

## Career Progression in Academic Medicine: Perspectives from Junior Faculty Women of Color

Health disparities that adversely affect minority communities continue to be a major concern within the medical profession. One way to address those disparities is to ensure that those teaching the next generation of medical providers reflect and understand the populations they serve. Despite this, women of color (WOC)<sup>1</sup> continue to be underrepresented at higher ranks in academic medicine compared to their male counterparts. Researchers with the *Women and Inclusion in Academic Medicine* (WIAM) study<sup>2</sup>—a collaboration between Harvard Medical School’s Converge: Building Inclusion in the Sciences through Research and the Center for Gender in Organizations at Simmons School of Management—set out to understand the institutional and personal barriers faced by WOC and to highlight what is working for their success. We believe that there are lessons here not only for academic medicine, and that other institutions that seek to attract and retain the best talent and support their upward mobility may also gain from the insights offered.

Women of color are more underrepresented at higher ranks of academic medicine than white women. While 51% of the U.S. population are women, just 20% of all full professors are women; and, while 18% of the U.S. population are minority women (WOC), just 3.2% of all full professors are minority women.<sup>3</sup> Intersectionality theory holds that barriers due to gender and race do not act independently of each other; this framework helps us to understand the relationship among the multiple identities an individual holds.<sup>4</sup> Although there is research regarding career progression in academic medicine for both women as a group and people of color as a group, with few exceptions<sup>5</sup> there has been limited attention to the specific issues facing WOC and the double jeopardy they face as both women and minorities.<sup>6</sup> In this *CGO Insight*, we describe factors, both positive and negative, that affect the career progression of women and minority faculty. We also delve into factors affecting the group at the intersection of these two identity groups: women of color faculty. With each factor, we offer suggestions for what may assist women, minority faculty, and women of color faculty in navigating their careers and gaining the support needed to advance. We close with suggested recommendations.

### Methodology and Introduction to Findings

For this study, in-depth interviews were conducted with 25 WOC junior faculty from 13 medical schools. Participating medical schools were selected using a purposive sampling method so that a variety of key characteristics including geographic location, public versus private, faculty size, Research Center in Minority Institution (RCMI) status, percentage of WOC faculty, and research intensity were represented. A convenience sampling method was used to select faculty from each school. The WIAM designated liaison assigned by leadership at each institution was asked to select two to three WOC junior faculty from his/her institution who would be able to answer the following question: “In your experience, what factors, personal and/or institutional, are most significant in impeding or supporting your own progress?” A total of 31 women were identified by liaisons. Six faculty did not respond to the email invitation; one discontinued her interview during the process due to concerns about deductive identification; two were interviewed but chose not to be recorded; and for one there were technical issues so no recording was available. Therefore, 21 interviews from 12 medical schools are included in this analysis.

The challenges most frequently noted include institutional barriers related to mentoring, time management, influence of bias, exclusion from networks (both formal and informal), and involvement in committees and non-promotion activities. Institutional factors that aided in WOC progressing in

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academic medicine included mentors, the existence of a diversity program and/or career development program, having a supporter, and being in an institutional culture of inclusiveness. Personal barriers focused primarily on family commitments but also included issues with negotiating. In contrast, personal factors contributing to advancement were emotional support and concepts associated with self-efficacy such as confidence, pro-activeness, motivation, and resilience.

## Factors Affecting Both Women and Minority Faculty Career Progression

### 1. *etwork of Support*

There is a consistent body of evidence demonstrating that both minority and women faculty in academic medicine lack adequate mentorship.<sup>7</sup> Consistent with this finding, most respondents in this study reported insufficient mentorship as

a barrier to career progression. Mentorship was considered important for advice about system navigation, including contract negotiation, grant applications, and time management. Included in this category were perceptions of senior leadership not backing their work, not having a

formal mentor, or the mentor being inadequate (due to lack of power or interest).

Mentoring was also considered crucial for inclusion in networks. There is evidence that both women and minorities experience exclusion from networks.<sup>8</sup> Similarly, many of this study's respondents described ongoing exclusion from informal networks as a barrier to career progression.

*"I have peers, most of the time who are male who turn out literally seven and eight publications—now they are not writing seven or eight papers by themselves ... it's just that they have that built-in network. I don't think people intend to ostracize women and women of color. I think it's just natural in terms of how their networks are formed."*

**What helps:** Some of the WOC junior faculty described taking the initiative to proactively build networks of support for themselves.

*"I spent a lot of time ... meeting with a lot of different people trying to network for several months when I first arrived ... and then have finally landed on a great mentorship team ..."*

For others, leaders place them in positions where they can connect with influential people in the department/university.

*"My department chair has recommended me for certain committees, for certain workshops, women and leadership position ... and it is just amazing the network that one can build, just by having a strong mentor. It is invaluable."*

Additionally, some espoused the importance of the support of a willing and generous network of senior faculty.

*"The critical, critical, critical key factor that I think is necessary for advancement is having a network of senior faculty who will willingly be invested in and actively support your career. I think if you don't have that you're not going to stay in academic medicine."*

For those who did experience exclusion, some women discussed the importance of self-confidence in working within majority settings. Most of these women reported the value of a Center for Diversity, Faculty Development Office, or Women's Office as a place for inclusion within their institutions.

*"[The office] was the first group of people at the institution where I actually felt welcome."*

### 2. *Professional Career Development*

Considerable evidence suggests both women and minorities lack access to career development training.<sup>9</sup> In line with this finding, many respondents said that a lack of career development training affected career progression, particularly with regards to promotion criteria, contract negotiation, grant applications, publication writing, and time management.

**What helps:** Organized and accessible programs that provide concrete guidance and direction are key to faculty progression. In particular, one woman reported proactive and highly individualized support in meeting career milestones.

*"We have a center for [diversity] ... it [is] phenomenal. They were the first to sit down and say, 'Ok, you need a plan, and we are going to check in with you to make sure you are progressing, on that plan.'"*

Others noted the impact of more content-specific activities that address particular topics that can build knowledge of the career development process.

*"I'd say [an important career facilitator] would be organized programs to help augment what you don't know. ... Be it on research or skill solving, such as influence, [or] influencing a project or crucial conversation that they have had."*

### 3. *Bias and Discrimination*

There is evidence that both women and minorities experience bias and discrimination in academic medicine.<sup>10</sup> Similarly, many respondents reported that they were held to higher

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performance standards than white men, their work was undervalued, or there were discrepancies in pay and promotion rates.

Many recognized that pervasive, historical attitudes towards women remain a barrier to equitable treatment.

*“I think the biggest [hindrance] is the fact that women in general have always been viewed as a second class citizen in academia, just in general, doesn’t matter what complexion you are, and that is something that really needs to be addressed ... But it would help if we [were to] be given the same ... salaries.”*

On the other hand, some note that the biases directed toward them have acted to further their inclusion in activities.

*“I don’t think people look at me and say, ‘Oh, you know we prefer not to take her seriously because she is a woman and she has children and she is a person of color ...’ I think they are very inclined to be kind of helpful because they don’t see [a] lot of people like me up there.”*

**What helps:** Some women did not report having experienced bias. This differential experience points to the potential importance of institutional environment and context and the factors faculty may take into consideration in both selecting their places of employment and their decisions to remain. Of the faculty that reported experiencing bias, many discussed the need to be resilient in the face of discrimination and exclusion.

*“I was raised differently as far as looking at everybody as equal and when you come to our country where you’re really judged by the complexion of your skin, it is either going to make you angry or it is going to make you want to rise above that and so I just choose to rise above that.”*

Others noted that certainty about your own abilities is essential in persisting and overcoming negative attitudes.

*“I think if you stay long enough and you are competent, and you are capable, and people see that, then finally it’s like, ‘Oh, well I am glad you’re here.’ But it’s that resentment and indifference that just turns so many people away before you get a chance to show that.”*

#### 4. Negotiation

There is evidence that women may have more difficulty with negotiation than men.<sup>11</sup> This finding is seen in the recurrent themes related to time management, and competing clinical, teaching, and research responsibilities. There is also evidence that women of color are less likely to report negotiating for career advancement than white women—81 percent of white

women as compared to 57 percent for WOC—and that the reasons may have to do with the psychological experience of power on the propensity to negotiate.<sup>12</sup> Additionally, both women and minorities spend more time than men and non-minority faculty on activities (committees, mentorship, teaching, clinical work) that are less likely to translate into meeting promotion requirements.<sup>13</sup> Some respondents acknowledge this as a problem for them and their colleagues.

*“At least myself, and the other women I talk to, I have a lot of difficulty with negotiation skills. I don’t feel it’s as easy for me to go up to a chair of my department and say I’m doing this and this and this so I should get this and this and that ...”*

**What helps:** Many women discussed the importance of resilience, motivation, and confidence in approaching negotiations. Many cited family (parents, spouses, children), friends, community, religion, and exercise as important in helping them build and maintain their resilience.

Some women reported making themselves visible to those in power and self-advocacy as essential.

*“I actually asked as part of my recruitment package to be able to meet with my chair monthly. So I ... had learned by that time the importance of mentorship, the importance of having time with people who are powerful within an academic institution.”*

Further, others reported that strategically taking full responsibility for one’s goal and outcomes is paramount.

*“Whatever institutional support there is, I have specifically gone after it. So if I wasn’t very proactive and ambitious towards trying to reach my goals, then I could very well just sit here and tell you, ‘Boy, the institution doesn’t support me.’”*

Additionally, some women reported the importance of being strategic about time management and committee acceptance and using the assistance of mentors in making decisions.

#### 5. Family Responsibilities

There is considerable evidence that women spend more time on family-related responsibilities than men, which may have a particularly large effect on the experiences of faculty in

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work environments that lack flexi-time and other family-friendly policies.<sup>14</sup> These issues are similar for the women of color in this study; many respondents spoke about the difficulty in trying to meet the expectations of both home and work given competing demands for time, such as the difficulty of participating in evening or early morning events and informal networking.

*"I think life circumstances and that within the past six years I became married and have had children ... So some of the time that I otherwise would use to do writing, and even some mentorship after hours, I sometimes am either not able to do or I am doing very late at night."*

Some women discussed ambivalence about succeeding in academic medicine because of the costs involved, particularly the costs relating to their children.

*"It is not without sacrifice, though. I mean, there is a lot of personal sacrifice with that, including sacrificing my children ... I have [a] lot of concerns ... and personal turmoil at times when things aren't working out well, like when my children are having trouble in school. I say to myself, 'Well, what am I doing? Why am I not there for them more?' So it is hard, it is definitely hard."*

**What helps:** Some women reported the benefits of being clear about their own priorities and accepting they may not be able to achieve every-

thing. Many women also discussed the importance of having flexible hours and a mentor who understood the demands of family.

*"[My mentor] knows exactly what it is like to have a family and no one... ever looks to see what time I am coming and what time I am going, as long as I'm productive and get my work done."*

Many women also cited the importance of support in the home, be it from a spouse, other family members, or paid help.

*"Within the past year my parents have moved to town, as has my husband's [relative] who now lives with us,*

*and she helps out with children. So that has been helpful."*

## 6. Socioeconomics

Minorities in particular may experience more financial pressures to enter into non-academic careers or the private sector due to financial considerations such as lack of family wealth.<sup>15</sup> Many of our study's respondents discussed the pull of higher wages in private practice for minorities, which was felt to be particularly important given high educational debt burden and/or the lack of generational wealth.

*"There is not a lot of independent wealth, there is not a lot of generational wealth .... So they may try out the academic medicine thing for a little while and it is not really working out ... I see that happen all the time."*

**What helps:** Some respondents reported the importance of the availability of seed funding and early career financial support as enabling them to enter and/or remain in academic medicine.

## Factors Specifically Affecting Women of Color's Faculty Career Progression

Research related to WOC in the labor force suggests that these women have a double burden related to both minority status and gender.<sup>16</sup> Indeed, findings from our study also suggest that there are barriers specific to being a WOC in academic medicine. However, WOC are not a homogeneous group. Therefore, it is important to recognize that their career progression is likely shaped by their particular social and cultural experiences.

### 1. Perceptions of Differences/Perceptions of Sameness

Stereotypical beliefs invariably influence how WOC are perceived by others, affecting advancement and career development.<sup>17</sup>

*"It is hard to negotiate and navigate those waters as well. Particularly, because I think you know it is really easy for a black woman to be labeled as angry."*

Many noted the added burden of constantly needing to be aware of how others might perceive them. WOC are faced with the challenges of managing their visibility in organizational contexts.<sup>18</sup> They were very clear on how quickly one can become too visible or "hyper-visible" in a context in which they are the minority.

*"We have to be so hyper-vigilant about how people perceive us, I think. Maybe we don't have to be, but I think a lot of us are. You don't ever want to be the one who's late to the meeting, you don't ever want to be the one who's not prepared."*

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Some also noted that others do not fully understand the unique circumstances WOC face and how they affect their lives.

*“I think so many white people ... think their advantage is your advantage and if I can do it, you can do it, and they don’t understand all of those subtle, unspoken, hidden barriers that prevent you [from doing it] ...”*

**What helps:** Sensitivity to and awareness by institutional leaders of the factors that impinge negatively on the lives of WOC are important, but must be coupled with positive actions.

*“If you want women of color to succeed, [there] has to be recognition that there are barriers and then dedication to making [success] happen.”*

One respondent in particular noted that a strong sense of self, unthreatened by moments of uncertainty, allows one to rise above the odds.

*“[I may be] insecure at times, uncomfortable, [but] despite the setbacks, I can rise above that, knowing that I am who I am, no matter what happens in the world and no matter how people respond to me; I’m me, I am good, I am good enough.”*

## 2. Mentors

Mentors contribute to faculty success in a multiplicity of ways, including support in choice of career specialty, assistance in developing professional identity, and generation of career satisfaction.<sup>19</sup> Without such a guide, some women reported feeling isolated.

*“There is no one in terms of who is walking ahead of me. I don’t have a model; I’m kind of out on a limb here on my own.”*

**What helps:** An awareness of mentors, particularly their ability to serve as role models and sources of support, is an important factor. Women of color agree that having an influential mentor is a critical resource for their successful career advancement.<sup>20</sup>

*“You know there are so many [minorities] above us right now. So unlike [other cities], I think it is easier for people of color to see that it is possible. That anything is possible.”*

It is also helpful to avoid lumping women of color together with the assumption that their experiences across ethnic groups are the same. Research on women of color from Catalyst found striking differences in the mentoring experiences of African American, Hispanic, and Asian American women.<sup>21</sup> One finding was that Asian American women were significantly less likely than either African American or Hispanic women to report that they received advice on career

strategies from their mentors. The mentoring experiences of women of color are not monolithic.

## Recommendations

To the extent that individual faculty careers unfold in academic medical institutions, there is reciprocal and joint responsibility for faculty outcomes. Therefore, we offer recommendations for individuals and institutions. Individual-level actions include a careful consideration of the work environment, identifying and utilizing support systems including mentors and family, and strengthening resilience, self-efficacy, and networks of support. At the institutional level, sustaining efforts for an inclusive environment, developing infrastructures that support programs for diversity and career development, establishing family-friendly work policies that recognize the multiplicity of roles and responsibilities of faculty members, and developing mentoring programs are recommended. These institutional recommendations are consistent with those made by the Association of American Medical Colleges,<sup>22</sup> the Association of Professors of Medicine,<sup>23</sup> and other research.<sup>24</sup> Institutions should build their capacity to monitor and evaluate their faculty development and diversity policies, practices, and programs. To do so may require the development of new conceptual frameworks, metrics, tools, and interdisciplinary approaches.

## Conclusions

Women of color continue to be particularly underrepresented in academic medicine, and yet there is a dearth of research about this group’s specific needs. This qualitative study provides insights on how WOC junior faculty experience career progression. We hope that this study will help minority women and institutions identify ways to overcome these barriers, so that ultimately, women and men of all backgrounds are able to progress in their academic careers while also achieving their personal goals and meaningfully contributing to their institutional missions. As one faculty member expressed, “I feel many times the wind is in front of me, and there are moments where it feels like the wind might be at my back, and boy does that feel so good.”

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## Endnotes

<sup>1</sup>In this study, women of color (WOC) refers to the following groups: Black/African American, Hispanic, American Indian/Alaskan Native, and Asian/Pacific Islander.

<sup>2</sup>Wong, E.Y., Bigby, J., Kleinpeter, M., Mitchell, J., Camacho, D., Dan, A., & Sarto, G. 2001. Promoting the advancement of minority women faculty in academic medicine: The National Centers of Excellence in Women's Health. *Journal of Women's Health & Gender-Based Medicine*, 10(6), 541-550.

<sup>3</sup>Castillo-Page, L. 2012. Diversity in medical education: Facts and figures 2012. Washington, DC: Association of American Medical Colleges. Retrieved from <https://members.aamc.org/eweb/upload/Diversity%20in%20Medical%20Education%20Facts%20and%20Figures%202012.pdf>

<sup>4</sup>Browne, I., & Misra, J. 2003. The intersection of gender and race in the labor market. *Annual Review of Sociology*, 29, 487-513; Crenshaw, K. 1990. Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In D. Kairys (Ed.), *The Politics of Law: A Progressive Critique* (2<sup>nd</sup> ed.) (pp. 195-217). New York, NY: Pantheon; Crenshaw, K. 1991. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299.

<sup>5</sup>Turner, C.S.V. 2002. Women of color in academe: Living with multiple marginality. *The Journal of Higher Education*, 73(1), 74-93.

<sup>6</sup>Wong et al., 2001.

<sup>7</sup>Benz Jr., E.J., Clayton, C.P., & Costa, S.T. 1998. Increasing academic internal medicine's investment in female faculty. *American Journal of Medicine*, 105(6), 459-463; Bickel, J., Wara, D., Atkinson, B.F., Cohen, L.S., Dunn, M., Hostler, S., et al. 2002. Increasing women's leadership in academic medicine: Report of the AAMC Project Implementation Committee. *Academic Medicine*, 77(10), 1043-1061; Buckley, L.M., Sanders, K., Shih, M., Kallar, S., & Hampton, C. 2000. Obstacles to promotion? Values of women faculty about career success and recognition. *Academic Medicine*, 75(3), 283-288; Mahoney, M.R., Wilson, E., Odom, K.L., Flowers, L., & Adler, S.R. 2008. Minority faculty voices on diversity in academic medicine: Perspectives from one school. *Academic Medicine*, 83(8), 781-786; Ramanan, R.A., Taylor, W.C., Davis, R.B., & Phillips, R.S. 2006. Mentoring matters: Mentoring and career preparation in internal medicine residency training. *Journal of General Internal Medicine*, 21(4), 340-345.

<sup>8</sup>Carr, P.L., Palepu, A., Szalacha, L., Caswell, C., & Inui, T. 2007. "Flying below the radar": A qualitative study of minority experience and management of discrimination in academic medicine. *Medical Education*, 41(6), 601-609; Foster, S.W., McMurray, J.E., Linzer, M., Leavitt, J.W., Rosenberg, M., & Carnes, M. 2000. Results of a gender-climate and work-environment survey at a Midwestern academic health center. *Academic Medicine*, 75(6), 653-660; Mahoney et al., 2008; Pololi, L.H., Civian, J.T., Brennan, R.T., Dottolo, A.L., & Krupat, E. 2013. Experiencing the culture of academic medicine: Gender matters, a national study. *Journal of General Internal Medicine*, 28(2), 201-207; Pololi, L., Cooper, L.A., & Carr, P. 2010. Race, disadvantage and faculty experiences in academic medicine. *Journal of General Internal Medicine*, 25(12), 1363-1369.

<sup>9</sup>Benz Jr. et al., 1998; Buckley et al., 2000.

<sup>10</sup>Benz Jr. et al., 1998; Bickel et al., 2002; Bright, C.M., Duefield, C.A., & Stone, V.E. 1998. Perceived barriers and biases in the medical education experience by gender and race. *Journal of the National Medical Association*, 90(11), 681-688; Carr, Palepu, et al., 2007; Carr, P.L., Ash, A.S., Friedman,

R.H., Szalacha, L., Barnett, R.C., Palepu, A., & Moskowitz, M.M. 2000. Faculty perceptions of gender discrimination and sexual harassment in academic medicine. *Annals of Internal Medicine*, 132(11), 889-896; Mahoney et al., 2008; Nunez-Smith, M., Curry, L.A., Bigby, J., Berg, D., Krumholz, H.M., & Bradley, E.H. 2007. Impact of race on the professional lives of physicians of African descent. *Annals of Internal Medicine*, 146(1), 45-51; Peterson, N.B., Friedman, R.H., Ash, A.S., Franco, S., & Carr, P.L. 2004. Faculty self-reported experience with racial and ethnic discrimination in academic medicine. *Journal of General Internal Medicine*, 19(3), 259-265; Pololi, Civian, et al., 2013; Pololi, Cooper, & Carr, 2010; Price, E.G., Gozu, A., Kern, D.E., Powe, N.R., Wand, G.S., Golden, S., & Cooper, L.A. 2005. The role of cultural diversity climate in recruitment, promotion, and retention of faculty in academic medicine. *Journal of General Internal Medicine*, 20(7), 565-571.

<sup>11</sup>Pololi, Cooper, et al., 2010.

<sup>12</sup>Gutlove, P., Riley-Bowles, H., Deyton, P., Potter, J., & Walleser, L. 2014. *CGO Insights* No. 37: Women, negotiations, and career advancement: Report from a survey at the 2013 Simmons Leadership Conference. Boston, MA: Center for Gender in Organizations, Simmons School of Management, p. 2.

<sup>13</sup>Benz Jr., et al., 1998; Buckley et al., 2000; Mahoney et al., 2008.

<sup>14</sup>Benz Jr., et al., 1998; Bickel et al., 2002; Buckley et al., 2000; Carr, Palepu, et al., 2007; Pololi, Civian, et al., 2013.

<sup>15</sup>Peterson et al., 2004; Pololi, Cooper, et al., 2010; Van Ryn, M., & Burke, J. 2000. The effect of patient race and socio-economic status on physicians' perceptions of patients. *Social Science & Medicine*, 50(6), 813-828.

<sup>16</sup>Browne & Misra, 2003.

<sup>17</sup>Gutlove et al., 2014; Palepu, A., Carr, P.L., Friedman, R.H., Ash, A.S., & Moskowitz, M.A. 2000. Specialty choices, compensation, and career satisfaction of underrepresented minority faculty in academic medicine. *Academic Medicine*, 75(2), 157-160.

<sup>18</sup>Blake-Beard, S.D., & Roberts, L.M. 2004. *CGO Commentaries* No. 4: Releasing the double bind of visibility for minorities in the workplace. Boston, MA: Center for Gender in Organizations, Simmons School of Management.

<sup>19</sup>Levinson, W., Kaufman, K., Clark, B., & Tolle, S.W. 1991. Mentors and role models for women in academic medicine. *Western Journal of Medicine*, 154(4), 423-426; Reuler, J.B., & Nardone, D.A. 1994. Role modeling in medical education. *Western Journal of Medicine*, 160(4), 335-337; Wright, S., Wong, A., & Newill, C. 1997. The impact of role models on medical students. *Journal of General Internal Medicine*, 12(1), 53-56.

<sup>20</sup>Blake-Beard, S.D. 2001. *CGO Insights* No. 10: Mentoring relationships through the lens of race and gender. Boston, MA: Center for Gender in Organizations, Simmons School of Management.

<sup>21</sup>Catalyst. 1999. Women of color in corporate management: Opportunities and barriers. New York, NY: Author, p. 5.

<sup>22</sup>Bickel et al., 2002; Castillo-Page, 2012.

<sup>23</sup>Wesson, D.E., King Jr., T.E., Todd, R.F., Torres, E.A., Hellmann, D.B., Flack, J.M., Dubose Jr., T.D., & Schuster, V.L. 2006. Achieving diversity in academic internal medicine: Recommendations for leaders. *The American Journal of Medicine*, 119(1), 76-81.

<sup>24</sup>Benz Jr., et al., 1998; Foster et al., 2000; Mahoney et al., 2008.

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