

Leaders Cite Shortage of Women in Academia

BY SALLY KOCH
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FROM THE ANNUAL MEETING OF
THE AMERICAN COLLEGE OF
RHEUMATOLOGY

ATLANTA – The number of women serving as professors and division directors of rheumatology has not changed for the past 30 years, a circumstance that should prompt a policy directive from the American College of Rheumatology, according to some of its leaders.

During an annual meeting session sponsored by the Committee on Rheumatology Training and Workforce Issues and the ACR Young Investigator Subcommittee of the Research Committee, Dr. Abby Goulder Abelson noted that women accounted for 60% of graduates of rheumatology fellowships in 2009. Yet women hold just 30% of all academic appointments and comprise 15% of full professors and 7% of division heads. Those figures have been virtually unchanged for the past 30 years, according to Dr. Abelson, who chairs the committee.

Findings from a 2009 bench-

marking survey by the American Association of Medical Colleges showed that women accounted for 18% of full professors, 13% of department chairs, and 12% of medical school deans.

"If [the ACR's Research and Education Foundation (REF)] had a policy that it would not support fellowship programs that did not have more women in leadership," the problem would fix itself, said Dr. David Wofsy, past president of the ACR. "A decade ago we were tremendously short of rheumatology fellows. So REF and ACR set a goal and achieved it. ... Let's articulate the goals and decide what practices we need to achieve these goals."

Dr. Wofsy suggested increasing by 25% the number of women division chiefs. Dr. Wofsy is professor of medicine and microbiology/immunology and chief of rheumatology at the San Francisco VA Medical Center and associate dean for admissions at the University of California at San Francisco.

"We need to communicate the message that having more women in leadership in academic programs is good for training and good for society," said Dr. Christy I. Sandborg, a pediatric rheumatologist who is associate chair of the department

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of pediatrics at Stanford (Calif.) University.

The lack of women in academic leadership positions in rheumatology training programs is not a woman's issue. It is a rheumatology issue and an ACR issue, said Dr. Sandborg, who cautioned against tainting any effort to promote more women with even the hint that women are in some way damaged and need help.

Data gathered in 2008 showed that 9.1% of women left their academic posts early in their ca-

reers compared with 7.7% of men. Women cited as their reasons for leaving their observation that their gender affected their salary, their rate of promotion, and the amount of their protected time for research and teaching. As pronounced as these problems were for women in general, they were more so for minority women, said Dr. Abelson, who is interim chair of the department of rheumatologic and immunologic disease at the Cleveland Clinic.

At the same time, there is a sea change in how both men and women approach their professional lives and look for work-life integration. "This is the first time that I have attended a session on gender where 50% of the audience is male," she said.

Most rheumatology divisions around the country are actively recruiting new faculty. But to many young rheumatologists, private practice feels like the better choice.

Dr. David Karp, chief of the division of rheumatology at the University of Texas Southwest-

ern Medical Center at Dallas, acknowledged that "my young fellows feel that an academic career lacks control."

Dr. Abelson noted that young male rheumatologists want more control and a less stressful lifestyle, which is also changing academic medicine. "They start early, work through lunch, and leave early to pick up their kids from day care."

In Dr. Sandborg's experience, young men who ask for flexible work arrangements are stigmatized because older faculty consider them to be less than serious about their careers.

Another presenter, Anne C. Talley, told the audience: "You can't wait for the culture to change."

"People must feel free to ask for flexible arrangements such as job sharing, even at the director level. We must push through the stigma," said Ms. Talley of Merck & Co., who spoke as a representative of the HealthCare Businesswomen's Association, Pitts Grove, N.J.

None of the presenters reported any relevant conflicts of interest. ■

PERSPECTIVE

The Work-Life Balance

Issues related to balancing work and life are frequently understood to be of particular interest to "young" physicians. In fact, the difficulty of juggling work, family, and personal life affects physicians of all generations.

The only way your life will have the balance you desire is to actually know what you hope that balance will be. It is easy to lose track of what is important both at home and at work when you are faced with constant and varied demands on your time. It is important to take a step back – even for a few minutes while driving to work or waiting in line at the store –

and decide what things are most important to you. This may vary depending on the time of your life, or what is happening during that part of the year.

You may decide that for a defined period of time, the balance between your career and personal life needs to be different than what you hope for it long term. In that case, you'll need to think ahead and plan for both the short and long term. If you just let things happen without thinking about how you would like them to be, the chances are you won't be entirely pleased with the end result.

Second, think about some concrete steps that will allow you to keep your priorities straight.

It could be as simple as making sure you leave work in time to have dinner with your family, and then finishing up whatever is left later in the evening (something my husband and I do), or it could be as involved as looking for a new job that better meets your career goals and personal needs.

Decide which things you can compromise on and which things you can't.

My husband and I would really prefer not to work on evenings and weekends, and

have that time solely for our family and ourselves. However, when we add up all the hours in the day, we realize we can't do all the things we want at home and in our careers, and not do some work at home. So, for right now, we are compromising on the hours between when the kids go to bed and when we settle in for the night as a time we can use to fill that gap.

Remaining true to what is important to you now also means that sometimes you will have to say "no"—to a new work opportunity, a request to head up your child's school fundraiser, or that

class you were really thinking you wanted to take. Identifying your priorities will make it easier to see which things you can cut out or cut back on. It also will help you think about whether the amount of time you are spending on tasks is proportionate to their importance.

Lastly, be sure to take care of yourself. A reasonably healthy diet and regular exercise will give you much more physical and emotional energy to approach the tasks in front of you.

I admit, I find this difficult to remember and apply in my own life, but always feel better when I do.

If you need a night (or day or week-

end) off from it all, be sure to take it! Put your iPhone in a drawer, turn off the computer, and do something that you really enjoy (even if you have to hire a babysitter).

As professionals who advocate for healthy individuals and families, we can model healthy behaviors in our own lives through care and attention to ourselves and our friends/families, balanced against the care and attention we give to our patients. ■

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