



Representativeness of Women in Leadership Roles in Medicine



A study published in the *Journal of the American College of Radiology* explores the issue of low representativeness of women in leadership positions in academic medicine and the reasons this phenomenon exists. The author, Christina M. Surawicz, MD, reports that, although there has been a dramatic increase in the number of female physicians and they now account for approximately one-half of the class in most medical schools in the United States, there is no parallel increase in the number of women in senior faculty and leadership positions in academic medicine.

The largest female number of female faculty has been observed in obstetrics/gynaecology and paediatrics, whereas the lowest in general surgery and orthopedic surgery. The number of female faculty at all ranks in radiology, in particular, is in the middle of this spread. A drop-off is seen at the associate and full professor levels, even in those departments with large numbers of female faculty members. Data collected in 2013 and 2014 showed that radiology rates (18%) were only 4 to 2% lower than obstetrics/gynaecology (22%) and paediatrics (20%) but considerably higher than general surgery (1%) and orthopaedics (0%).

See also : [Women in Leadership in Intensive Care Medicine](#)

The author believes that the two “mechanisms” underlying this phenomenon are the following: the invisible barrier to advancement, known as the “glass ceiling”, and the loss of women faculty along the path to advancement, known as the “leaky pipeline”. The former involves two types of issues, i.e. those related to the institutional culture and problems of, mainly unconscious, bias. The latter refers to work-life integration and balance and leadership development.

The study further discusses the reasons why the number of women in leadership roles in academic medicine has not kept pace with the number of women entering the field of medicine based on previous research studies. It concludes that the most common factors are as follows: lack of role models to combine career and family responsibilities, disproportionate burden of family responsibilities and work-life balance on women in career progression, difficulties in research funding, competition, lack of parity in leadership roles, poor mentoring, lack of gender equity in compensation, and an institutional environment described as non-collaborative and biased in

favor of male faculty. The current research forms a basis for the development of strategies that can address the issue of low representativeness of women in leadership roles in academic medicine.

Source : [Journal of the American College of Radiology](#)

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