



Women in Leadership Faculty Development Survey Summary of Results and Action Plan

The Women in Leadership (WIL) Committee sponsored an online survey to all Medical School faculty between December 2016 and February 2017. The purpose was to identify issues that are most critical for enhancing opportunities for women in the Medical School, and to guide us in developing a relevant action plan.

The overall survey response rate was 38% (428/1114), including responses from all 28 departments in the Medical School (range 1-24% of faculty responding). The response rate varied by gender: 58.5% (268/458) of female faculty and 24% (160/656) of male faculty completed the survey. This difference in response rate, as well as a difference in the proportion of female and male senior faculty who responded, makes it difficult to compare the issues identified by men and women. For this reason, we are focusing our Action Plan on the responses from female faculty in this report. The WIL Committee currently has three active working groups designed to address important issues the survey raised: 1) Leadership/Mentorship, 2) Recruitment and Retention, and 3) Salary Equity.

Leadership

On the positive side, of women who completed the survey, 16% already hold leadership roles, and 34% are currently actively seeking leadership positions or would consider one if available. Approximately half the women faculty described the culture as favorable toward women in leadership. However, 71% of our female faculty agreed that there are too few leadership opportunities for women at the Medical School.

Conclusion: The Medical School has a critical mass of women who aspire to a leadership position, and we have an unmet need to increase access to leadership roles for these faculty.

Action Plan: WIL intends to develop seminars and workshops in leadership training for women faculty. We are also developing policies and milestones for the Medical School to facilitate inclusion of women in leadership searches and appointments. Our committee recommendations from 2016, that 20 new senior women faculty be recruited by 2023 and that women make up 40% of the leadership roles throughout the Medical School by 2023, remains an important goal. Our recommendation that unconscious bias training be implemented for all Medical School leaders and search committees was put into effect in 2016.

Mentorship

Of female faculty responding to the survey, the majority were either seeking out mentors on their own (58%) or reported that they currently had no mentors (10%). 37% of women "*somewhat disagreed*" or "*strongly disagreed*" with the statement "*the mentoring I receive is meeting my needs.*" A large proportion (88%) of female faculty favored the Medical School developing mentoring programs for women.

Conclusion: Responsibility for finding mentors is falling largely to the individual faculty member. Our current mentoring programs are not meeting the needs of women faculty.

Action Plan: WIL is implementing a Medical School Visiting Scholar and Mentoring Program to sponsor external scholars with expertise on issues of importance to women's career development (e.g. negotiation skills, implicit bias, imposter syndrome) two times a year. Our recommendation from 2016 that more women be included in Grand Rounds and other seminar series remains an important goal, so that women have access to more female role models in biomedical fields. We will work with the new Master Mentors program to develop an initiative that matches women faculty with more experienced female mentors across the Medical School.

Salary

Many women (41%) were "*somewhat*" or "*very dissatisfied*" with their current salary, and 52% thought they were paid less compared to others in their unit with similar duties. There was some awareness of databases that can be used for salary comparisons (57%). Most female faculty (58%) did not negotiate a starting salary and have not negotiated salary since their initial hire. Of those who negotiated salary, only 25% were partially or fully successful. Since starting employment at UMN, 13% of women have tried to negotiate a retention package. The majority of women would be interested in receiving training in negotiation skills (60%).

Conclusion: Salary equity is of high concern to women faculty. Lack of experience in negotiation is likely a contributor to salary concerns.

Action Plan: WIL is currently conducting a comprehensive salary equity study across the Medical School that includes faculty in all departments. The WIL Committee is collaborating with the Office of Faculty Affairs and the Biostatistical Data and Analysis Center to carry out this study (first of its kind in the Medical School) that will use productivity measures and total compensation data to determine whether gender is a factor in compensation, and if so, what the extent of gender difference is. This is the first step in correcting any inequities uncovered. We hope to report the results in Fall 2017. WIL will also sponsor training in negotiation to give women faculty more experience in this area.

Recruitment and Retention

Our female faculty reported the following factors were "*somewhat*" or "*very important*" in the decision to join the UMN: scientific environment (89%), clinical program (84%),

UMN reputation (80%), work-life balance (79%) teaching opportunities (76%), desire to work in the Twin Cities (74%), past training at UMN (70%), and salary and benefits (66%). Common reasons that were “*somewhat*” or “*very important*” for female faculty in considering leaving the University of Minnesota were career development and growth (70%), concerns with salary (63%), concerns with salary equity (48%), and concerns with work-life balance (45%).

Conclusion: Women faculty join the Medical School primarily to pursue academic and clinical excellence. Family/personal considerations and compensation also figure prominently in their decision. To increase recruitment and retention of our valuable women faculty, we need to focus on career advancement opportunities, compensation equity, and developing a culture of support for balancing work and personal life.

Action Plan: The actions we are taking in promoting leadership, mentoring, salary equity, and awareness of unconscious bias will address many of these concerns. WIL is also designing exit interviews, to be implemented by the Office of Faculty Affairs, for all faculty leaving the institution. The exit interviews, aimed at gathering feedback on reasons for leaving, will allow us to track concerns over time.

Faculty Comments

Faculty also provided a wealth of informative narrative comments, including to the question “*What ONE single thing do you feel needs to change in order to enable more women in the Medical School to professionally advance and assume leadership positions?*” Many of the responses identified areas for improvement such as cultural issues, support for working mothers, role models, mentorship, and active consideration of women for leadership roles.

Action Plan: WIL have summarized these concerns in a report to the Medical School leadership to begin a dialogue for improving support for women faculty. We hope that our Action Plan will begin to address these issues, and that our programs will raise awareness of these issues across departments in the Medical School.

Full survey results are available on the Office of Faculty Affairs’ website [here](#).