

Partners Office for

# Women's Careers

at MGH

## Office for Women's Careers (OWC): SPECIAL REPORT

Dedicated to our consultation project with the  
Center for Gender in Organizations (CGO)  
at Simmons School of Management

### FRAMEWORK about gender issues

**T**HERE ARE MANY THEORIES about the role gender plays in institutional life. However, the simple fact is that gender inequities still thrive in most organizations. They may be mainly invisible and even unintentional, but they still exist. Well documented cases of women not rising to the highest levels of organizations, businesses, and law firms abound.

In academic medicine in particular, the "AAMC's Increasing Women Leadership Project Implementation Committee examined four years of data collected from schools on the representation of women faculty and leaders, results of interviews with department chairs, and new research from other sectors on the advancement of women. With women comprising only 14 percent of tenured faculty and 12 percent of full professors, the Committee concludes that the progress achieved within academic medicine over the last 25 years is incomplete and inadequate. Few schools, hospitals, or professional societies have what might be considered a "critical mass" of women leaders, and the pool of women from which to recruit academic leaders remains small. Scientific and medical careers involve considerable personal and public investment, but the potential of most women is being wasted.

*(Continued on Page 2)*

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MASSACHUSETTS  
GENERAL HOSPITAL

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Because academic medicine needs all the leadership talent it can develop to address accelerating institutional and societal needs, this wastage is of growing not receding importance. Only those institutions able to recruit and retain women will likely maintain the best house staff and faculty. The long-term success of academic health centers is thus inextricably linked to the development of women leaders.”<sup>1</sup>

Organizations do try their best to address these issues. They implement various initiatives to help ameliorate the problem. Progressive work-family benefits are the pride and joy of many of these organizations. We at the Office for Women’s Careers (OWC) at MGH had likewise created many initiatives to improve the state of affairs. However, each initiative has its limitations, as will become apparent.

Fundamentally, there are four approaches that an organization or business can take to try to eliminate gender discrimination amongst its ranks:

## **Four Frames**

### ***Frame 1: Equip the Woman***

The most common approach is based on the theory that women do not start on the same level playing field as men. “Women’s lack of achievement in organizations relative to men’s is attributed to differences in experience. A basic assumption of this approach is that women have not been socialized to the world of business and, therefore, do not know the rules of the game. They lack the requisite training and skills to compete in the workplace or assume positions of leadership.”<sup>2</sup>

A common remedy offered in this frame might be a formal one-on-one mentoring program. The mentoring offered is seen as a way to socialize the woman into the norms and expectations of the institution. In such a first frame mentoring program, there is no focus on how the culture itself might be creating inequities or how the institution might need to change to address any barriers or inequities. Such a remedy is focused entirely on the individual woman and what she needs to learn to negotiate the system.

OWC does provide first frame approaches by sponsoring skill development programs. Examples of such programs include OWC’s workshops on negotiation, conflict management, communication, and presentation skills.

### ***Frame 2: Accommodate the Woman***

This approach still defines the problem in terms of differences between men and women but the deficiencies are now perceived as being in the basic structure of the organization, not as inherent in the women. Remedies in this frame tend to be policy based such as instituting work-family benefits. This frame seeks to create equal opportunity for all in the workplace by accommodating the women’s conflicting roles between work and family. It attempts to do anything possible to be flexible in terms of child rearing issues.

MGH and OWC utilized this frame when creating the Back Up Childcare Center and when advocating for a new human resource benefit for parents called “Parents in a Pinch.”

### ***Frame 3: Celebrate the Woman***

“The third frame shifts the focus from eliminating difference to valuing difference ... in this frame the route to equity is not to eliminate or deplore the differences between men and women, but to celebrate them.”<sup>2</sup>

Remedies in this frame are usually celebratory events, and the goal is to recognize and celebrate the contributions of diverse groups of people. These events may, in fact, be very positive and even uplifting but they do nothing to change the institution itself or the systems dedicated to allocating resources, opportunities, and power.

OWC has used this approach as well. OWC highlights women’s achievements in the OWC newsletters, sponsors annual *Women in Medicine Month* (in September) guest speakers, put up the exhibit panels in the White corridor highlighting selective histories of a few women physicians at the MGH, and hosts Annual Receptions celebrating women faculty at MGH.

### ***Frame 4: Change the Work Culture***

The fourth frame focuses on addressing the underlying systemic issues at the institution. “If you have a category of people who are not succeeding to the extent that you think they should, do not look *only* at them and see what you can do to help them. Rather, look at the system – the organizational practices that are making it difficult for them to live up to their potential. If you do, it is possible to see things you have not seen before – such as taken for granted assumptions about the work and how it is done – that can be changed in ways that benefit everyone, not just the “different” people who raised the issue.”<sup>3</sup>

## Background

In 2003, the Office for Women's Careers was in its sixth year of operation. The office had organized a comprehensive and stimulating set of programs to meet the needs of women faculty and had achieved concrete results – in terms of influence on the advancement of individual women, new work and family benefits, and increased number of faculty development awards for women. OWC had been successful at implementing the first “three frames” to address the issues of gender equity at MGH.

But the leaders of OWC, Dr. Nancy Tarbell and Rebecca Starr, wanted to take the next step. They wanted to do more than the first three frames. They wanted to make an impact on the *culture* at MGH which they believed could have been creating unintentional barriers for women to advance. With a new MGH President and MGPO CEO at the helm, and a newly reorganized WAM Committee, the timing could not have been better to try to understand what organizational barriers might exist in the work culture.

This would be cutting edge work – requiring a lot more energy and commitment to find out what cultural impediments there were and then following through on the cultural changes that needed to be made.

To take this next step, Nancy and Rebecca engaged experts in the field of gender equity to work with them and their advisory committee (WAM Committee). These consultants were Dr. Joyce K. Fletcher, Professor of Management at Simmons and Dr. Stacy Blake-Beard, Associate Professor of Management at Simmons, both of whom work at the Center for Gender in Organizations (CGO).

## What is CGO?

The Center for Gender in Organizations (CGO) at the Simmons School of Management is committed to improving organizational effectiveness by strengthening gender equity in the workplace. CGO is an international resource to organizations, scholars, practitioners, executives, and managers in the profit and not-for-profit sectors. They work at the intersection of research and practice, and pursue their mission through research, consultations, education, convening, and publishing.

- Consulted with organizations around the world
- CGO faculty and affiliates have authored over 100 publications, journal articles and books
- Offer innovative seminars series and international conferences

## What is their approach?

Rather than view gender as a problem that individual women face at work, they analyze how gender is embedded in an organization's work practices and culture. Analyzing an

organization through a *gender lens* creates opportunities to identify systems, practices, and norms that make it difficult for different groups of women (and often men) to be optimally effective. Their work with many organizations shows that performance is enhanced by gender equitable workplaces that enable both women and men to be productive contributors. This systemic linking of equity and effectiveness is what they call the *dual agenda*.

A concrete example of this *dual agenda* is demonstrated from work done at Deloitte & Touche, one of the largest accounting, tax and consulting firms.<sup>4</sup> They started an Initiative for the Retention and Advancement of Women when they began to recognize that there were very few women becoming partners and women were leaving the firm at a much greater rate than men were. Their initiative was multi-faceted and high-powered and included several major operational changes. But what they discovered was that when they initiated changes for the women, like formal career planning for women partners and senior managers, it was so successful that they started including men. This gave rise to the Deloitte Consulting's “Partner Development Program.” What started out as being a benefit for women only, fairly quickly came to be seen as beneficial to everyone at the company. This is the dual agenda at work. When an organization makes a change that removes a barrier that is especially difficult for women, it actually benefits not just the women but everyone in the organization and ultimately improves the effectiveness of the organization.

In contrast to other approaches, where gender, work and personal life issues, and diversity are handled through human resource policies and procedures, the CGO focus their research and involvement at the level of work practice and deep cultural assumptions about work and how it gets accomplished. To achieve gender equity within an organization, it is critical to build internal constituencies among different groups that can sustain this unique form of change.

## How do they work?

Focusing at the intersection of scholarship and practice, CGO fills a unique niche in its field. While several other organizations conduct research on gender issues at work, CGO has made its mark in systematically researching and disseminating knowledge about the subtle dynamics that produce and reproduce gender inequities. Statistics of women at work reveal the surface patterns of gender dynamics – the “what” – but CGO's work explains the “why” – the factors underlying and producing the patterns.

## *OWC and CGO work together*

### *Summer 2003*

We met with the two consultants, Dr. Joyce K. Fletcher and Dr. Stacy Blake-Beard to assess how CGO could be helpful at the MGH. It was decided that the consultants would operate on several fronts:

- CGO would engage in a work culture audit and organizational diagnosis of the gender and diversity issues at MGH, through focus groups and individual interviews with faculty.
- CGO would review the data to extract themes related to the overall context and work culture at MGH.
- CGO would design and facilitate a feedback session to share CGO's analysis of the key work-culture issues at MGH.
- CGO would work with OWC and the WAM Committee to brainstorm specific concrete small wins that could make a difference and help OWC to develop action plans for implementation.

### *September 2003*

To jump-start this initiative, Drs. Fletcher and Blake-Beard conducted a one hour presentation to the WAM Committee (Women in Academic Committee, the advisory group to OWC). The goal of the meeting was to engage the WAM Committee members in a new way of thinking about gender issues at MGH. By engaging them intellectually and emotionally in a new way of thinking, the hope was to mobilize this group to become active – even proactive – partners in the kind of change OWC wanted to undertake.

### *Fall/Winter 2003*

A “Small Working Group” (out of the WAM Committee) was created to work together with the consultants to put together a process and procedure for moving forward. This group met together about six times throughout the winter and spring.

### *October 2003*

Our office sponsored a breakfast meeting for the women members of the MGH Board of Trustees. They shared information about the consultation project and received valuable input to move forward.

### *December 2003*

Endorsement came from the top! Drs. Peter Slavin and David Torchiana sent out a letter to MGH administration, division chiefs, and department chairs telling them that focused interviews were about to begin and that they endorsed the CGO consultation project and looked forward to the findings.

### *February 2004*

Qualitative Inquiry - Interviews begun

Eleven individual face-to-face interviews were conducted on site at MGH with faculty representing a cross section of genders, ranks, and seniority.

### *March 2004*

The Small Working Group shared the initial findings with the WAM Committee. The committee resonated with all of the findings and encouraged them to move ahead. They suggested that the Small Working Group's list of recommendations for change would appeal to both women and men so the changes would be beneficial to all faculty.

### *May 2004*

We presented the findings to Drs. Slavin and Torchiana, who also said that the findings resonated with them and supported our continued efforts.

### *June 2004*

The Small Working Group made a formal presentation to the WAM Committee of both the findings and their recommended initiatives to address those findings.

*“Some consider research a snapshot. Others a report card. We contend it's a map.”*

– Maritz Market Research

### *September 2004*

The WAM Committee divided into groups to take the lead on these initiatives.

See below for the breakdown of initiatives and committee members.

OWC presented the findings and the initiatives at the GEC (General Executive Committee). OWC was asked to come back to report more comprehensively on faculty development initiatives. A meeting was scheduled for December 15, 2004.

### *December 15, 2004*

The Chief's Council endorsed the idea that a new “Center for Faculty Development” be created at MGH. Such a Center will support the overall MGH strategic goal of investing in its workforce and will guide the strategic planning to address current and future career development needs of MGH faculty. This Center will endeavor to assist our faculty to have satisfying careers and to move ahead at a pace that keeps them committed and engaged. OWC will be an integral part of this new Center.

## What were the findings?

### Four Cultural Norms at MGH and their differential impact on women

#### 1. TRADITIONAL VIEW OF GENDER

MGH is steeped in tradition. Traditional expectations still exist that women should take the lion's share of family and home responsibilities and men should be more career focused. Women are expected to be jugglers of work and family. Therefore, women have to make choices all the time between their work and home, and end up feeling continually conflicted.

Under this traditional norm, work efforts are then framed as an individual choice (one in which the institution holds no responsibility) so women can end up feeling self blame, isolation, and feelings of inadequacy.

##### Example:

A woman physician became pregnant and the other doctors in her department greeted the news by asking her what she would do after baby is born – would she come back to work or take time off or come back part-time? No one would ask this of a male doctor. It sends a message that perhaps she should be considering returning to work part time.

#### 2. YOU ARE ON YOUR OWN HERE

This is really a “survival of the fittest” place. There is really no one person assigned to look out for individual faculty members. This is particularly hard for women because they are not part of the dominant culture. The old-boy network is alive and well, and there are very few women role models. When women are not part of the dominant group, it is harder for them to address problems, i.e. to be the “squeaky wheel” and much more difficult for them to be advocates for themselves.

In addition, MGH has no formal process or system for career advancement. Hospital departments vary widely in their support of faculty and annual performance review conferences are not consistently held. In such an environment, women faculty tend to feel isolated and many are fearful of speaking up or pushing too much.

##### Example:

A talented and smart woman researcher has been successful in getting independent funding but she has come to a bump in the road and is not confident she will get her RO1 renewed. She doesn't know where to turn to for help. She feels embarrassed to have to ask for help, whereas most men feel more comfortable in approaching their supervisors for assistance when needed.

#### 3. COMPETITION IS GOOD

MGH people and departments compete to be the best and to get the best resources. This creates an environment of multiple silos, with each vying for its own status and place at the table. In both subtle and overt ways, *because of the traditional view of women here*, women are expected to contribute to the whole – to the departments and divisions of which they are a part – and not compete hard for their own careers. They are warned, cautioned, or advised to back off. Because women are expected to be responsive and helpful, it is harder for them to push back on demands that encroach on hard-won “protected time.” This leaves the women, those who go and those who stay, feeling demoralized.

##### Example:

A woman faculty member thought she was next in line to be cited as the first author in an in-house publication. The chief gave it to a male faculty member, saying “he needed it for his promotion.”

#### 4. WE ARE THE BEST

*We are the best. MGH is the best in the world. You should feel privileged to work here!* The environment embodied by these phrases makes it hard to call attention to real issues without being labeled as negative. It is difficult to call attention to any perceived inequities because in such a culture, you are not supposed to complain. Asking for any accommodation reinforces an assumption that it is a stretch for women to be at an institution of this caliber.

##### Example:

An environment such as this, which makes it difficult for women to speak up, could be perceived negatively by medical students coming to visit MGH and could affect our match results.

## What is the incentive for MGH to change?

MGH needs to be sure that we can recruit and retain the best candidates for trainee and faculty positions.

## How will we address these norms?

Wanting to come up with strategies that would create “small wins” at the hospital and would be good for the entire hospital – both men and women – the Small Working Group began a structured process to develop a list of initiatives.

The group brainstormed interventions that would impact on the four cultural norms. A set of decision criteria for evaluating all of those ideas was put into place using the variables of Impact and Feasibility.

These initiatives, many of which are already underway, strive to address the four cultural norms.

## Quick Hits

1. Raising consciousness of the norm of traditional gender roles here at the hospital by discussing the narrative with hospital leaders. Presenting the findings to the hospital leadership and to hospital departments chiefs.
2. Instituting regularly scheduled presentations to chiefs regarding career advancement of women and residency matches.
3. Holding chiefs more accountable for gender equity in their departments by instituting progress on gender equity as part of their annual review.
4. Collecting and reporting aggregate data about those who use OWC services and for what specific reasons.

## Longer Term Initiatives

### 1. Identify if there are any discrepancies between men and women with regard to protected time on K Awards

Everyone has trouble but we suspect that women have it especially hard because they have a more difficult time pushing back and saying no. They are often asked to do more of the volunteer work, i.e. teaching, that may not help them with their advancement.

In order to determine whether the reality supports this hypothesis, data will need to be gathered about recipients of KO1, KO8, K23, K-02 awards to assess how much protected time they really have.

### 2. Train and support researchers seeking grants

A study was conducted by Tayyaba Hasan, PhD to determine if there was any difference in how many grants were being successfully obtained by men and women faculty at the MGH. Her findings showed that:

- Men and women had the same rate of success getting grants
- Women were awarded the same or a slightly higher percentage of requested funds
- Women, on average, requested less funding per grant than men
- Women received less money per grant, on average
- 21 percent of total grant applications were submitted by women

In order to target this issue of women asking for less money than their male counterparts, one potential solution is to create a system in the hospital for Grant Review/Advising, i.e. read through grant proposals and offer suggestions on improving proposals, both in terms of content and in terms of how much money is being asked for. A system with checklists could be created and distributed so that every person would have a simple structure to follow. This may benefit the entire hospital as the total dollars in grant funding could increase.

### 3. Institute policy of regular career conferences for all faculty

Faculty need to understand where they stand in terms of their career trajectories and whether or not they are considered on a path to a promotion. Hospital departments currently differ with respect to whether they do annual career conferences for their faculty. Consistently doing such career conferences is suggested so that expectations for academic advancement can be reviewed and faculty can be informed if they are meeting those expectations.

### 4. Create a mentoring environment

A subtle factor that may impede the advancement of faculty is reduced access to mentoring. Despite a strong belief in the value of mentoring, many organizations leave it up to chance. The result is that only some of the more fortunate ones will actually find their way to a good mentor who can help them with their career advancement. Especially now, with the increasing demands on clinicians and flat NIH funding, a structured mentoring program needs to become an integral part of the culture, especially at such a complex organization as an academic health center. The MGH needs to inaugurate a formalized mentoring program which will have a positive effect on research productivity, and ultimately on career satisfaction and career advancement.

### 5. Support and encourage gender initiatives in clinical departments

Already several clinical departments have begun group discussions with their women faculty about issues pertaining to them as women at MGH. Supporting these initiatives in the Departments of Psychiatry and Medicine and encouraging other departments to initiate such discussions is the focus of this fifth long-term initiative.

## Initiatives and cultural norms addressed

INITIATIVES	TRADITIONAL VIEW OF GENDER ROLES	ON YOUR OWN HERE	COMPETITION IS GOOD	WE ARE THE BEST
PRESENTATION TO CHIEFS	✓			
ONGOING REPORTING	✓			
ACCOUNTABILITY OF CHIEFS		✓		
AGGREGATE OWC DATA				✓
COLLECT DATE – PROTECTED TIME (K AWARDS)			✓	
ANNUAL CAREER CONFERENCE		✓		
CREATE MENTORING ENVIRONMENT		✓	✓	
GRANT COACHING		✓	✓	
SUPPORT PSYCHIATRY & MEDICINE				✓

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*“We’ll have to get comfortable with discomfort because we’ll experience it frequently when we seek to change the status quo. That’s why strong leadership requires so much courage.”*

Quint Studer  
Marketing Health Services, Summer 2004

## EDITOR

Rebecca Starr

Please send your input, ideas, suggestions and comments to the editor at [rstarr@partners.org](mailto:rstarr@partners.org)

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## SPECIAL REPORT 2005

Office for Women's Careers at MGH - A Resource for Women Faculty

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### *Seven effective habits of organizations*

- Engage in collaborative inquiry
- Fix systems, not individuals
- Pursue a dual agenda, not just by women and for women
- Work with men as allies
- Experiment with "small wins"
- Hold on to a concern about social justice
- Form alliances to make change

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