievements.

## Faculty Comments

*Woman:* “As an assertive woman, I’ve been characterized as ‘somewhat aggressive.’ I think the same style of communication I have would be considered normal in a man.”

*Woman:* “It’s no longer taboo for a woman to have a life outside of academe. But the public specter of pregnancy is followed by years of change in reputation. Colleagues, especially male, no longer ask how my project is going; they ask how the kids are doing.”

*Woman:* “I do not feel like I ‘fit in’ because the academic environment here seems to be competitive rather than cooperative. I would fit better in an environment where the goal was to make the place work the best for everyone.”

*Man:* “We’ve lost several excellent women faculty members and in at least 2 cases because they were basically told, you are a woman and you don’t have to make that much [salary]. You’re a woman and you’re not going to get that kind of position. You’re a woman, we’re not going to put you on the tenure track...These were super clinicians, super academics.”

## Summary of Findings

This project provides considerable evidence that gender equality in academic medicine is a myth. Women are paid less than men, they are less likely to be leaders, they are disproportionately represented in untenured ranks and the non-tenure tracks, they have less access to research space, and they are more likely to feel discriminated against and perceive gender discrimination at the College of Medicine.

In addition, empirical tests show that common explanations for why these gender disparities exist are inadequate. Gender remains a key factor in women's lower salaries despite accounting for faculty ranks, tracks, specialties, leadership positions, years in rank, publications, and clinical revenues. Disparities in rank attainment and track assignment cannot be explained by the pipeline effect, women being less interested in their careers than men, or research productivity disparities. Women are equally interested in serving in leadership roles and feel they have the necessary skills and experience.

While a majority of the myths have been shown to be unfounded, the question remains as to what does explain the presence of these gender disparities. Our findings suggest that both unintentional and intentional discrimination against women is present at the College of Medicine. Disparities persist even after adjusting for other influences. Women are paid less, are less likely to be leaders, and hold less prestigious ranks and tracks simply because they are women. In addition, women have an alternate view of the academic environment that is not being acknowledged by other faculty or the administration. They are more likely to perceive differences in faculty treatment and are less likely to feel the College responds appropriately to complaints of discrimination.

The purpose of this project was to document and explain gender disparities at the College of Medicine. The next step is to create and implement mechanisms for eliminating these disparities. The following section outlines the Dean's Committee on Women Faculty's recommendations to eradicate the gender inequalities that exist.

## Recommendations

The Dean's Committee on Women Faculty has developed four initiatives to address the gender disparities at the College of Medicine that were identified in the GRACE Project. We recommend that the Arizona Health Sciences Center (AHSC) create an oversight committee (Advisory Committee on Faculty Development and Diversity) to oversee the four initiatives in all of its Colleges. The committee would act as an independent body but would be funded by the AHSC administration.

### INITIATIVE ONE: CONTINUE TO MONITOR THE PROBLEM

#### *Conduct an annual analysis of gender disparities at AHSC*

- ◆ Collect institutional data, using the GRACE model, on salary, track, rank, years in rank, degree, specialties, leadership roles, publications, and space.
- ◆ Use these data for analyses of gender differences in salary, track assignment, promotion, productivity, resources, and leadership.
- ◆ Expand to include Colleges of Public Health, Nursing, and Pharmacy.
- ◆ Initiate research on:
  - Start-up salary and packages
  - Retention (institutional data, exit interviews)
  - Special commitments (provision of extra space, personnel, resources, etc.)
  - Research grants (number of grants and types/amount of funding)

#### *Develop a system for the VP of Health Sciences, Colleges, and Departments to provide data to the Advisory Council on Faculty Development and Diversity for AHSC*

- ◆ Report department data on salary (base salary, stipends, incentives, etc.), track, rank, years in rank, degree, specialties, leadership roles, publications, and space.
- ◆ Address disparities between this data and the Advisory Council's data.

#### *Assess campus climate, treatment of faculty, and gender discrimination*

- ◆ Conduct a faculty survey (based on the GRACE Project's Faculty Advancement Survey) every three years to measure faculty satisfaction and perceptions of treatment/gender discrimination.
- ◆ Interview faculty and hold group meetings to assess issues importance to the faculty.

#### *Compare AHSC disparities to national disparities*

- ◆ Use the annual report of the Association of American Medical Colleges (AAMC) to compare all medical schools nationwide to the report on the University of Arizona College of Medicine.
- ◆ Identify sources of national data for comparison with other AHSC colleges' data.

#### *Prepare annual report*

- ◆ Produce an annual report that details findings of current year's study, compares current year to previous years, assesses progress, and reports on AHSC progress in relation to national progress.

## INITIATIVE ONE (CONTINUED)

### *Make the report public*

- ◆ Report and present findings to the VP of Health Sciences, deans, department heads, faculty, and University administration (Provost, President).
- ◆ Post report on a website.

### *Develop a rapid and responsive communication system*

- ◆ Disseminate report and related information in a timely fashion.
- ◆ Respond to inquiries regarding equity issues from administration, faculty, and the public in a timely and appropriate manner.

## INITIATIVE TWO: FOSTER FACULTY DEVELOPMENT AND DIVERSITY

***Process entails collaboration between Research Council, Division of Academic Resources, VP of AHSC, deans and department heads, faculty, other campus resources for development, with input from Advisory Council.***

### *Establish a structured and viable mentoring program*

- ◆ Review and evaluate existing mentoring options in AHSC.
- ◆ Educate AHSC deans and department heads about importance of mentoring.
- ◆ Hold departmental sessions to educate faculty on the importance of mentoring and train faculty in mentoring skills.
- ◆ Identify individuals in each department who are particularly gifted in mentoring and ask them to take on 2 or 3 mentees while relieving them of other service duties.
- ◆ Organize presentations for faculty on critical aspects of career progression such as grant preparation, promotion and tenure guidelines, etc.
- ◆ Encourage mentoring groups where possible (e.g. Women in Academic Medicine, junior faculty groups, etc.).
- ◆ Monitor success of program and alter it as needed.

### *Establish a leadership development program*

- ◆ Review and evaluate existing leadership training options at University of Arizona.
- ◆ Create an internal mechanism for identifying and training potential leaders.
- ◆ Provide funds and work time to allow faculty to attend leadership development programs.
- ◆ Broaden the definition of leadership and the qualities/skills needed to perform well.
- ◆ Educate current leadership about benefits of alternate leadership styles.

### *Diversify influential AHSC, college-level, and department-level committees*

- ◆ Monitor candidate choices for high-level committees.
- ◆ Educate faculty and leadership about diversity issues (presentations at department faculty meetings, hiring/promotion meetings, and tenure committee meetings, workshops for leadership, etc.).

### INITIATIVE THREE: IMPROVE CAMPUS CLIMATE AND INCREASE PRODUCTIVITY

*Process facilitated by Division of Academic Resources with input from the Advisory Council.*

*Work to eliminate gender discrimination*

- ◆ Create a committee to identify creative solutions to the issue of discrimination.
- ◆ Facilitate peer-peer and faculty-leadership interaction on the issue of gender discrimination.
- ◆ Monitor institutional handling of discrimination among female and male faculty.
- ◆ Increase visibility of support groups such as Women in Academic Medicine.
- ◆ Educate faculty, leadership, search committees, and promotion and tenure committees about subtle discrimination through presentations at committee meetings, Council of Department Heads, etc.

*Increase Productivity*

- ◆ Find ways to address issues of personal life/work balance to enhance working environment.
- ◆ Lessen the stigma associated with faculty taking maternity leave or delaying the tenure clock.
- ◆ Broaden understanding of scholarly contributions to include less-traditional research.

### INITIATIVE FOUR: MAKE IT OFFICIAL

*Process of accountability and rewards overseen by the Advisory Council.*

*Hold deans and department heads accountable for progress towards gender equity*

- ◆ Rectify differences in salaries, resources, and space that are attributable to gender.
- ◆ Include status and progress in areas of gender equity as dimensions of performance reviews.

*Hold deans and department heads responsible for faculty development*

- ◆ Include progress in faculty development as a dimension of performance reviews.

*Reward deans and department heads that demonstrate significant progress in the equitable support, promotion, and retention of faculty and the advancement of leaders*

- ◆ Allocate discretionary funds and/or faculty research funds to these deans and department heads.
- ◆ Provide additional faculty lines to successful departments.



## Appendix One: The Faculty Advancement Survey

1. Please rank (1 = most; 4 = least; 0 = does not apply) these activities in order of their value to **YOU**.

- \_\_\_\_\_ Teaching
- \_\_\_\_\_ Research
- \_\_\_\_\_ Clinical work
- \_\_\_\_\_ Service (e.g., committees, administrative duties)

2. Please rank (1 = most; 4 = least; 0 = does not apply) these activities in order of their value to your **SECTION or DIVISION**.

- \_\_\_\_\_ Teaching
- \_\_\_\_\_ Research
- \_\_\_\_\_ Clinical work
- \_\_\_\_\_ Service (e.g., committees, administrative duties)

3. Please rank (1 = most; 4 = least; 0 = does not apply) these activities in order of their value to your **DEPARTMENT**.

- \_\_\_\_\_ Teaching
- \_\_\_\_\_ Research
- \_\_\_\_\_ Clinical work
- \_\_\_\_\_ Service (e.g., committees, administrative duties)

### **LEADERSHIP ISSUES**

4. How important to you is having a departmental or college leadership position?

- Unimportant
- Of little importance
- Moderately important
- Important
- Very important

5. How willing are you to take on time-consuming service tasks (e.g., chairing an important committee)?

- Very unwilling
- Somewhat unwilling
- Slightly unwilling
- Slightly willing
- Somewhat willing
- Very willing

6. How effective are you in influencing decisions in your department?

- Very ineffective
- Somewhat ineffective
- Slightly ineffective
- Slightly effective
- Somewhat effective
- Very effective

7. Do you have (or did you ever have) decision-making authority for the promotion of colleagues?

- Yes
- No

8. Have you ever been asked to serve in any of these positions?

- Chair of a committee
- Yes     No     Not Applicable

Head of a section or division

- Yes    No    Not Applicable

Head of a department or center

- Yes    No    Not Applicable

9. Have you ever served in any of these positions?

Chair of a committee

- Yes    No    Not Applicable

Head of a section or division

- Yes    No    Not Applicable

Head of a department or center

- Yes    No    Not Applicable

10. Have you ever resigned from any of these positions?

Chair of a committee

- Yes    No    Not Applicable

Head of a section or division

- Yes    No    Not Applicable

Head of a department or center

- Yes    No    Not Applicable

11. Do you feel you have the qualities of a good leader?

- Yes  
 No

12. Are there leadership positions to which you aspire?

- Yes  
 No

13. Have you ever been undermined in a leadership role?

- Yes  
 No  
 Not Applicable

- Optional Item: Please elaborate on any LEADERSHIP items or issues of concern.

## **COMMUNICATION ISSUES**

14. How often does your department chair consult you on important decisions?

- Never
- Rarely
- Sometimes
- Very often
- Always
- Not applicable

15. How often do you offer advice to your department chair?

- Never
- Rarely
- Sometimes
- Very often
- Always
- Not applicable

- Optional Item: Please elaborate on any COMMUNICATION items or issues of concern.

## **HIRING ISSUES**

If you are married or partnered, please answer items 16 to 19. If you are not married or partnered, please skip to Item 20.

16. Are you employed at the College of Medicine/College of Public Health as a result of your spouse/ partner's hire?

- Yes
- No

17. Is your spouse/partner's employment a result of your hire?

- Yes
- No

18. Did the College of Medicine/College of Public Health assist in your appointment as the result of your spouse/partner's hire?

- Yes
- No

19. Did the College of Medicine/College of Public Health assist in your spouse/partner's hire as the result of your hire?

- Yes
- No

- Optional Item: Please elaborate on any HIRING issues.

## **PROFESSIONAL AND PERSONAL CAREER ISSUES**

20. How important to you is your career advancement?
- Unimportant
  - Of little importance
  - Moderately important
  - Important
  - Very important
21. How important to you is balancing work with your personal life?
- Unimportant
  - Of little importance
  - Moderately important
  - Important
  - Very important
22. To what extent does your work (e.g., amount of work, timing of meetings) conflict with your personal life?
- Never conflicts
  - Very rarely conflicts
  - Rarely conflicts
  - Occasionally conflicts
  - Very frequently conflicts
  - Always conflicts
23. Do you work full-time?
- Yes
  - No. Please skip to Item 25.
24. Would you consider working less than full-time if that option were available?
- Yes
  - No
25. To what extent does your current department chair take an interest in your career?
- Never takes an interest
  - Very rarely takes an interest
  - Rarely takes an interest
  - Occasionally takes an interest
  - Very frequently takes an interest
  - Always takes an interest
  - Not Applicable
26. Do you feel your salary is competitive with peers at other medical academic institutions?
- Yes
  - No
27. Would you be willing to move to take a better job elsewhere?
- Yes
  - No
28. Do you feel like you "fit in?"
- Yes
  - No

29. While a faculty member at the UA COM, have you ever received any type of teaching award?

- Yes
- No
- Not Applicable

30. How many publications or credits do you have in each of the following categories?

- \_\_\_\_\_ Peer reviewed papers
- \_\_\_\_\_ Books
- \_\_\_\_\_ Chapters
- \_\_\_\_\_ Instructional materials (including software)

• Optional Item: Please elaborate on any PROFESSIONAL AND PERSONAL CAREER issues.

## **SUPPORT ISSUES**

31. With approximately how many other faculty members do you share secretarial/administrative staff?

\_\_\_\_\_

32. Does the University provide you with adequate (non-grant supported) secretarial/administrative services?

- Yes
- No

33. How difficult is it for you to get secretarial/administrative support?

- Never difficult
- Rarely difficult
- Sometimes difficult
- Very often difficult
- Always difficult

34. How difficult is it for you to get technical (e.g., research, computer) support?

- Never difficult
- Rarely difficult
- Sometimes difficult
- Very often difficult
- Always difficult
- Not Applicable

35. How difficult is it for you to get support for clinical activities (e.g., nursing staff, technicians)?

- Never difficult
- Rarely difficult
- Sometimes difficult
- Very often difficult
- Always difficult
- Not Applicable

• Optional Item: Please elaborate on any SUPPORT issues.

## **PHYSICAL SPACE ISSUES**

36. Do you share **office** space with other faculty?

- Yes
- No
- Not Applicable

37. How much effort, as measured in memos, meetings, phone calls, etc., does it take to secure non-grant supported **office** space?

- No effort
- Little effort
- Some effort
- Much effort
- A great deal of effort
- Not Applicable

38. Do you share **research** space with other faculty?

- Yes
- No
- Not Applicable

39. How much effort, as measured in memos, meetings, phone calls, etc., does it take to secure non-grant supported **research** space?

- No effort
- Little effort
- Some effort
- Much effort
- A great deal of effort
- Not Applicable

40. Given the space constraints in the College of Medicine, do you feel you are given appropriate non-grant supported space?

- Yes
- No

- Optional Item: Please elaborate on any PHYSICAL SPACE issues.

## **RESOURCE PROCUREMENT ISSUES**

41. How difficult is it for you to get accurate advice/reports about fiscal matters?

- Never difficult
- Rarely difficult
- Sometimes difficult
- Very often difficult
- Always difficult
- Not Applicable

42. How difficult is it for you to get operating resources?

- Never difficult
- Rarely difficult
- Sometimes difficult
- Very often difficult
- Always difficult
- Not Applicable

43. Do you have (or ever had) decision-making authority for the allocation of non-grant related resources (e.g., personnel, finances, space)?

- Yes
- No

• Optional Item: Please elaborate on any RESOURCE PROCUREMENT issues.

### **MENTORING ISSUES**

44. How valuable has the mentoring you received been for your professional development?

- Of no value
- Of little value
- Slightly valuable
- Somewhat valuable
- Very valuable
- Not Applicable

• Optional Item: Please elaborate about your MENTORING experiences.

### **SAFETY CONCERNS**

45. Have safety concerns deterred you from working at certain times?

- Yes
- No

46. Have safety concerns deterred you from working at certain places?

- Yes
- No

47. Have safety concerns deterred you from working with certain people?

- Yes
- No

• Optional Item: Please elaborate on any SAFETY CONCERN issues.

## **PROMOTION AND TENURE ISSUES**

48. Have you ever considered changing academic tracks?
- Yes
  - No
49. Have you ever changed academic tracks?
- Yes
  - No
50. Are you aware of the requirements for being promoted?
- Yes
  - No
  - Not Applicable
51. Have you ever delayed the tenure clock?
- Yes
  - No
  - Not Applicable

- Optional Item: Please elaborate on any TENURE AND PROMOTION issues.

## **EQUITABLE TREATMENT**

Directions: Please answer equitable treatment items 52 through 63 based upon the treatment you have received in your professional life since becoming a College of Medicine/College of Public Health faculty member.

52. How often are you given appropriate credit for your contributions and achievements?
- Never
  - Very rarely
  - Rarely
  - Occasionally
  - Very frequently
  - Always
  - Not applicable
53. How often have your colleagues questioned your expertise or authority?
- Never
  - Very rarely
  - Rarely
  - Occasionally
  - Very frequently
  - Always



54. How often have your colleagues criticized your appearance or style of communication?

- Never
- Very rarely
- Rarely
- Occasionally
- Very frequently
- Always

55. How often has your supervisor(s) questioned your expertise or authority?

- Never
- Very rarely
- Rarely
- Occasionally
- Very frequently
- Always

56. How often has your supervisor(s) discouraged you from pursuing advancement?

- Never
- Very rarely
- Rarely
- Occasionally
- Very frequently
- Always

57. How often has your supervisor(s) criticized your appearance or style of communication?

- Never
- Very rarely
- Rarely
- Occasionally
- Very frequently
- Always

58. To what extent are you treated respectfully by subordinates?

- Not at all
- Very little
- Somewhat
- To a great extent
- Not Applicable

59. To what extent do you think that people in your department are treated differently based on gender?

- Not at all
- Very little
- Somewhat
- To a great extent
- Not Applicable

60. Have you ever been discriminated against on the basis of your gender in the College of Medicine?

- Yes, but I did not seek recourse.
- Yes, and I did seek recourse.
- No

61. To what extent do you think that people in your department are treated differently based on ethnicity?

- Not at all
- Very little
- Somewhat
- To a great extent
- Not Applicable

62. Have you ever been discriminated against in the College of Medicine/College of Public Health on the basis of your ethnicity?

- Yes, but I did not seek recourse.
- Yes, and I did seek recourse.
- No

63. In general, do you feel the College of Medicine/College of Public Health responds appropriately to charges of discrimination?

- Yes
- No
- Don't know

- Optional Item: How, if at all, has the manner in which you have been treated affected either your ability or desire to serve in a leadership position?

- Optional Item: Please elaborate on any EQUITABLE TREATMENT issues.

## **PERSONAL INFORMATION**

To put your responses in context, we need to gather some personal information from you. This information is needed for the statistical analysis and will be used only for group analysis. Your answers will be kept strictly confidential.

69. What is your gender?

- Female
- Male

70. Which professional degree do you hold?

- MD
- PhD
- MD/PhD
- MD, MPH
- PhD, MPH
- MD/PhD/MPH
- Other (please specify): \_\_\_\_\_

71. What is your track?

- Clinical
- Research
- Tenure

73. Which is your primary appointment?

- Basic Science Department
- Clinical Department
- College of Public Health

73. Which is your current rank?

- Lecturer
- Instructor
- Assistant Professor
- Associate Professor
- Professor

74. Are you currently a department head or center director?

- Yes
- No

75. If applicable, how many years have you been (or were you) at the assistant professor rank?

\_\_\_\_\_

76. If applicable, how many years have you been (or were you) at the associate professor rank?

\_\_\_\_\_

77. If applicable, how many years have you been at the professor rank?

\_\_\_\_\_

78. How many years have you been a faculty member at the College of Medicine (include years at the College of Public Health if applicable)?

\_\_\_\_\_

79. What is your age?

- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70 years and above

80. Are you a member of an ethnic minority?

- Yes
- No

81. To what ethnic minority do you belong? \_\_\_\_\_

**Thank you for your cooperation and assistance.**

## Appendix Two: A Guide to Open-ended Interviews

### *Introduction and Consent*

As you probably know, the College of Medicine is conducting a study of the factors that contribute to faculty advancement and success. One part of the study is the on-line survey that all faculty are being asked to complete. In addition to the survey, we are interviewing a random sample of faculty members about their career choices, experiences with promotion, committee assignments and leadership roles. Results of the study will be presented to the Dean and the faculty. Our ultimate goal is to identify and implement solutions to any documented barriers that we may find to exist.

Thank you for agreeing to be interviewed. All your responses will be confidential. You may skip any questions you prefer not to answer, and you may terminate the interview at any time. Would it be all right if I tape record the interview? Do you have any questions before we begin?

### **1. Career choices**

Tell me a little about what you do here at the College of Medicine.

Why did you decide to go into (specialty)?

Did you consider other specialties/career directions?

**If yes:** Why did you reject them?

*For tenure/clinical track only:*

How did you end up on this track?

Have you ever considered changing tracks? **If yes,** Why? What happened?

Did you receive advice about which track to be on when you were first hired (or when you considered changing tracks)? (PROBE: From whom? What did they say?)

Were you able to negotiate your salary when you were hired?

### **2. Promotion process and advice**

*For associate/full professors only:*

What was your experience when it was time to be promoted?

Did you receive timely advice as to how to proceed?

What do you need in your department to get promoted?

Was the career advice you received similar to what others had been given?

Have you ever applied for promotion but had it deferred or declined?

*For assistant professors only:*

How close are you to being promoted?

Have you received timely advice about promotion?

Is the career advice you received similar to what others have been given?

*For tenure/clinical track only:*

Have you obtained any protected time from grants?

Did the department honor the time?

### **3. Mentoring**

Have you had a mentor (either formal or informal)?

**IF yes:** How early after arriving at the College of Medicine were you mentored?

How has being mentored affected your career?

**IF no:** Do you wish you had had a mentor?

Have you ever been a mentor?

### **4. Committee assignments.**

Tell me about your experiences serving on committees.

Have they been positive or negative experiences?

What committees have you served on that you felt really made a difference?

Have you served on “powerful” committees?

How do you get placed on committees in your department?

Have you ever felt you were a “token” appointee on a committee?

Were you successful in these committee assignments? Why/why not?

How has being on these committees affected your career?

Do you enjoy committee service?

### **5. Leadership**

Can you tell me about some of your leadership experiences?

Do you like being a leader? Are you one? Do you aspire to be?

What qualities do you value in a leader?

Are these the qualities that are necessary to become a leader at the College of Medicine?

Is there a typical pattern of becoming a leader in your department? (i.e. serving on particular committees, contacts with powerful others, particular achievements, other)

Do you think it is harder for women to become a section head or committee chair in your department? **IF so**, why?

Have people expected you to be a leader? Why/Why not?

Are you/would you be a good leader?

Do you feel you have power or influence in your department?

### **6. Other barriers**

Have there been times when you have not received credit for your work? (Ask for examples)

Do you feel you have to work harder than others to receive appropriate recognition?

Are you aware of instances of subtle or outright discrimination on the basis of gender, race, etc. here at the College of Medicine? **IF yes:** Was the problem resolved? How?

Are there gender differences in the amount of influence a person has in the department? Why?

Are there gender differences in the barriers faculty face?

Have you ever thought of taking family or personal leave? Did this affect your career?

## **7. Success**

What do you value most that you have been able to do? (Alternate: Which of your accomplishments are the most meaningful to you?)

What does your department value most about your work?

Have you ever had to change your style to be successful in this environment?

Have you achieved what you hoped to achieve when you began your career? If no, why not?

Are there any barriers we have not discussed that you think are important?

What could the College of Medicine do to fix any of the barriers you or others have experienced?

What strategies would you propose to foster equality at the College of Medicine?

**Thank you.** The information you have provided will be valuable in trying to improve the working environment at the College of Medicine. All your responses will be kept confidential.

V.P. FOR ARIZONA HEALTH SCIENCES CENTER

Raymond L. Woosley, M.D. 2001 -

DEAN OF UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

James E. Dalen, M.D. 1988 - 2001

William Dalton, M.D. 2001 -

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