

**A Study of Women Faculty Members' Pursuit of Non-traditional Leadership
Commitments Within Academic Medicine, Highlighting The Experiences of Women
Faculty Members Enrolled In The *Hedwig van Ameringen* Executive Leadership
Program for Women in Academic Medicine®**

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A Study of Women Faculty Members' Pursuit of Non-Traditional Leadership Commitments Within Academic Medicine, Highlighting The Experiences of Women Faculty Members Enrolled In The *Hedwig van Ameringen* Executive Leadership Program for Women in Academic Medicine®

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Dedication

To my loving daughter,

Brittany N. Simmons

And in honor of my loving parents,

Annie and Matthew Simmons

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Abstract

A Study of Women Faculty Members' Pursuit of Non-traditional Leadership Commitments Within Academic Medicine, Highlighting The Experiences of Women Faculty Members Enrolled In The *Hedwig van Ameringen* Executive Leadership Program for Women in Academic Medicine® (ELAM).

For the last twenty years, literature has demonstrated that women have attained jobs as faculty members within academic medicine at a steady rate. Yet, women faculty members have been consistently underrepresented in traditional senior-level positions in academic administration. Their underrepresentation is attributed to career decisions. The main purpose of this study was to examine the experiences of ELAM participants who pursued non-traditional career commitments. The problem of practice addressed the impact of career choices of women faculty in academic medicine, an understudied topic. Toward filling this void in the literature, this study utilized a constructivist methodological framework that is shaped, in part, by the Feminist Standpoint Theory, thereby allowing the researcher to draw on pre-transcribed interview data that provide insight into ELAM participants' decisions to pursue non-traditional leadership commitments. For the purposes of this study, Traditional Leadership Commitments are defined as positions on the traditional career ladder, including faculty member positions, president, vice president, and provost. Non-traditional Commitments are defined as Director of Residency, Deputy Dean of Education, and Associate Director Echocardiography Lab.

The main question generated four operational research questions that, in turn, yield four findings that facilitate an understanding of the experiences and decisions that influenced women faculty choices to pursue non-traditional leadership positions. Finding

one indicated that there are no “dedicated leadership pipelines” for women seeking to advance to senior-level positions, and the ‘leadership pipeline model’ has failed to provide women with viable professional strategies for advancement. Finding two demonstrated that the misalignment between institutional policies and work-life integration impedes women’s advancement to senior-leadership positions. Finding three showed that Non-traditional careers are viable and sustainable interventions for women seeking advancement to senior level positions in academic medicine. Finding four acknowledged that the Feminist Standpoint Theory was instrumental in providing the conceptual lens that provided an understanding of women faculty concerns associated with workforce development in regards to (a) advancement, (b) credentialing and (c) mentoring.

Finding five revealed that ELAM is a valuable intervention that enables its participants to become self-determined and self-directed agents in the creation of their non-traditional commitments as alternative ‘career choices’ to traditional senior-level leadership positions. This study made a scholarly contribution to the larger body of literature regarding women faculty career choices by examining the experiences of ELAM participants who pursued non-traditional leadership commitments within academic medicine.

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CHAPTER 1:

THE PROBLEM AND ITS SETTING

Research on women faculty members in academic medicine suggests that the number of women who are entering the field of academic medicine is equal to that of men. However, women are not advancing to senior level positions at the same rate as their male colleagues (Ash, Carr, Goldstein, & Friedman, 2004). The persistent scarcity of women in leadership positions raises issues about women's access to effective career development opportunities, mentors, and work environments that are free of gender bias (Yedida & Bickel, 2001). According to Waxman (1989), "a number of recent consensus reports characterize the academic medical environments as a 'chilly' one for women" (p .717).

Tesch and Nattinger (1997) contend that gender disparities are associated with rank and research opportunities for women faculty, which hindered their ability to achieve traditional leadership positions in medicine. Tesch and Nattinger (1997) further state that although women faculty members appear to have somewhat lower productivity than their male counterparts, particularly in terms of research funding and publications, achievement in the areas of teaching and clinical responsibilities are difficult to track. Therefore, women faculty members lag behind their male counterparts in academic medicine for several reasons, including lack of networking; poor preparation; productivity; professional issues; social issues; and mentoring (Tesch & Nattinger, 1997). In reference to the challenges, Polioli (2010) explained that instead of repeatedly bringing up reiterating their exposed deficits, we should turn our attention to changing an outdated

and imperfect system so that it can benefit from the very skills that women possess in abundance.

The problem of research focused on the experiences of women faculty in academic medicine and their career choices. The study also addressed the lack of empirical studies on women career choices in academic medicine. Overall, the problem of research endeavored to broaden our knowledge concerning the factors that influenced women faculty members' decisions to pursue non-traditional leadership commitments in academic medicine.

Gap in the Literature

Examining the progression of women from medical students to medical school faculty, the Association of American Medical Colleges (AAMC, 2003) found that women in general still remain underrepresented and have an uphill battle in medical settings (Yedida & Bickel, 2001). Even though there are currently higher numbers of women completing medical schools in the specialty fields, the careers are traditionally male-dominated; therefore, fewer women attain senior level administrative positions at those same academic health centers (Carnes, 2001). Researchers reported that failure to describe traditional theories and explain adequately the career development process for women is well documented in the literature (Bent & Fitzgerald, 1987; Diamond, 1987; Fitzgerald & Crites, 1980; Stitt-Ghodes, 1997). To some extent, several more recent studies are worth noting because fortunately, women's career patterns are receiving increased attention in the literature (Schreiber, 1998).

While empirical studies speak to the challenges faced by women in medicine, and they examine the effects of gender bias on women's development and advancement in

academic medicine, these studies do not delineate the factors and experiences that motivated women faculty members to pursue non-traditional leadership commitments in academic medicine. In order to develop new strategies that promote leadership development for women in academic medicine, a comprehensive study of their professional experiences is needed. According to Jagsi, Griffith, Rangarajan, Churchill, Stewart, & Ubel, (2011), comparisons between women and men in academic medicine are complicated by gender differences in life goals and career.

This study aimed to fill this gap in the literature by examining and documenting the factors that motivated women faculty members to pursue non-traditional leadership commitments in academic medicine, focusing on the experiences of women faculty members enrolled in the *Hedwig van Ameringen* Executive Leadership Program for Women in Academic Medicine (hereafter referred to as ELAM). In addition to filling a gap in the literature regarding women faculty members' pursuit of non-traditional leadership commitments in academic medicine, this study aimed to lay the theoretical groundwork for new policies and strategies for helping women obtain senior level positions in academic medicine at a rate that is comparable to that of their male counterparts.

Problem of Practice

The problem of practice addressed the impact of career choices of women faculty in academic medicine. This study aimed to address how some women faculty members' experiences influenced non-traditional leadership commitments to enhance career development. The literature identified the need for medical faculty development in the areas of teaching skills and self-awareness (Pololi & Knight, 2005). Moreover, the

problem of practice demonstrated that although studies have documented women faculty members' lack of progression in academic leadership, significant challenges continue to impede their advancement. In order to better understand women faculty experiences as they continue to strive as leaders, an overview on traditional re-organization of managed care is necessary.

Re-organization of Managed Care

Over the past decade, the rising costs of health care, corporatization, and advances in technology produced a massive restructuring of the American health care industry, characterized by featuring a high number of mergers, acquisitions, hospital closures, and major shifts in "where and how" care is delivered. The trend is likely to continue, as the existing supply of hospital beds trumps estimated demand under current and projected market conditions (Gerstein, 1995). Cost-containment, affected by managed care, has caused hospitals and health systems to reconfigure care provision. Large employers, governments, and other healthcare purchasers seeking to lower their costs are choosing managed care contracts as a solution. Nevertheless, academic medicine, with its having many resources, could lead the way in the expanding field of quality science by supporting helping academicians to improve quality at their own institutions, by supporting fundamental research in quality improvement, and many other ways academic medicine must by offer providing the healthcare community leadership for improving our nation's health care quality (Brands & Sports, 2006). Overall, personalized medicine drives these changes to support health care delivery.

Re-organization of managed care is a major concern associated with financing and delivery of health care services. "Managed care" joins the financing and the delivery

of health care services to covered individuals under a single corporate entity, most often by arrangements with selected providers (ANA, 1995). Under MCOs (managed care organizations), the plan/provider is responsible for arranging the delivery of all health care services required by the covered person under the terms of the contract. The challenge before organized academic medicine is to take a leadership role in its development beyond the role that academicians may play in their professional societies and to embrace the rapid evolution of clinical care (Brandi's & Sports, 2006). Therefore, women faculty in academic medicine must consider aligning their education with their careers to be suitable for new opportunities. Therefore, women faculty in academic medicine must consider aligning their education with their careers to be suitable for new opportunities.

Re-organization of University Hospitals

Re-organization of university hospitals as an intervention will provide opportunities for women faculty to progress as leaders within academic medicine. As medical schools are usually a large part of a Medical Center, the hospital offers career opportunities to become a chief of staff, chief financial officer, chief executive officer and other officials (Urman & Ehrenfeld, 2012). Although women traditionally choose careers in general internal, pediatrics, primary care anesthesia and psychiatry, women are pursuing non-traditional careers as well as sub-specialties of medicine academic medicine, and surgery (Ferrier, Cohen, & Woodward, 1989). According to Urman and Ehrenfeld (2012), "Alternative careers for physicians are very diverse; no two are exactly the same (p 327). Therefore, women who desire to transition in their careers may consider looking at the opportunities available in university hospitals.

Northwestern University's hospital exemplifies the corporatization of hospitals, in general, and of university hospitals, in particular. Northwestern Memorial Hospital is described as a "corporate entity" (Huntington, 1997). Recently, the Northwestern Memorial Corporation board approved measures to streamline the corporate structure and change its name from Northwestern Memorial Hospital to Northwestern Memorial HealthCare. Northwestern's restructuring included downsizing its staff and integrating its services, two consistent themes in reorganization (Huntington, 1995). Consequently, reorganization of university hospitals has helped academic administration continue to implement changes within the culture, increasingly recognizing that academic medical culture may itself be an underlying problem (Krupat, Pololi, Schnell and Kern, 2013). However, restructuring also includes forced conformity to new rules and the exclusion of certain individuals or classes of individuals from decision-making. Examples of exclusionary practices in traditional academic medicine relative to restructuring health care systems will enhance opportunities for women in non-traditional career paths.

Changes in Medical Education

Women should align their educational experiences with opportunities that will enhance the progress of their careers within the academic medicine industry. Medical education for physicians has been associated with an understanding that some studies support the belief that community-based training and primary care influence careers (Pathman, 1996).

Nevertheless, changes in medical education may have influenced physicians to pursue a curriculum that will enhance their clinical skills. Urman and Ehrenfeld (2012) explained that physician-scientists those with M.D. /M.A, or M.D. /Ph.D. degrees who

receive extensive training in both academic research and clinical medicine, are uniquely positioned with their special training. The skills of these physicians-scientists are heavily valued and versatile in which these individuals can fulfill a number of different roles along the spectrum of professional responsibilities from researcher to pursue other careers such as clinician. Overall, women faculty will benefit from making adjustments with both their education and professional skills to enhance their opportunities to progress as senior level administrators in academic medicine. Moreover, some medical institutions offer dual-degree programs, such as, M.D. /J.D., D.O. /Ph.D., M.D. /Ph.D. and M.D. /MA; one of the advantages of having dual-degree training is the flexibility in post-graduate career options offered to the trainees (Urman & Ehrenfeld, 2012).

In summary, the problem of practice reveals that although studies have documented women faculty members' lack of progress in academic leadership, significant challenges, such as, faculty development, family responsibilities, scholarly publication and mentoring continue to impede their advancement. In regards to women faculty, the challenges were exacerbated by the rapid corporatization and movement on behalf hospitals towards managed care environments that reduce autonomy and limit decision-making roles by individuals as well as classes of individuals, in an effort to turn a profit (ANA, 1996). Changes in medical education are necessary to prepare women to address the challenges that impede their efforts to progress. Overall, women faculty in academic medicine must re-tool or align their education to achieve the credentials required to enhance promotions and titles in their careers.

Women Faculty Career Choices in Academic Medicine

Women faculty in academic medicine are making their own career choices. Austin and Trice (2005) explained most faculty during the 20th century worked with in the context of full-time, tenure-track, or tenured positions. However, these traditional positions are no longer the norm; based on the shift in hiring at many institutions. Overall, women faculty are taking the initiative to pursue non-traditional leadership commitments as a strategy to advance to senior level positions. In order to better understand these women's career choices, the following overview of traditional as well as non-traditional leadership roles is necessary.

Traditional Academic Leadership Roles in Academic Medicine

A review of traditional academic leadership roles is necessary to understand faculty development in academic medicine. Traditional leadership roles are often considered positions such as, president, vice presidents, provost, chair, faculty, etc. Nevertheless, a traditional leadership commitment is defined as roles such as chancellor and vice chancellor, dean, department head, deputies, and faculty. According to Balderston (1995), leadership in a university is based, in part, on traditional authority. Bikmoradi, Brommels, Shoghli, Khorasani-Zavarch, and Masiello (2010) further defined traditional academic leadership in medicine:

Levels of traditional academic leadership include: (1) the Chancellor is the chief administrative officer of some universities; (2) the Vice Chancellor is the deputy or assistant chancellor in a university; (3) the Dean, who is appointed by the Chancellor, appoints deputies responsible for overseeing basic science faculty (faculty in their first 2 years of work), research faculty (experienced faculty who are engaged in lab work and

grantsmanship at the upper 2-year level), and clinical faculty (who mentor doctoral students and who work in hospitals as interns and residents); (4) the Head of Department, who is elected every 2 years by faculty members and subject to approval by the Chancellor, oversees the operations of an academic department (p.461).

In order to better understand faculty development for women in academic medicine, it is important to study how women are knowledgeable about traditional leadership commitments in academic medicine. There is an illustration of Traditional Leadership Commitments below:

President- The university president maintains an intensive relationship with the institution's governing board and is responsible to the board for administration. The board regards the president as the manager of the institution's budget and as the guardian of its financial health (Diamonds, 2002).

Vice President- Serve as the spokesperson in the absence of the president and is responsible for assisting the president with maintaining the proper communication between the Medical Student Council and the 1st year class. Assume the duties of President should the President be elected to another voting position on the Medical Student Council. Assist the president with organizing class officer meetings at least once a month and act as president in the event of his or her absence at the monthly meeting (<http://www.iupui.edu>).

Dean- the dean of medical school is responsible for all research, education, fundraising and medical activities. The dean delegates all medical education responsibilities. The dean reports to the President (<http://asp.med.wayne.edu/management-structure>).

Chair- all department chairs serve as the discretion of the Dean of School of Medicine and report directly and primarily to the dean. Chair is responsible for strategic planning for the department taking into consideration institutional goals as well as, complies with Restated and Amended Bylaws of the University. The chair is responsible for management, recruitment, retention and compensation of faculty. The chair is responsible for overseeing all faculty activities and manages all academic initiatives. Ultimately, the chair has the authority to assign administrative, research, teaching and clinical roles to the faculty of the department (<http://medicine.virginia.edu>).

Department Heads- the department heads are responsible for academic planning in consultation with staff of the department, as well as, maintaining responsible for scheduling staff meetings and chairing and conducting such meeting. The head of the department will attend the Provost's meetings; disseminate information and take action in accordance with decisions arising from such meetings as appropriate, the head of the department is also responsible for staffing, training, General overview and Implementation of process with the welfare of students in within the department (<http://ucl.ac.uk>).

Medical Directors- Medical directors are also responsible for the training, continuing education and promotion of subordinate staff. They coordinate various interdisciplinary teams to execute the clinic's policies, systems and agenda (<http://www.iupui.edu>).

Faculty- participates in curriculum renewal, assesses student knowledge and skills; Faculty is responsible for delivering the curriculum as approved by the Curriculum Committee (<http://asp.med.wayne.edu/management-structure>).

The aforementioned roles constitute traditional leadership commitments in academic medicine. What follows is an explanation of non-traditional leadership commitments as professional career choices, thereby providing insight into the ELAM participant's experiences as they pursued non-traditional careers.

Non-traditional Leadership Commitments as Professional Commitments to Advancement

Non-traditional leadership commitment is differentiated from traditional leadership commitment. For the purposes of this study, non-traditional leadership commitments included director of practice, clinical director of the medical center, research director, chief academic hospital officer, and chair of the faculty committee. Women are pursuing non-traditional leadership commitments to as strategies to obtaining administrative skills needed to progress into senior level positions. According to Carnes et al. (2001),

[The]...traditional pathway to academic leadership is through research. Women's health research is an ideal venue to fill the pipeline with talented women who may become academic leaders in positions where they can promote positive change as well as mentor other women. (p. 50)

McDade, Richman, Jackson, and Morahan (2004) reported that medical schools and academic medical centers have invested considerable efforts and resources to retain and attract women. Moreover, the community and migrant health centers (C/MHCs) conducted a survey study in 1996 that found that 31% of directors were women. One of the advantages of an academic career is the variety of professional options available throughout one's productive years and the ability to create a position with a mix of

research, teaching, and administration (Kubiak et al., 2012). Women faculty members in academic medicine are choosing a variety of leadership commitments. For many women, non-traditional career options are essential if they are to contribute their scientific creativity and teaching expertise to academic medical centers. According to Kubiak et al. (2012), in recent years, the creation of educator tracks has enhanced the ability of physicians to grow and achieve promotions in academic medical centers in ways that are comparable with what has traditionally reserved for only the accomplished physician-scientists (p. 3). As women faculty strive as senior level leaders, intense pressures for research and clinical productivity continue to characterize academic medicine; there is also the expectation of a major commitment to one's work role particularly during the first decade of a faculty member (Westring et al. 2014).

According to Buddeberg-Fischer et al. (2008), literature demonstrated examples of traditional commitments in academic medicine include Primary Care, Internal Medicine, Surgery, Gynecology, Anesthesiology, Pediatrics, and Psychiatry (Buddeberg-Fischer et al., 2009). Furthermore, examples of traditional leadership in health care systems include administrative and managerial staff, including clinical coordinators, supervisors, directors, and assistant directors (Jastrzembski, 2007). Additionally, non-traditional leadership in health care systems often lacks administrative titles. For instance, interdisciplinary committees provide education to health care practitioners about new medications, and they make valuable contributions by joining with traditional leaders (Jastrzembski, 2007). This study provided general discussions regarding traditional and non-traditional leadership to develop a more comprehensive insight of the factors that

influenced women to pursue careers in academic medicine institutions to achieve senior-level status. Table 1 illustrates gender and career frequency distribution percentages.

Table 1

Gender and Career Frequency Distribution

Career aspiration	Male's n (%)	Female's n (%)	Total n (%)
Private practice	79 (19.5)	113 (27.8)	192 (47.3)
Hospital career	85 (20.9)	87 (21.4)	172 (42.4)
Academic career	32 (7.9)	10 (2.5)	42 (10.3)
Total	196 (48.3)	210 (51.7)	406 (100)

Adapted from: Career-success scale-A new instrument to assess young physicians' academic career steps by Buddeberg-Fischer, Stamm & Buddeberg, 2008.

As women continue to strive as leaders in medicine, alternative specialty careers are noted as strategies to supporting the aspirations of women in medicine (Buddeberg-Fischer, 2008). Traditionally, specialty selection has been influenced by many factors, including role models, intellectual content of specialty, and altruism (Lambert & Holmboe, 2005).

In summary, women must continue to progress as leaders. Jastrzembski, (2007) pointed out as you consider opportunities for leadership whether traditional or non-traditional, remember that leaders exist at all levels in an organization. Given the increasing number of young women faculty in academic medicine and the perceived difficulties of such a career path, it is important for the medical community to understand the needs and desires of women at academic institutions so the community can best support their career advancements, and retain these women in the academy (McGuire,

Bergen, & Polan, 2004). With regards to career advancement in academic medicine; it is important to explore the challenges faced by women faculty members' seeking advancement in academic medicine.

Challenges Faced By Women Faculty Members Seeking Advancement in Academic Medicine

Regarding the underrepresentation of women in academic medicine leadership, Carnes, Morrissey, and Geller (2008) asserted, "traditional justification for the absence of women physicians in academic leadership has rested on three main premises: (a) women have not been in the field long enough to have reached leadership pipeline argument;(b) women do not compete for leadership positions for family reasons; and (c) women lack the requisite leadership skills" (p. 1456). These explanations are inadequate. To establish a better understanding of the challenges associated with women faculty members' underrepresentation in academic medicine advancement, three challenges were explored, including male-dominated leadership in academic medicine, managing family and work responsibilities, and scholarly productivity and promotions.

Certain aspects of policy and institutional culture may pose challenges for women. Success in academic medicine has traditionally required working 60 to 70 hours per week, a time commitment that for many is incompatible with the responsibilities associated with raising children (Hamel, Ingelfinger, Phimister, & Solomon, 2006). Therefore, women faculty should continue to position themselves to be able to establish a professional profile that will accommodate their desire to pursue non-traditional leadership commitments in academic medicine. What follows is an examination of three

areas that explain the experiences of the ELAM participants who chose to pursue non-traditional leadership commitments in academic medicine.

Male-Dominated Leadership in Academic Medicine

Career development and advancement is often associated with a male-dominated leadership viewpoint, and women in medicine are managing their careers within a male dominated leadership career model that places limitations on their ability to advance as leaders. These are important reasons why women progress more slowly through academic ranks and earn less than men in comparable positions in medicine (Puljak, Kojundzic, & Sapunar, 2008). Although gender equity in medical school has created a dramatic increase in the number of women choosing surgery as a career, for example, there are fewer women in the leadership of surgical organizations and in upper ranks of academic faculties (Numann, 2011).

The failure of the leadership pipeline model can be attributed to a number of interacting factors: a lack of family-friendly policies; the disproportionate burden for family responsibilities that is often borne by women; outdated institutional policies; and a dearth of successful, highly placed women mentors and role models (Morahan, 2011). Literature demonstrated that the existing organizational norms and structure of academic health centers were established more than 300 years ago by upper middle class, white Euro-American men (Morahan, Rosen, Richman, & Gleason, 2011). Nevertheless, the system remains unable to meet the needs of staff, faculty members, students, and patients who populate today's Science and academic health centers adequately (Morahan et al., 2011).

In summary, a male-dominated advancement-leadership pipeline model is one of the key factors that motivate women to pursue non-traditional leadership commitments in order to attain senior level positions in academic medicine. The failure of the ‘leadership pipeline’ as both a model and a strategy for women seeking advancement in academic medicine explains why this study promoted the pursuit of non-traditional career as viable ‘commitments’ to secure leadership positions in academic medicine. Traditional leadership commitment is defined as positions on the traditional ladder from faculty to head of the institution- president, vice president, dean, chair, vice chair, assistant professor and associate professor. However, for this study, Non-Traditional Leadership commitment means those positions that are not on the traditional ladder. For this study, non-traditional commitments includes: (a) Director of Residency & Deputy Dean of Education; (b) Deputy Dean for Administration; (c) Director of Graduate Medical Education; (d) Director of Cardiology Fellowship Program; and (e) Associate Director Echocardiography Lab.

Women can thrive within the academic health systems, despite the continuing challenges existence of career development challenges related to gender (King & Cubic, 2005). Nevertheless, the benefits of academic medicine are many. Academia provides physicians the opportunity to generate new knowledge, provide the best comprehensive care and teach the new generation (Kubiak, Guidot, Trimm, Kamen, &. Roman, 2012). Understanding the factors that contribute to this imbalance will help correct it. Furthermore, assuring that women are in the candidate pool as well as on the selection committees in Academic Medicine Programs is mutually-beneficial (Numman, 2011).

Managing Family and Work Responsibilities

According to Wong et al. (2001), “one of the major challenges faced by women in medicine is underrepresentation in positions of power is a phenomenon that can be explained in part by gender-based differences in promotion rates” (p. 547). However, gender-bias is by no means the only factor that contributes to the underrepresentation of women in positions of power. Furthermore, women faculty when compared to men tend to have greater caregiving responsibilities and tend to perceive their work environment as less supportive for managing the demands of family, work, and personal responsibilities (Westring, Speck, Sammel, Scott, Tuton, Abbuhl, & Grisso, 2014).

This may require “stopping the academic tenure clock” during the periods of childbearing. Women professors are more likely than men to decline better job offers in other locations in order to avoid uprooting their families, and to avoid the likelihood that their partners might then face the prospect of having to search for jobs in a tight labor market (Teevan, 1990). Moreover, medical schools have provided mentoring programs to address the challenges of combining a medical career with motherhood, which is critical to improving career satisfaction and advancement among women in medicine (Halperin, 2009). The time women need to spend on their family lives conflicts with the expectations of typical academic routines and promotion processes. There can be more immediate rewards in clinical practice than in academia, and so some individuals may decide on the dual roles of practitioner and mother, rather than taking on a competitive marketplace (Palepu & Herbert, 2002). Administrators can and should use data to measure and guide an institution’s progress on work-family objectives.

One potentially helpful measure is tracking whether stopping the tenure clock affects faculty members' tenure achievements. Another measure seen as valuable, but in need of traditionalization, is feedback on the "family friendliness" of chairs and deans as part of their annual evaluations (Sullivan, Hollenshead, & Smith, 2004). Perna (2001) further explained that household responsibilities and children's problems have been shown to be important sources of stress. Finally, it is important that women continue to find innovative ways to maintain the balance between family and work responsibilities so that they may advance as administrators in their area of expertise.

Scholarly Productivity and Promotions

The success of faculty members in balancing their career responsibilities is a matter of more than individual happiness; it is also a matter of addressing structural inequities and attracting the most qualified candidates to the academic profession (Curtis, 2004). For women with children or other familial responsibilities, pursuing demanding professional careers will always be a balancing act that is affected by many things (Palepu & Herbert, 2002). The literature demonstrated that women who have children publish less when compared to men, and they perceived their careers as progressing slowly (Palepu & Herbert, 2002). Women who delay having children until they have embarked on their academic careers also face numerous impediments.

A scholarly publication is essential to the progression of women faculty careers in academic medicine. Hamel, Ingelfinger, Phimister, and Solomon (2006), explained that career paths in academic medicine should be more flexible and success less narrowly defined. Furthermore, scholarly publications in medical education are important and appropriately emphasized in promotion decisions. Nevertheless, career advancement for

women has been reported to be different from career advancement for men. Curtis (2004) argued that institutions must introduce policy changes and faculty must take a closer look at aspects of the academic culture. However, national data suggest that medical school efforts may be paying off, between 1999 and 2004, the Association of American Medical Colleges documented an increase in the promotion of women from assistant professor to associate professor (Hamel, Ingelfinger, Phimister, & Solomon, 2006, p. 311).

Consequently, the most important assistance that an academic institution can give to the success of medical women is to invite explicitly flexible and creative solutions for individuals (Palepu & Herbert, 2002). While scholarly publication continue to play an essential role in women faculty progression in academic medicine, medical schools and institutions must make an effort to develop intervention that will enhance advancement for women in academic medicine leadership. To move forward, a summary of multifaceted interventions is needed in addressing the challenges associated with women faculty progression in academic medicine.

Multifaceted Interventions for Women in Academic Medicine

Interventions in academic medicine are designed to decrease women's isolation from colleagues, recognition, quality mentoring; leadership and to increase information and skills necessary for faculty development (Fried et al., 1989). Medical school administrators should continue to create programs to promote mentorship; faculty development and career develop for the faculty. Medical schools are promoting changes in the culture and structure of medical training to enhance the ability of women students to achieve their highest potential. Medical schools are allowing faculty the flexibility and

freedom to change their career direction in the course of their professional lives (Papp & Aron, 2000). Interventions are instituted to educate faculty and legitimize concerns as to the nature of bias in academic medicine and gender discrimination, to motivate faculty for change and to develop the skills to accomplish change (Fried et al., 1989).

Consequently, healthier communities, families, patients, and residents have been reported to be the result of medical schools improving the experience of women in residency (Serrano, 2007). Therefore, it is important that universities and medical institutions continue to promote programs and interventions that enhance the ability of women to progress into senior level positions.

Mentoring as an Intervention

Faculty development plays a major part in enhancing the leadership experiences of women in academic medicine. The literature identified the need for medical faculty development in the areas of teaching skill and self-awareness (Pololi & Knight, 2005). For years, mentoring women faculty in academia has been used as a strategy to enhance their ability to progress into administrative positions. Mentors serve as role models and guidance by providing support, creating professional opportunities, and building skills (Levine et al., 2013).

Waxman (1989) theorized that it is well known that role modeling and mentoring are important prerequisites for success in academia. The mentoring process involves a relationship between a sponsor, or mentor, and his or her protégé. The mentor has been described as one who occupies a powerful position at a higher level than that of the protégé, offering an almost parental role (Anderson & Ramey, 1990; Braun, 1990; Collins, 1983; Moore, 1982; Thompson, 1990). Quinlan (1999) revealed that mentors

contribute to six key areas of a protégé's knowledge based on the dimensions of career development that Levinson (1978) defines as critical for managerial advancement:

(1) the politics of the organization; (2) the politics, norms standards, values, ideology and history of the organization; (3) the skills and competencies necessary for succession to the next immediate step; (4) paths to advancement and blind alleys; (5) the acceptable methods for gaining visibility in the organization; and (6) the characteristic stumbling blocks in the organization and the personal failure patterns (p. 32).

In reference to managerial advancement, women in academic medicine health settings prioritize the development of their careers through the guidance and advice of senior faculty (Kings & Cubic, 2005). Overall, networking and mentoring have the potential to serve as catalysts for women's career development in health systems (Borus, 2004). Nevertheless, these networks can focus on providing opportunities for skills building, socialization, and brainstorming regarding multiple issues, networking, and consultation, including how to balance professional and personal demands (King & Cubic, 2005).

The significance of mentoring women is a powerful concept. According to Levine et al, (2013), "Exposure to rewarding mentoring experiences may help to mitigate some of negative influences that women in academic medicine face" (p.527). The scarcity of women administrators and absence of the mentoring relationship is potentially one reason women experience difficulty with career progression beyond the mid-management level (Bolton, 1990).

Universities and colleges have the responsibility to promote equal opportunities for women in the environment. Quinlan (1999) asserted that mentoring schemes are often proposed to improve retention of academic women. These mentoring schemes are university-wide seeking to match protégés and mentors from different departments, though generally in similar disciplines. Given that most senior academics are male, men are traditionally more likely to identify with and take under wing young people who are similar to themselves (Quinlan, 1999).

Finally, in order to understand mentoring fully and address the problems that surround retaining women faculty in academia, a review of institutional culture and climate in academia is essential in defining strategies to enhance successful outcomes for women. Consequently, exploring the problems presented in women's experiences with managing family and work responsibilities is essential in identifying factors influencing non-traditional leadership commitments. While university-based mentoring and networking schemes should not be viewed as a panacea for all of the problems in retaining academic women, encouraging a variety of relationships aimed strategically at particular needs may be useful in enhancing academic women's professional development (Quinlan, 1999).

Career Choice as an Intervention

Career development for women faculty can affect their ability to progress into senior-level positions. Schreiber (1998) pointed out that many career development theories suggested that career choice is a process of matching an individual's abilities and interests with a work experience that requires the ability to explore options and opportunities in the world of work, and makes a reasonable match between the two.

Research has been conducted to explore women's career choices. A recent survey conducted for the U. S. Department of Labor involved 276 female executives "who had broken through the invisible barrier or 'glass ceiling' at the top of U.S. organizations" (Scandura, 1992, p. 1). National surveys of college and university faculty (Austin, Korn, & Dey, 1990; Sax, & Korn, 2002; Sax, Astin, Arredondo & Korn, 1996; Sax, Astin, Korn & Gilmartin, 1999) revealed that career patterns usually are consistent.

A general sense of why people are attracted to their career choice decisions was explained by national survey data. Szot (2005) stressed, "women are catching up to –and some would say surpassing men in the healthcare industry, too, as more and more climb the ladder to lead some of the industry's largest and most influential organizations" (p. 1).

According to Pleotis, Klea and Bertakis (2004), it is essential that the leadership of medical schools continue to acknowledge that a diverse complement of faculty roles is essential in achieving their missions and should continue to be rewarded through the merit and promotion process as well as acknowledged the contributions of all faculty are valuable. Nevertheless, women are taking measures to increase their ability to advance into senior level commitments in academic medicine. However, the academic environment is changing within the past decade has prompted a redefinition of faculty roles nationwide. The economic necessity of generating income through clinical care to research and teaching activities has led to a rise in the number of faculty members who are designated as clinician-educator or clinician investigators (Pleotis, Klea, & Bertakis, 2004). Consequently, no empirical research studies have been conducted on how to understand the experiences that influenced women faculty in academic medicine to pursue non-traditional career choices.

ELAM Participants' Leadership Development and Career Choices

Women are pursuing non-traditional leadership commitments to enhance their opportunity to progress into senior level administration. Brown (2003) asserted "Individuals can craft career success that serves both the institution's needs and harmonize with their own values; each career path would recognize different levels of effort in the major areas of academic work, including clinical work, teaching, research and administration" (p. 1006). The ELAM program has been instrumental in promoting the progress of these women by allowing them the opportunity to explore new strategies to progressing in academic medicine. Dannels et al. (2012) explained that the goal of the Hedwig van Ameringen ELAM program for women is to increase number of women in leadership positions in academic medicine, public health and dentistry; to effect change in the academic health centers and to ensure that women are successful in leadership positions so that the contributions are valued. For this study, the researcher examined a selection of interviews consisting of ELAM participants who held both traditional and non-traditional senior level leadership commitments. However, this study built on the information gathered from the experiences of women faculty who pursued non-traditional leadership commitments.

In summary, the ELAM program's primary mission is to assist senior level women in advancing into leadership roles within the academic medicine environment (Richman, Morahan, Cohen, & McDade, 2001). The program was launched in 1995 and offered through Drexel University in Philadelphia, Pennsylvania. The purpose of the program: "ELAM provides an extensive one year leadership training that promotes mentoring, coaching, and networking opportunities aimed to expanding the national pool

of qualified women candidates for leadership in dentistry, public health, and academic medicine” (ELAM, 2011 p.1).

Purpose Statement

It is generally accepted that women have more varied career paths to and through academe than men (Conley, 2005). However, Bickel, Clark, and Marshall (1999) theorized that women are less likely to be promoted than men; and, they are underrepresented in the higher ranks within academic departments at medical schools. McGuire, Bergen, and Polan (2004) theorized that women in academic medicine are underrepresented because they still face gender discrimination causing them to progress at a slower pace than their male colleagues. Gender-specific socialization patterns constitute major obstacles for women attaining leadership positions (Yedida & Bickel, 2001).

The purpose of this study was to examine the experiences of women faculty who pursued non-traditional leadership commitments within academic medicine and the extent to which these women used their non-traditional leadership commitments as strategies for advancement to senior level positions in academic medicine, drawing on the experiences of ELAM participants. Moreover, this study revealed the obstacles that hinder advancement for women, in order to establish baselines for measuring the extent to which women faculty members have pursued traditional or non-traditional leadership commitments within academic medicine. Overall, this study aimed to expose the factors that influenced women faculty members’ decisions to pursue non-traditional leadership commitments in academic medicine and to identify emerging non-traditional career patterns for women faculty members in academic medicine.

Method Overview

To date, the experiences of women faculty members who pursued non-traditional leadership commitments within academic medicine are not well documented. Therefore, contemporary literature on the topic is scant, thwarting an examination of the extent to which women faculty members have pursued traditional or non-traditional leadership commitments within academic medicine (Morahan & Bickel, 2002). This study was based on an analysis of secondary data analysis from a study affiliated with The Hedwig van Ameringen Executive Leadership program for Women. The purpose of the study was to examine how the experiences of women faculty in academic medicine influenced non-traditional leadership commitments; the problem addressed in this project was that although research has indicated that experiences and career choices are components of leadership and career development, there is a paucity of literature on the experiences of women faculty in academic medicine and their endeavors to progress into non-traditional leadership commitments.

Consequently, this study utilized a constructivist methodological framework to explore the research questions. Constructivism maintains that the way in which people make sense of situations is relative to the individual (Lyones, 2007; Gijbels, Watering, Duchy, & Bossche, 2006). This study utilized a constructivist framework that draws on pre-collected oral data from eight ELAM alumnae who describe the reasons why they pursued non-traditional careers. This study benefited from its employment of Feminist Standpoint Theory, a mechanism for tapping, gaining insight into, and describing the perspectives and lived-experiences of ELAM participants.

Feminist Standpoint Theory

Within this study's constructivist methodological framework, the researcher used data examined from interviews with ELAM participants to delineate the aforementioned baselines. This study's constructivist methodological framework also draws heavily on the Feminist Standpoint Theory that focuses on deconstruction and decentralization of dominant ideologies (Lenz, 2004, p.100). Lenz (2011) asserted, "The standpoint theory acknowledges that individual experiences, and interpretations of those experiences, vary among members of any social group" (p. 100). Therefore, the Feminist Standpoint Theory affords the researcher both flexibility and opportunity to conduct a more comprehensive examination of women faculty in academic medicine by gaining insight into the challenges faced by women in science and by understanding how their experiences motivated them to pursue non-traditional leadership commitments.

The primary data also provided insight into the career development patterns of ELAM participants, relative to job retention, leadership development, and advancement of women faculty members in academic medicine. Guided by a constructivist approach, this study represented a more comprehensive discussion of the cultural and cognitive factors affiliated in shaping the future professional careers of women faculty within medical communities in health care centers, medical schools, and university hospital institutions. In that regard, this study filled a critical gap in the literature regarding women faculty members' pursuit of non-traditional leadership commitments.

This study's use of the constructivist approach in connection with the Feminist Standpoint Theory was intended to provide insight into ELAM participants' experiences in route to non-traditional careers beyond what is accomplishable with secondary sources

of information. This study's research design has multiple components that facilitate the researcher's ability to comprehensively treat the topic under investigation. For example, this study used a secondary data analysis research design, focusing on ELAM as a program of an experiential and exemplary educational intervention for women faculty members seeking leadership commitments to advancement to senior level positions in academic medicine. This study's research design was also descriptive, qualitative, and secondary data analysis design. In order to gain insight into the ELAM participants' motivations for pursuing non-traditional leadership commitments in academic medicine, participants were allowed to describe both their individual and their shared experiences while engaged in leadership training. As a qualitative study, it aimed to be the most comprehensive exploration of women faculty who pursued non-traditional leadership commitments in academic medicine. This study's comprehensiveness was facilitated, in large measure, by its ability to draw heavily on ELAM participants' discussions about their ELAM-related preparation for senior-level leadership positions. As a qualitative study, it allowed the researcher to explore the relationship between perceptions and the lived experiences of the ELAM participants. This study's secondary data analysis aspect aided the identification and explanations of specific themes that emerged in response to the main research question and its four operational research questions.

Main Research Question and Four Operational Research Questions

The main question guiding this study was: What are the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine? This question spawned the following four operational research questions (ORQ):

ORQ1: What are the categories of non-traditional experiences?

ORQ2: What are the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments?

ORQ3: What was the personal context that influenced the ELAM participants to pursue non-traditional careers?

ORQ4: How did the ELAM participants describe their scope of work in non-traditional leadership commitments?

Role of Each Research Question

Main Research Question: the role of this research question was to delineate the experiences that caused the ELAM participants to pursue non-traditional leadership commitments.

ORQ1: the role of this research question was to delineate the categories of different non-traditional leadership commitments.

ORQ2: the role of this research question was to identify career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments?

ORQ3: the role of this research question was to describe the personal context that influenced the ELAM participants to pursue non-traditional careers?

ORQ4: the role of this research question was to describe participants' scope of work in non-traditional leadership commitments?

This study's ability to answer these questions depended upon the data contained in the ELAM participant interview database. The researcher anticipated that the database would yield themes that will help answer the research questions as well as provide a

context for exploring the ELAM participants' lived experiences via their interview quotes.

Significance of the Study

The aforementioned research questions guided this study by facilitating an understanding of the experiences that influenced women faculty members' pursuit of non-traditional career paths. This research was timely because it filled a void in the current body of literature by providing insight into the phenomenon of women faculty members pursuing non-traditional leadership commitments within academic medicine, a phenomenon that has been trending upward in recent years (Straus, Straus, & Tzanetos, 2005). According to Ranson (1998), relevant studies from the 1970s and early 1980s typically focused on personality characteristics as well as the feminine and masculine traits that accompanied traditional or non-traditional career choices. Some of these studies also explored the social context of individual career choices (e.g., Trigg & Perlman, 1976, Lemkau, 1979, Lemkau, 1983).

Previous studies also reveal that women have encountered many challenges that have hindered their ability to progress into leadership positions (Buckley et al., 2000; Carr, Szalacha, Barnett, Caswell, & Inui, 2003; Tesch & Nattinger, 1997; Waxman, 1989). However, the question regarding why women are pursuing non-traditional leadership commitments has not been thoroughly addressed. This study marked a significant contribution to larger body of literature by addressing this specific question and by exposing the specific factors that influence both non-traditional career choices and leadership development, using the relevant experiences of ELAM participants as a focal point. McDade, Richman, Jackson, and Morahan (2004) recognize the *Hedwig van*

Ameringen Executive Leadership in Academic Medicine® (ELAM) program as a national model for providing a unique, gender-specific approach to professional development.

ELAM provided women faculty members with leadership development skills training, mentoring, and networking opportunities, designed to help them advance to, and succeed in, traditional and non-traditional senior leadership positions (McDade, Richman, Jackson & Morahan, 2004). This study examined the professional choices and experiences of ELAM participants to gain insight into the factors that caused them to pursue non-traditional leadership commitments within academic medicine and to gain insight into non-traditional leadership commitments as strategy to career advancement. Ultimately, this research shaped the larger discourse regarding the professional development of women faculty members in academic medicine, and it recommended strategies for women seeking alternative commitments to leadership positions in academic medicine.

Assumptions

Research paradigm assumptions shaped the selection of the procedures of a study (Guba & Lincoln, 1994). This research assumes that the interviews in the database offer information relevant to this study. The research further assumes that the interview data sample was representative of the perspectives of women faculty members who were affiliated with the ELAM program, who had achieved various levels of academic ranks, and who had level of experience to qualify for senior academic positions. Interview questions focused on the career development of ELAM participants who are pre-disposed to leadership, with an emphasis on their perspectives on leadership, their job experiences (i.e., career choices), and their assessments of the ELAM program. Although this study

relies on data collected from a previous study, its use is appropriate for this study that utilizes the Feminist Standpoint Theory as a lens by which the data is analyzed afresh and relative to the experiences of ELAM participants. Therefore, it is assumed that the data is relevant to the current study. It is further assumed that the participants provided truthful information regarding the factors that influenced their decisions to pursue non-traditional leadership positions. Finally, interview questions were related to the interests of the researcher when referring to non-traditional career paths.

Limitations

Limitations identify potential weaknesses in a study (Creswell, 1998, 2003). This study draws heavily on the interview as an instrument with which data was collected from ELAM participants. However, the researcher did not design the interview protocol that was designed by Sharon McDade, nor did the researcher conduct the interviews that were conducted by Sharon McDade. In addition, this study drew heavily on secondary interview data. Nevertheless, a purposive sampling of ELAM participants was used to identify women faculty in academic medicine who chose non-traditional leadership commitments, setting up conditions for potential gender-bias when recounting their professional development experiences in a male-dominated field. Since all of the interviewees were female, portrayal of a diverse institutional perspective was limited.

Delimitations

Delimitations define the scope of a study (Creswell, 1998). This study is limited to an examination of women faculty members who pursued non-traditional leadership commitments within academic medicine, and the factors that motivated them to do so, from 1996 to 2008.

This study was also limited to exploring the decisions, motivations, and experiences of ELAM participants who pursued non-traditional leadership commitments within academic medicine. This is a qualitative study that draws on the ELAM participants' experiences. Therefore, it reports on their realities as they perceive them (Creswell & Miller, 2000). However, this study's findings prove instructive to other women seeking non-traditional leadership commitments to leadership positions in academic medicine and to institutions that are developing program strategies to enhance academic leadership for women in medicine.

Definitions of Key Terms

The following terms were used in this study. The definitions will provide clarity and understanding of the research.

- *Academic Medicine*- Academic Medicine encompasses the traditional tripartite mission of educating the next generation of biomedical-scientists and physicians, discovering cures and causes for disease and advancing knowledge of patient care while caring for patients (Kanter, 2008).
- *Career development*- defined as opportunities given to employees promoting specific strategies to advance the career ladder (Young, 1984).
- *ELAM* (Executive Leadership in Academic Medicine): is a national year-long leadership development program. Its goal is to increase the success of senior women faculty seeking leadership positions in schools of medicine and dentistry (McDade, Richman, Jackson, & Morahan, 2004).
- *Full-time employment*- defined as hours more than 28 hours or more a week (Bernhardt, 1999).

- *Leadership development*- defined as a means of systematically and progressively increasing skills, knowledge, and abilities to serve, direct and influence effectively (Young, 1984).
- *Non-Traditional Leadership Commitments*- Non-Traditional Leadership commitment means those positions that are not on the traditional ladder. For this study, non-traditional commitments includes: (a) Director of Residency & Deputy Dean of Education/ (b) Deputy Dean for Administration and (c) Director of Graduate Medical Education (d) Director of Cardiology Fellowship Program (e) Associate Director Echocardiography Lab, etc.
- *Part-time faculty*- faculty who choose to work 18 hours a week or less (Hawkins et al., 1987).
- *Phenomenon*- “It is a concept being experienced by subjects in a study...” (Creswell, 1998).
- *Professional development*- refers to skills required for maintaining a specific career path or the general skills offered through continuing education, including the more general skills area of personal development (Young, 1984).
- *Traditional Leadership commitments*- Traditional leadership commitment is defined as positions on the traditional ladder from faculty to head of the institution- president, vice president, dean, chair, vice chair, assistant professor and associate professor .

Chapter Summary

This chapter contextualizes the problem and synthesizes the literature about the history of women in medicine, leadership development, challenges in academic medicine and women and career choices. Ultimately, this study exposed the problem of practice by examining women faculty members’ career choices and the factors that influenced non-traditional leadership commitments. According to Morahan et al (2011) the structure of

academic health centers and organizational norms were established by upper middle class, Euro-American men more than 300 years ago. Therefore, women are required to meet the standards of a male dominated environment, which has been noted to be part of the challenges placed on the progression of women in medicine.

This study was built on the ELAM participants' explanations of how they maintained careers within a male dominated environment and what factors influenced their career choices. A review of the literature was presented on women in medicine and their experiences. The dissertation utilized a constructivist methodological framework that drew heavily on the Feminist Standpoint Theory. The research examined data from pre-transcribed interviews, and this data revealed the individual experiences of women in medicine. The researcher also used this data to identify themes and patterns that influenced non-traditional career choices. Empirical studies were explored to investigate the challenges of women in medicine as well as the evolution of progression within the academic medicine environment.

This study addressed the gap in the literature by exploring the leadership experiences of women associated with The *Hedwig van Ameringen* Executive Leadership in Academic Medicine® (ELAM) Program. As of today, there is revolution of published research associated with this population. By establishing theoretical baselines for understanding women faculty members' pursuit of non-traditional leadership commitments, this study made a significant contribution to this area of research.

Dissertation Overview

This study was divided into five chapters. Chapter I contextualizes the problem, addresses gaps and introduced the rationale for the study by providing a discussion of the topics, context, and background of the problem. Also, presented in the chapter are the method overview, purpose statement, the research questions, the significance of the study, assumptions, delimitations, limitations, definition of key terms, and chapter summary. Chapter 2 reviews the literature on the history of women in higher education administration, relative to their career development, leadership development, and their career commitments (traditional and non-traditional) in academic medicine. Chapter 3 describes the study's methodology. Chapter 4 presents and analyzes the data. Chapter 5 discusses the study's findings and makes recommendations for future research.

CHAPTER 2: REVIEW OF LITERATURE

Women faculty members' preparation for advancement into senior-level positions in academic medicine is associated with a variety of factors that include leadership development, career development, and non-traditional career choices. According to Carnes (2001), women are entering medical schools at an increased rate, but they are underrepresented in senior-level positions when compared to men. Richman, and Morhan, Cohen, and McDade (2001) contended that women were persistently underrepresented in the higher levels of administration in academic medicine. Nattinger (2007) asserted, "The factors contributing to the development of a successful career in academic medicine remain understudied, particularly with respect to female faculty" (p. 34). Although Eagly and Carli (2007), Eagly and Karan (2002), Killen, Lopez-Zafra, and Eagly (2006), and Yoder (2001) explored the challenges that women experience in leadership, only a few studies have attempted to address the experiences of women leaders in academic medicine (Dahlvig & Longman, 2010).

Gap in the Literature

Previous studies document the underrepresentation of women in higher levels of administration in academic medicine. While more recent studies such as Thomas (2004) and Buddeberg-Fischer, Stamm, Buddeberg, and Klaghofer (2009) were helpful in exploring the experiences of faculty career paths, neither study discussed the experiences of women who pursued non-traditional commitments in academic medicine. Moreover, these studies do not delineate the factors and experiences that motivated women faculty members pursue non-traditional leadership commitments in academic medicine. This

study fills the gap in the literature regarding the experiences of women faculty members who pursued non-traditional career commitments as strategy to senior-level positions. This study addressed the following sub-issues related to the main question and its operational research questions: (1) traditional academic leadership roles; (2) the social and professional challenges to women faculty members' ability to advance to traditional senior level positions within academic medicine; (3) multifaceted interventions implemented to help women advance to senior level positions in academic medicine; (4) non-traditional leadership commitments as professional strategy to senior level positions in academic medicine; and (5) ELAM participant's career choices and leadership development. An overview of the Feminist Standpoint Theory is needed to provide a better understanding of the challenges and experiences shared by the ELAM participants associated with this study.

Feminist Standpoint Theory

Toward filling a gap in the literature regarding women faculty women's pursuit of non-traditional leadership commitments in academic medicine, this study drew heavily on the Feminist Standpoint Theory. Feminist Sandra Harding has conducted extensive research on Feminist Standpoint Theory. According to Harding (2004), Feminist Standpoint Theory is comprised of the three distinct sets of characteristics. The first is the goal to "Study Up," which provides research to map the practices of power and to examine the ways dominant institutions and their conceptual frameworks create and maintain oppressive social relations. The second characteristic of the theory provides a distinctive insight about how hierarchical social structures work by locating material and political disadvantages for forms of oppression. The final characteristic provides an

insight into the experiences of women and other members of oppressed groups when one cannot access first-person report (p. 31). In keeping with Feminist Standpoint Theory's characteristics, this study examines women faculty women's pursuit of non-traditional leadership commitments in academic medicine relative to the challenges that they faced in traditional academic environments.

Haraway (1978, 1981, 1983, and 1991), Harding (1986, 1991, and 1998), Harding and Hintikka (1983, 2005), Rose (1983, 1984), Wylie (1987, 2003), Marshall and Witz (2004) have embraced Feminist Standpoint Theory because it takes into consideration the social and political causes of oppression. For that reason, Feminist Standpoint Theory is applicable to this study, which explores the factors that influenced women's decisions to pursue non-traditional career commitments. Pinnick (2008) describes Feminist Standpoint Theory in the following way:

Feminist Standpoint Theory is a bold theory about gender and science. It is not a political thesis about gaining equal access or a level playing field for women; instead, Feminist Standpoint Theory in every case has some version of the key idea that women will make distinctive and unique contributions to science and our philosophical understanding. (p. 1058)

Accordingly, this study does not advocate for "equal access" or for "leveling the playing field"; rather, it provides insight into the challenges that women face in pursuit of traditional careers in academic medicine and the extent to which those challenges encourage their pursuit of non-traditional career commitments.

Regarding the focus of early feminist research, Harding (2004) asserts that, "much of the early feminist research was understood to have 'studied up,' focusing its

explanations on dominant social institutions and their ideologies, rather than to have ‘studied down’ by trying to explain the lives of marginalized groups” (p. 30). This study assumes both approaches, looking at the role that dominant social institutions played in the lives of marginalized women who pursued non-traditional career commitments in academic medicine. Toward this goal, the Feminist Standpoint Theory promotes investigations into women’s positions within organizational settings (Litwin & Hallstein, 2007). Therefore, the Feminist Standpoint Theory is a lens through which the specific and unique experiences of ELAM participants working in medical schools, hospitals, and health care centers.

Social culture can influence women within various environments. For the purposes of this study, ELAM is utilized as an environment or situation from which to see how the social order works (Herkman, 1997). Harding (2004) and Hekman (1997) characterized the Feminist Standpoint Theory as an attempt to justify the truth of feminist claims to more accurate accounts of reality. By incorporating the views of ELAM fellows, this study yields a more authentic, richer interpretation of the realities of their experiences and factors that shaped their choices to pursue non-traditional career commitments in academic medicine.

Traditional Career Paths in Academic Medicine

DiLorenzo and Heppner (1994) identify five stages of faculty careers:(1) Beginning Assistant Professor: The major goals and expectations of the new beginning assistant professor in a research institution are to set up research programs and establish a successful teaching career. Retention of junior faculty is imperative for advancement. A positive and professional relationship between the chair and the new faculty member is

an important one, in order to facilitate the transition process for the new faculty member; (2) Advanced Assistant Professor: The advanced assistant professor is concerned about establishing a record of scholarship and teaching excellence. During the fourth year, the faculty member prepared for the promotion and tenure process; (3) Associate Professor: the associate professor continues to publish scholarly works that are important criteria for promotion to full professor. The associate professor will be tapped by the chair to provide administrative support, to serve on important committees, and to mentor junior faculty members; (4) Beginning a Mid-level Full Professor: The beginning full professor has typically attained full professor status, ten to fifteen years after starting his or her academic career. The mid-level/full professor is required to provide service to the profession, university, and department; and (5), Advanced Full Professor: The advanced full professor is typically in the final stage of an academic career. Universities find that these individuals are the “master” teachers and internationally renowned researchers.

At most academic institutions, promotion and tenure decisions are generally based on traditional markers of academic productivity such as publications and external grant support (Tesch & Nattinger, 1997). However, medical schools have expanded their research faculty through the addition of non-tenure track appointments, because tenure track positions are limited (Howell, Chen, Joad, Green Callahan and Bohham, 2010). The definition of tenure varies from institution to institution. In some medical schools, academic tenure entitles a faculty member to salary and fringe benefits indefinitely, whereas, other institutions provide only academic title, research, and teaching (Levinson & Weiner, 1991). Although women faculty are pursuing tenure in order to obtain job

security and fringe benefits, the majority of medical schools report that it is possible for part-time to obtain retirement benefits and insurance (Heru, 2005).

The literature recommended that full-time non-tenured faculty should be integrated into the life of the community, enjoying the benefits of participation in governance and opportunities for professional development and renewal that are extended to their tenured and tenure-track colleagues. Full participation in governance has a significant impact on status within the institution, as perceived by both traditional and non-tenured faculty (Harper, Baldwin, & Chronister, 2001). Consequently, tenure has been helpful in paving the way for women faculty in academia to establish professional skills and to enhance their ability to progress into leadership positions. Harrison (2007) explained that women who seek a successful route to presidency do well by sticking with a traditional academic progression from assistant professor, to associate professor, to full professor, to department chair, to dean, to vice president or provost. Furthermore, this path serves future presidents well by positioning them to develop a deep understanding of faculty and institutional issues; to acquire broad insights and problem-solving abilities; and to achieve credibility and the ability to serve as a spokesperson on issues facing the institution and higher education. Moreover, women seeking the traditional path to presidency will benefit by seeking roles in research and teaching to gain the experiences required for tenure and promotion.

Harrison (2007) is one of several empirical studies that examined women faculty member's experiences in traditional leadership progression, highlighting the strategies that they employed to advance as leaders. Alsenberg and Harrington (1988) conducted a study in which they interviewed 25 tenured women and 37 women who turned away from

the normal tenure-track career path. Ultimately, most women acknowledged going against traditional career paths in their rise to the top positions. Furthermore, their experiences emphasized personal style, individual circumstances, and their success rather than perceptions of changes in academia or higher education over their careers (Gerdes, 2006). Tierney and Bensimon (1996) interviewed 99 junior tenure-track women during 1992-93 and 1994 at 12 campuses. The study examined the hiring process of new faculty members. Many of the interviewees reported that they did not disclose their family issues or concerns because they feared not being included in the hiring process by their male colleagues.

Tierney and Bensimon (1996) concluded that “women faculty members revealed that they generally faced a climate that does not support them, due to unconscious sexism that persisted in a traditionally male academic environment. Nonetheless, women have increased their representation in the professions of law, medicine, science, and higher education during the past 30 years (Hargens & Scott, 2002). The data on the administrative status of women faculty is instructive because it demonstrates the development of a career track (Levinson & Weiner, 1991). In general, teaching has provided the opportunity for women to advance into faculty administrative positions. As of 1989, women comprised 20% of full-time faculty members in medical schools. Overall, the percentage of females in medical schools who are professors has risen from 7% to 9% in ten years (Levinson & Weiner, 1991). Current literature demonstrates that the Association of American Medical Colleges (AAMC) reports, as of May 2006, that 29% of full-time female faculty members had obtained the rank of full professor or associate professor compared with 52% of their male colleagues, but only 11% of

deanships at U.S. medical schools were filled by women (Dannels, Yamagata, McDade, Chung, Gleason, McLaughlin, Richman & Morahan, 2008, p. 488).

Strachan (1993) explained further that throughout the country, both large and small scale initiatives were implemented to try to increase the number of women in educational leadership positions. Some studies of women's leadership are associated with strategies that emphasize reciprocity, collectivity, and different types of power (Austin & Leland, 1991, Cantor & Bernay, 1992, Ferguson, 1984, Helgesen, 1990, Harrison & Gregg, 2009).

Women's attitudes towards the promotion process may be shaped by institutional environment. Gerdes (2006) asserted that it is important to observe current environments from a variety of academic positions in order to document senior women's own experiences. Huber (2002) believed that academic careers are profoundly shaped by expectations for scholarly accomplishments at the colleges and universities where faculty works. On the other hand, Ropers-Huilman (2000) argued that some women faculty members discussed the challenges of networking and working to change academic environments. In essence, both institutional structure and individual interactions shape the institutional environment in which women are expected to build their academic careers (Ropers-Huilman, 2000). Moreover, institutional environment often shapes women's attitudes towards the promotion process, the preparation for which is enhanced significantly by faculty development.

Faculty Development

Faculty development plays a major part in preparing women faculty in medicine for advancement into senior level positions (DiLorenzo & Hepner, 1994). Over the past

several decades, the academic workplace has changed dramatically. Faculty face increasing responsibilities and workloads. Faculty members are more demographically diverse. Consequently, they have changing expectations about the workplace climate (Bunton & Corrice, 2011). DiLorenzo and Hepner (1994) further explained that faculty development is a process that promotes and enhances academic scholarship for individual faculty members. In doing so, Morahan (2001) conducted research on a program established in 1994, by the Center for Women's Health (CWH). This program was created to provide a range of educational and clinical services for women. The research revealed that the seven schools created a spectrum of faculty development strategies. Currently, the evolution to utilizing these strategies is to meet the challenges of unique institutional context. Some of the strategies created by (CWH) to promote faculty development for women are discussed as follows:

Workshops: Women faculty benefit from attending workshops that outline strategies for faculty development. Morahan (2001) explained that workshops promote a variety of resources that increased skills in strategic career planning for promotion, conflict management, managing multiple priorities, deadlines, and communication. Faculty development workshops played a major part in educating academic governance committees and tenure committees. These committees assist women in gaining knowledge about how to evaluate scholarship in clinical services, educational and professional outreach efforts (Morahan, 2001). It is important that medical institutions continue to provide resources like workshops to promote women in leadership and to support faculty development.

Mentoring: Mentoring research and academic development may be particularly important to new medical faculty who often find themselves inadequately prepared for academic careers (Pololi & Knight, 2005). According to Tesch and Nattinger (1997), mentoring relationships has a positive influence on the ability of junior faculty to publish scholarly works, secure grants, achieve promotion, and obtain leadership positions.

Women are advised to seek out mentors to assist them in navigating through the academic medical system (Palepu & Herbert, 2002). However, mentoring in business and academic medicine is very important to career advancement and personal development (Tesch & Nattinger, 1997). For example, the mentoring relationship has a positive impact upon those seeking leadership positions. Finally, women faculty will benefit from having mentors to empower confidence and to sharpen leadership skills.

Non-traditional Faculty Development Sessions: Women are encouraged to attend internal faculty sessions to network, brainstorm, and address issues relevant to women in academic medicine. Monthly seminars supported by the sessions help women faculty develop professional networks, management skills, negotiation skills, and collaborative research (Morahan, 2001). Steinert (2005) reported that faculty development refers to a broad range of activities that institutions use to renew or assist faculty in their multiple roles. Furthermore, faculty development is a planned program designed to prepare institutions and faculty members for their various roles and to improve their individual knowledge and skills in the areas of teaching, research, and administration.

Examining traditional career paths facilitates our understanding of how women progress in academic medicine. Career paths of women faculty in academic medicine has been a major concern for medical institutions administration. Leadership in medical

school is somewhat different from leadership in higher education. In medical schools, the leader can be regarded as a manager. Medical schools embraced transactional leadership to comprise an exchange between leader and follower in which the former offers rewards for compliance with his or her wishes (Lee & Hoyle, 2002). Many highly successful companies have been influenced by a transforming leader at some stage in their development (Peters & Waterman, 1982). Furthermore, data from the AAMC have revealed that the percentage of full-time non-tenured track basic science faculty increased 20% between 1980 and 2000. Nationally, there was an increase in the percentage of new basic science faculty hired into non-tenure track positions (Howell, Chen, Joad, Green, Callahan, & Bonham, 2010, p. 1041).

For this study, it was necessary to explore traditional career paths of academic medicine in order to gain knowledge about the process of academic medicine leadership. Lee and Hoyle (2002) explained that the president is responsible for maintaining relationships with prospective students, parents, retired faculty, and staff, government officials, governing bodies, donors, business-industry-health care employers, fans, taxpayers, elementary and secondary schools, community colleges, funding agencies, accrediting bodies, the media, and more. Additionally, the president must lead the way in providing information and maintaining good relationships with each one of these groups. To maintain all of these relationships and interactions is a tremendous balancing act for a medical college president. Table 2 documents female faculty in U.S. Medical Schools.

Table 2

U.S. Medical Schools with More Than 25 Percent Full-Time Female Faculty Members, 1981

School	Percent Female
Medical College of Pennsylvania	37.6
New York Medical College	32.2
University of Illinois College of Medicine	30.5
University of Puerto Rico School of Medicine	29.8
Meharry Medical College of Medicine	28.0
Albert Einstein College of Medicine Of Yeshiva University	27.8
University of Maryland School of Medicine	26.1
Columbia University College of Physician And Surgeon	25.1

Adapted from: Adapted from: Women faculty members at U.S. medical schools. *Division of Operational Studies, Association of American Medical Colleges*, by Higgins. 1981

Deans in medical schools progress into their careers by taking a different path to administration. Lee and Hoyle (2002) asserted that deans of medical schools are usually appointed in their 50s and come from mainstream specialties such as internal medicine, surgery, and obstetrics and gynecology. They are usually experts in their clinical specialties with excellent records of accomplishment in other scholarly activities and research. Nevertheless, the deans of medical schools need to serve not only as academic leaders, but also as professional and managerial leaders. However, the major role of the dean in medicine is to nurture the growth of the school. According to Lee and Hoyle (2002), “Deans must also be spiritual leaders” (p. 638). Consequently, the successful dean must possess personal qualities such as openness and objectivity, the ability to administer a complex program, high professional competence, and excellent human relation skills (Lee & Hoyle, 2002).

Medical school hierarchy continues with the dean of academic health systems and then branch into department deans, associate deans, department chairs, section or division heads, faculty and program leads (King & Cubic, 2005). The future role of women in medicine depends on the choices women make concerning their professional lives (Braus, 1994). According to Higgins (1981), the status of women faculty in medical schools is gradually changing. Full-time faculty members have grown in numbers during the past three years from 41,161 to 46,265, an increase of 12%; and, “the proportion of the faculty members consisting of women increased from 15 percent in 1978 to sixteen percent in 1991” (p. 202). Higgins further contends that, “forty-seven medical schools have over seventeen percent full-time women faculty members; twenty-three of these schools have over twenty percent, and eight of the schools have more than twenty-five members

(1981). Table 3 shows the distribution according to the degrees of newly hired faculty from 1979 to 1981.

Table 3

Composition of Full-Time Faculty Members at U.S. Medical Schools by Degree and Sex

	Faculty Members	1977-78	1980-81	Difference	Percent Range
Males	M.D./Ph.D.s	1,833	2,091	258	14.1
	M.D.s	21,728	24,233	2,505	11.5
	Ph.D.s	9,360	10,428	1,068	11.4
	Other health doctorates	347	365	18	5.2
	Non-doctoral	1,262	1,353	91	7.2
	Unknown	382	295	-87	-22.8
	Total	34,912	38,765	3,853	11.0
	M.D.-Ph.D.s	102	124	18	21.6
	M.D.s	2,546	3,134	588	23.1
	Ph.D.s	1,775	2,307	532	30.0
Females	Other health doctorates	30	34	4	13.3
	Non-doctoral	1,667	1,817	150	9.0
	Unknown	129	84	-45	-34.9
	Total	6,249	7,500	1,251	20.0

Adapted from: Women faculty members at U.S. medical schools. Division of Operational Studies, Association of American Medical Colleges (Higgins, 1981)

Brown, Swinyard, and Ogle (2003) explained that there are a large number of women entering medicine, which indicated strong career satisfaction for women and men in academic medicine, thus suggesting that academic medicine is an attractive career choice for many individuals. Unfortunately, in the setting of a rewarding academic career, many individuals struggle to balance an enormous commitment to work and an equally engaging commitment to life outside work (Brown, Swinyard, & Ogle, 2003). It will require institutional efforts to address the needs of faculty who are actively striving to excel in their work while honoring the values and commitments that make them whole (Brown, Swinyard, & Ogle, 2003).

In summary, the literature demonstrated that as women faculty progress in academic medicine, they face challenges that limit their ability to be promoted into leadership positions. Morahan (2001) explained that there are several strategies created to promote advancement, such as workshops, mentoring, and non-traditional faculty development sessions. By using these strategies, universities and institutions can enhance opportunities for women as leaders. Although traditional career paths in academic medicine and the challenges women face to progress as leaders have been documented, the gap in the literature still exists about strategies used to overcome obstacles and to encourage women to pursue leadership development initiatives. Thus, in support of this study, the ELAM Program participant's experiences created an opportunity to addressing the gap in the literature by providing insight into the professional experiences of women who aspire to pursue senior level positions in academic medicine.

Synthesis of the Literature from a Traditional Career Path Viewpoint

From a traditional career path viewpoint, scholars agree that women were persistently underrepresented in the higher levels of administration in academic medicine (Richman, Morhan, Cohen, & McDade, 2001). However, “the factors contributing to the development of a successful career in academic medicine remain understudied, particularly with respect to female faculty” (Nattinger, 2007, p. 7). While Eagly and Carli (2007), Eagly and Karan (2002), Killen, Lopez-Zafra, and Eagly (2006), and Yoder (2001), Valantine and Sandborg (2013) and Slaughter (2012) and Kantor, (2013) have explored the challenges that women experience in leadership, only a few studies have attempted to address the experiences or factors that encouraged women to pursue non-traditional commitments in academic medicine (Dahlvig & Longman, 2010). In order to understand why women pursued non-traditional commitments in academic medicine, it was essential to examine the stages of faculty progression and the challenges inherent in traditional leadership development.

Conley (2005) explained that there were five stages of faculty careers: the assistant professor in the first years of college teaching; the associate professor beyond the first three years; the continuing full professor; and, the retiring professor. Publishing and grantsmanship were revealed to be the traditional benchmarks for promotion and tenure for faculty (Tesch & Nattinger, 1997). Faculty development was also important for faculty progression. Morahan (2001) explained that non-traditional faculty development sessions, mentoring, and workshops were strategies essential to promoting faculty development. Faculty development was revealed to be supported by institutions to enhance the opportunities for research and administration for faculty members. Harrison

(2007) suggested that the traditional faculty development track is the surest route to the Presidency. For women, however, traditional academic progression has been impeded by challenges and barriers, including a lack of institutional support, gender discrimination, hostile work environments, a lack of mentoring, and personal isolation.

To facilitate traditional academic progression for women, institutions must implement interventions to address the needs of the women so that they can excel in their work (Brown, Swinyard, & Ogle, 2003). For example, medical schools should support transitional leadership through mentoring (Lee & Hoyle, 2002). Choice must also be viewed as an intervention. “Women are catching up to –and some would say surpassing men in the healthcare industry, too, as more and more climb the ladder to lead some of the industry’s largest and most influential organizations” (Lee & Hoyle, 2002, p. 1). This is true, in large part, because women are taking measures to increase their ability to advance into senior level commitments in academic medicine. Although more recent studies, such as Thomas (2004) and Buddeberg-Fischer, Stamm, Buddeberg, and Klaghofer (2009), explored the experiences of faculty career paths, neither study discussed the experiences of women who pursued non-traditional commitments in academic medicine. This study examines the extent to which women are choosing non-traditional career commitments as strategy to professional advancement in academic medicine, using the ELAM participants’ perspectives to gain insight into the factors that influenced their decisions to pursue non-traditional leadership commitments and the manner in which ELAM program design facilitated their faculty development progression.

Factors Influencing the Choice of Non-traditional Career Paths in Academic Medicine

Because of the challenges that women face when following traditional career paths, some women faculty in academic medicine are pursuing non-traditional career paths. Gappa, Austin, and Trice (2005) explained that during the 20th century, most faculty members worked within the context of full-time tenured positions. Carnes (2001) admitted that although the rate of women entering medical schools has been increasing since the mid-1970s, and women accounted for approximately forty percent of medical school admissions for the last six years, the number of women in leadership positions is disproportionately small. A lack of institutional support, gender discrimination, hostile work environments, a lack of mentoring, and personal isolation are some of the reasons women are not pursuing traditional strategy to leadership positions in academic medicine (Carnes, 2001). Therefore, women are embracing alternative strategy to leadership positions in academic medicine. The next study will provide an overview of changes in career paths. This is corroborated by Levinson, Kaufman, and Bickel (1993) revealed, “changing demographics of the medical work force have encouraged the growth of flexible academic career paths” (p. 1). A study conducted by Zurich University Hospital, in which 404 junior faculty were interviewed, further corroborated the experiences that influenced the career choices (Buddeberg-Fischer, Stamm, Buddeberg, & Klaghofer, 2009).

The Zurich University Hospital, which utilized a qualitative and quantitative research design, concluded that junior faculty members who had received a combination of research skills training and clinical training did not pursue an academic career. Instead,

they chose specialties or other careers in academic medicine. Table 4 contains information regarding both the traditional specialties and other (non-traditional) career choices that they made:

Table 4

Academic Careers Paths vs. Other Careers in Medicine

	Academic Career Females (n %)	Academic Career Males (n %)	Other career in Medicine Females (n %)	Other career in Medicine Males (n %)
Specialty aspired to				
- Primary Care	0	0	29 (14.7)	20 (12.0)
- Internal Medicine	1 (11.1)	6 (18.8)	56 (28.5)	48 (29.0)
- Surgery	3 (33.4)	12 (37.5)	11 (5.6)	30 (18.1)
- Gynecology	0	0	25 (12.7)	1 (0.6)
- Anesthesiology	1 (11.1)	1 (3.1)	18 (9.1)	16 (9.6)
- Pediatrics	2 (22.2)	4 (12.5)	23 (11.7)	5 (3.0)
- Psychiatry	0	0	15 (7.6)	10 (6.0)
- Other specialty	2 (22.2)	5 (15.6)	15 (7.6)	27 (16.3)
- no clinical field	0	4 (12.5)	5 (2.5)	9 (5.4)
Total	9 (100.0)	32 (100.0)	197(100.0)	166(100.0)

Adapted from: Academic career in medicine-requirements and conditions for successful advancement in Switzerland (Buddeberg-Fischer, Stamm & Buddeberg, 2009).

The numerical evidence in Table 4 supports the larger argument regarding the underrepresentation of women in traditional academic medicine careers or other (non-traditional) careers in academic medicine where their representation is higher than that of

males. In fact, non-traditional career paths are creating alternative means for achieving leadership for both women and men in academic medicine.

Thomas (2004) highlights the significance of a Johns Hopkins University School of Medicine (hereafter referred to as JHUSOM) study that examined the university's academic promotion system. The study employed a quantitative research design and a questionnaire to develop definitions of four non-traditional career paths such as clinical educator (basic researcher, clinical researcher, academic clinicians, and clinician-educator). The questionnaire was administered to the entire 268-member faculty in the Department of Medicine at the rank of instructor or higher. Based on these definitions, faculty members were asked to identify the single descriptor of their career paths. The purpose of the JHUSOM study was to raise the profile of clinical educators by examining faculty members' experiences. A total of 180 faculty members returned the questionnaires. The data showed that clinician faculty members were increasing in numbers in academic medical centers, but their academic advancement was slower than that of research faculty members because they were often vulnerable in traditional systems. Consequently, dissatisfaction in traditional academic medicine played a major part in influencing the career paths of the faculty members associated with this study.

The data gathered from JHUSOM identified nine areas of job satisfaction as well as suggestions from the working group. Faculty members were asked to disclose the following information (number of years at faculty rank, years at previous ranks; hours worked per week, and shared family responsibilities). The questionnaire was pre-tested for clarity by 11 faculty members, and it was coded for confidentiality and tracking. Non-respondents received a second mailing. Demographic data for the entire department

of medicine and JHUSOM were obtained from the faculty management systems maintained by the dean of the School of Medicine. Thomas (2004) explained data was computed by chi-square tests to compare the demographic characteristics of respondents and non-respondents and to assess associations between categorical items. Analysis of the Kruskal-Wallis test was investigated to compare differences in Likert-scale items by career path.

Finally, an ordinal logistic regression method used to enforce the proportional odds model to assess the relationship between academic ranks. Furthermore, simulation of a separate ordinal logistic regression analysis was encouraged to investigate the relationship between ordered four-level satisfaction with progress in career goals toward academic promotion and career paths. Nevertheless, Thomas (2004) did not discuss the reliability and validity of the instrument. The significance of the findings for this study revealed that clinician-educator faculty members were likely to be at a higher rank at this institution than were faculty in research paths (Thomas, 2004). The differences in rank may be due to the lower rank at hiring for faculty in these career paths. Retaining clinician-educators will require further exploration of barriers to enhance promotion within these career paths.

There were several limitations found in the study. First, the focus of the study was on one clinical department within one institution. Second, the research study employed a questionnaire that was not well validated with published instruments. The questionnaire was developed from one group of departmental faculty. Given these limitations, the results of the research could only be generalized to one institution and one department. Third, the sample failed to give faculty members from other departments the

opportunity to answer the questionnaire, undermining the integrity of the study. Fourth, the researchers failed to identify their own biases. Finally, the researcher's questionnaire lacked reliability and validity relative to the study's findings. The results of the study indicated that clinical researchers did not differ from basic researchers in the likelihood of being higher rank (Thomas, 2004).

Synthesis of the Literature from a Non-traditional Career Path Viewpoint

Richman, Morahan, Cohen, and McDade (2001), Carnes (2001), Nattinger (2007), Eagly and Carli (2007), and Eagly and Karan (2002) agree that women are underrepresented in senior level positions in academic medicine. Women are pursuing non-traditional leadership commitments, due to a lack of institutional support, gender discrimination, hostile work environments, a lack of mentoring, personal isolation, and conflicts between work and family schedules. This study examines the extent which women faculty members have pursued non-traditional leadership commitments in academic medicine, and the factors that influenced their decisions to do so, drawing on the experiences of women faculty members enrolled in ELAM.

Richman, Morahan, Cohen, and McDade (2001) highlight ELAM as a model program to assist women in developing the skills needed to advance to senior level positions in medicine. Equally important to its program design is the setting in which development takes place. Harding and Hintikka (1983, 2005), Litwin and Hallstein (2007), Allen (1996, 1998), Bullis (1993), Buzzanell (1994), Dougherty and Krone (2000), Sloan and Krone (2000), and Wood (1994) agree that the Feminist Standpoint Theory promotes investigations into women's positions within organizational settings. "Environments or situations represent vantage points from which to see how the social

order works” (Hekman, 1997). For the purposes of this study, the Feminist Standpoint Theory is a lens through which to view the experiences and comprehend the perspectives of ELAM fellows who pursued non-traditional leadership commitments in academic medicine.

Because ELAM’s environment facilitated faculty development for women, they acquired the skills necessary for advancement. Faculty development plays a major part in preparing women faculty in medicine for advancement into senior level positions (DiLorenzo & Hepner, 1994). Richman, Jackson, and Morahan (2004) documented a significant gain in leadership knowledge among ELAM participants. Multifaceted interventions, such as those implemented by ELAM, enhanced salary equity and promotions for women faculty (McGuire, Bergen, & Polan, 2004). Mentoring has also been a useful intervention to enhance women’s ability to progress into administrative positions, as documented by Anderson & Ramey (1990), Braun (1990), Collins (1983), Moore (1982), Thompson (1990), King and Cubic (2005), Levinson (1978), Pololi and Knight (2005), Quinlan (1999), Scanlon (1997), Waxman (1989), and DeCastro, Sambuco, Ubel, Stewart, and Jagsi (2013).

ELAM participants exercised individual choice as an intervention. To reduce challenges to advancement in traditional faculty development tracks, and to facilitate their faculty progression, women chose to pursue non-traditional career commitments as strategies to professional advancement in academic medicine. According to Krupt, Pololi, Schnell & Kern (2013), “a quarter of respondents reported that they had seriously considered leaving academic medicine in the past year because of dissatisfaction” (p.1252).

Schreiber (1998) pointed out that many career development theories suggested that career choice is a process of matching an individual's abilities and interests with a work experience that requires those abilities. Scandura (1992), Austin, Korn, and Dey (1990), Sax and Korn (2002); Sax, Austin, Arredondo and Korn (1996), Sax, Austin, Korn and Gilmartin, (1999) agree that women are breaking through invisible barriers or 'glass ceilings' at the top of U.S. organizations because the women, themselves, are taking measures to increase their ability to advance into senior level commitments in academic medicine. Szot (2005) stressed that, "women are catching up to –and some would say surpassing men in the healthcare industry, too, as more and more climb the ladder to lead some of the industry's largest and most influential organizations" (p. 1).

According to the research, women are making choices that are enabling them to reach their professional goals in academic medicine. Levinson, Kaufman, and Bickel (1993) assert that, "the changing demographics of the medical work force have encouraged the growth of flexible academic career paths" (p. 1). Moreover, new educational technologies are changing the ways in which faculty members manage the production of work, and these changes are allowing faculty member to strike a balance between their professional and family responsibilities (Gappa, Austin, & Trice, 2005). The literature revealed that women faculty members are making choices and taking initiatives to enhance their faculty development in route to senior level positions, and these choices and initiatives are to be defined as valid interventions that will facilitate their advancement in both traditional and non-traditional career tracks in academic medicine.

Significance of ELAM Data

Although Thomas (2004) and the JHUSOM study revealed the challenges women face in academic medicine, they did not identify leadership or career development strategies for women faculty members in academic medicine. This examination of women faculty members' pursuit of non-traditional career commitments in academic medicine represents a departure from previous studies because it incorporates leadership or career development strategies for women faculty members in academic medicine. This study also departs from previous ones, insofar as it utilizes ELAM as an exemplary case of a substantial experiential educational intervention for women faculty members who had not achieved advancement to leadership positions in academic medicine (Richman, 2001). This current study aimed to establish the degree to which women faculty members' experiences influenced their choices to pursue non-traditional commitments in academic medicine, and the study seeks to determine to what degree the ELAM program enhanced leadership development for ELAM participants.

The studies conducted by JHUSOM and Thomas (2004) explored the progression of women faculty members in academic medicine's career paths. Thomas (2004) revealed that a faculty member's job satisfaction influenced their career choices of the faculty, but there was no mention of additional factors that influenced those choices. However, this research builds upon the findings of the JHUSOM and Thomas (2004) studies, by identifying additional factors and experiences that influenced women faculty member's choices to pursue non-traditional leadership commitments within academic medicine. Despite the findings of the Thomas (2004) study where women pursued traditional leadership commitments outside of academic medicine,

This study utilizes the ELAM data to fill a gap in the literature relative to the factors and experiences that influenced women faculty members' choices to pursue non-traditional leadership commitments within academic medicine.

Identity of ELAM Participants

Due to ELAM's success in facilitating women faculty members' professional development and advancement, their fellows were chosen as subjects for this study. According to Richman (2001), women faculty entered the program as administrators (vice presidents, chairs, assistant and associate deans and division chief). All of the fellows expressed aspirations of becoming higher-level administrators in academic medicine. Morahan (2001) describes ELAM as an intensive faculty development program. ELAM provides a year-long, part-time program for senior women faculty members. Class enrollment is limited to facilitate learning and to create enduring educational relationships. The ELAM program involves a variety of interactive teaching methods to appeal various adult learning styles, including lectures, panel discussions, and in-depth case studies.

ELAM Program Design

ELAM incorporated didactic modules designed to promote professional development and growth in the following areas:(a) understanding of new leadership and management strategies, allowing fellows to conceptualize, introduce, and implement ideas with greater effectiveness and confidence;(b) addressing and resolving conflict situations;(c) increased awareness of educational and medical issues and development of problem-solving skills; (d) knowledge of career possibilities, advancement strategies, and alternative or non-traditional career choices; and (e), insight into "how the game is

played” and increased confidence in the ability to win the game (Richman, Morahan, Cohen, & McDade, 2001, p. 273-274). ELAM Program curriculum focused on three primary areas. Table 5 documents the three ELAM Curriculum Primary Foci.

Table 5

ELAM Curriculum Three Primary Foci

Focus Points	Descriptions
Leadership Skills Development	Individual Assessment, Leadership Skill Development Strategic Career Development Negotiation Skills Conflict Management Mentoring By The Senior Leaders And Deans At The Home Institution Team-Building Skill Development Through Small Group Projects Interpersonal Network Building
Departmental & Institutional Fiscal Planning	Resource Management Dimensions Of Organizational Structure And Dynamics Change Management Resource Management Allocations And Budgeting
Emerging Issues	Converging Paradigms And New Models Of Corporate And Academic Leadership The Impact Of Information Technology Innovative Tools For Organizational Assessment And Planning Cultural Competencies Learning Organizations

Adapted from: Advancing women and closing the leadership gap: The executive leadership in academic medicine (ELAM) Program Experience (Richmond, Morahan, Cohen, & McDade, 2001).

ELAM promoted strategies that engaged women in developing the required skills needed to be senior-level leaders in medicine. In particular, ELAM participants are given the opportunity to network and they have reported that the enhancement of self-perceived gains provided career advancement of strengths, weakness, and coalition building (McDade, Richman, Jackson, & Morahan, 2004). The ELAM Program was suitable for this study in providing participants that were willing to share stories about their

professional experiences within the academic environment. In association with the curriculum, ELAM developed a Leadership Continuum Model in efforts to advance women in academic medicine. A brief review is helpful in providing clarity to how the model promotes leadership development for women.

ELAM's Leadership Continuum Model

ELAM developed a Leadership Continuum Model in an effort to demonstrate the process by which women advance into leadership roles (Morahan, 2011). This Leadership Continuum Model included four approaches: advancing and sustaining the success of women in the leadership continuum, a repeating or looping cycle of four phases: self-efficacy, political savvy, personal & professional growth and building communities of practice (Morahan, 2011). Morahan (2011) further explained that the Leadership Continuum Model's first two cycles predominate in early to mid-career stages (instructor, assistant professor, the early years in associate professor and postdoctoral). The second cycle is the transitioning into leadership, for which women must equip themselves with management and leadership skills and develop practical career campaign skills such as performing due diligence, interviewing for positions to determine if a position is a good fit, transitioning out of the former position into a new position, and negotiating for the resources necessary for success (Morahan, 2011). The third cycle predominates in the mid-career stage (in the later years as associate professor and full professor). Sustaining success in the leadership position is the primary focus. In this stage, mentoring support is essential in ensure success in leadership. The fourth cycle involves transitioning from one leadership position into another (Morahan, 2011). Figure 1 illustrates the cycles of the Leadership Continuum Model.

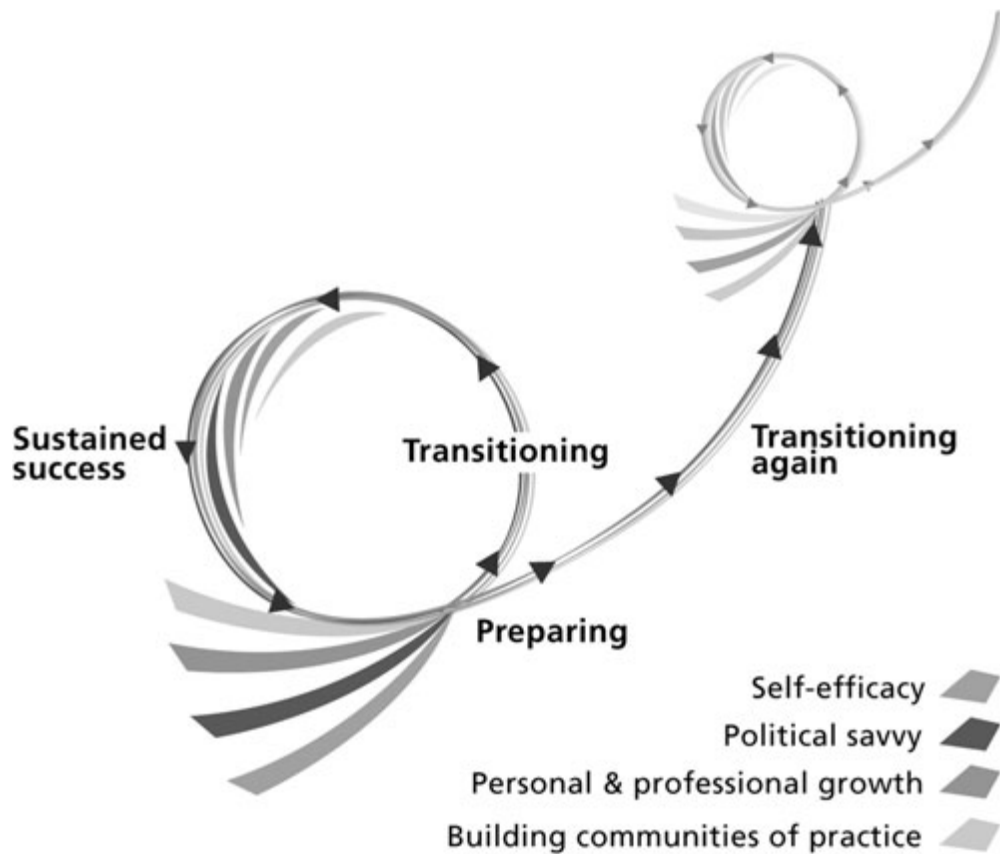


Figure 1 ELAM's Leadership Continuum Model

Adapted from: The leadership continuum: A framework for organizational and individual assessment relative to the advancement of women physicians and scientists (Morahan, 2011).

According to Morahan (2011), the success of the Leadership Continuum Model is due, in part, to its integrated framework. The integrated framework that combines the continuum model with institutionally-based approaches for women's advancement.

Morahan (2011) provides the following description of the integrated framework:

- One of the blocks combines the transitioning and preparing cycles of the continuum with equipping the women approach.
- The second block represents intersection between sustaining the created equal opportunities approach, that is. procedures and policies and transitioning again
- Cycles of the continuum. The two blocks are associated with development of junior to mid-career.

Table 6

Integrated Framework: The Leadership Continuum and Institutionally Based Approaches to Women’s Advancement

Leadership continuum cycle		
The four approaches to advancing women	Preparing and transitioning	Sustaining success and transitioning again
Equip the women		
Create equal opportunities		
Value relational skills		
Increase visibility across a revised work culture		

Adapted from: The leadership continuum: A framework for organizational and individual assessment relative to the advancement of women physicians and scientists (Morahan, 2011).

In summary, the Leadership Continuum Model was developed by the ELAM Program to provide a structured process to assist women in advancing in academic medicine. The model provided a useful lens for understanding the process to providing opportunities and strategies associated with enhancing advancement for women in academic medicine. As such, the Leadership Continuum Model aids our understanding of how the ELAM Program have evolved leadership by promoting new ideas to institutionalizing advancement for women in academic medicine. Based on the Leadership Continuum Model’s integrated approach to women’s advancement, several

universities-organizations, societies, and professional healthcare systems are using the model to advance women (Morahan, 2011).

ELAM Participant's Career Choices and Leadership Development

ELAM has been instrumental in providing women faculty members with the knowledge and skills to succeed in traditional and non-traditional positions (McDade, 2004). McDade, Richman, Jackson, and Morahan (2004) asserted that research documented a significant gain in leadership knowledge among ELAM participants. ELAM participants confirmed that the program enhanced their general leadership skills, increased their knowledge regarding the rigor of leadership positions, and strengthened their conflict management skills. Quantitatively, ELAM fellows experienced a 38% advancement rating, and more than 80% of fellows retained leadership positions. A study conducted by JHUSOM revealed that multifaceted interventions, such as those implemented by ELAM, enhanced salary equity and promotions for women faculty (McGuire, Bergen, & Polan, 2004).

ELAM has proven to be a positive and effective resource in enhancing the leadership skills and opportunities for its fellows, as reflected in Table 7.

Table 7

Academic and Administrative Promotions of ELAM Fellows, 1995 - 2000

Title/rank	1995 1996	July 2000	1996 – 1997	July 2000	1997- 1998	July 2000	Total - 1995	Total - 2000
M.D.	16		18		22		56	56
Ph.D.	3		6		5		14	14
M.D./Ph.D.	3	1	3		-	1	9	11
D.D.S., Ed.D. /	-		1		2		3	3
Full Professor	12	19	10	16	12	19	34	34
Associate Professor	11	5	18	12	18	11	47	28
% full Professor	50	79	34	55	38	59	40	64
Dean/ Chief Academic Officer	-	-	-	1	-	1	0	2
VP/Senior Assoc. Dean	-	2	1	1	-	-	1	3
Associate Dean	4	8	5	5	4	4	13	17
Assistant Dean	-	-	-	1	2	3	2	4
Senior VP	-	-	-	2	-	-	0	2
Vice President	-	-	-	1	-	-	0	1
Assoc. VP	-	-	-	-	-	1	0	1
Assistant/VP	-	1	-	-	-	-	0	1
Department Chair	1	4	6	5	3	7	1	26
Vice Chair	4	3	4	4	5	4	13	11
No. with senior administrative appointments	9/24	19/24b	16/29	20/29b	15/32	21/32b	40/85	60/85b
% with senior administrative appointments	38	79	55	69	47	66	47	71

Adapted from: Advancing women and closing the leadership gap: The executive leadership in academic medicine (ELAM) Program experience (Richman, 2001).

ELAM alumnae represented various career paths within academic medicine. The educational background and the leadership development support gained from the ELAM Program made the participants the best fit as the population for this dissertation. Table 6 and Table 7 provided information on the alumnae of the ELAM Program. This information provided an understanding on the progression associated with women in academic medicine. Table 8 illustrates information on terminal degrees (ELAM Alumnae).

Table 8

Degrees Representing the ELAM Alumnae by Classes: 1995 - 1999

Degrees	1995- 1996	1996-1997	1997-1998	1998-1999
M.D.	22	23	24	25
Ph.D.	3	6	4	9
M.A.	1	-	-	-
MBA	2	1	-	-
MPH	2	3	3	-
Dental	-	2	2	-
JD	-	2	2	-
MSHS	-	1	-	-
AGSF	-	1	-	-
CM	-	-	-	1
Ed.D	-	-	1	-
MPI	-	-	-	-
MS	-	-	1	1
DMD	-	-	-	1
MSHA	-	-	-	1
RD	-	-	1	-
DDS	-	-	1	-

Adapted from: Dr. Diane Magrane, Director, Executive Leadership in Academic Medicine® Program.

According to Morahan, Rosen, Richman, and Gleason (2011), “currently, 600 women represent eleven percent of the deans at accredited U.S. medical schools (15 of 131); of those fifteen individuals, four (twenty-seven percent) are graduates of the ELAM Program” (p. 388). ELAM participant’s experiences were helpful in building knowledge on the factors that influenced career choices and leadership development for women in academic medicine.

Ultimately, the information provided by ELAM participants satisfied the scholarly aim of this dissertation, insofar as it filled the gap in the literature about women faculty experiences and the factors influencing their choice of non-traditional career paths in academic medicine.

Summary of the Study

This study aimed to examine women faculty experiences and to reveal the factors influencing their choice of non-traditional career paths in academic medicine, using ELAM an embedded qualitative research design and using primary data collected via interviews with ELAM fellows who self-identified as having a desire to advance into higher level administration. The participants revealed information about professional and social experiences that influenced their decisions to pursue non-traditional career paths in academic medicine, a subject that had not been addressed by previous scholars.

Significance of this Research

To the extent that this study examines the professional and social experiences that influenced their career path decisions to pursue non-traditional career paths in academic medicine is a subject that had not been addressed by previous scholars, it fills a critical gap in the literature. Additionally, this study provides an analysis of women faculty

progression in both higher education and academic medicine, highlighting the manner in which work environments, leadership development, professional opportunities, and institutional policies influence career choices and patterns. This study evaluates why women are underrepresented in senior level positions in academic medicine, how medical institutions address the challenges that hinder women, and what strategies have been developed to enhance women faculty members' progress in academic medicine, particularly where ELAM is concerned.

Future Chapter for Research

This study benefited from its utilization of ELAM as an organizational setting within which to examine the specific and unique experiences of ELAM fellows working in medical schools, hospitals, and health care centers. Furthermore, the utilization of ELAM as an organizational setting not only allowed the research to fill a gap in the literature regarding the experiences and factors that influenced women faculty members' decisions to pursue non-traditional career paths in academic medicine, but it facilitated an understanding of the strategies developed by medical institutions to address the progression of women as senior-level administrators, thereby permitting the researcher to make recommendations for new research angles that advance new knowledge about women's progression to senior level positions in academic medicine. Future examinations should review the pros and cons of pursuing non-traditional leadership commitments in academic medicine. Although challenges exist for both traditional or non-traditional career paths, it is essential that women are given the choice to identify the career path that best promotes their advancement to higher level administrative positions in academic medicine. Moreover, institutions must continue to implement policy changes

and programs that not only create advancement opportunities for women faculty, but that also establish a platform to increase the national representation of women in non-traditional leadership positions in academic medicine.

CHAPTER 3

METHODOLOGY

The purpose of this study was to explore the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine. This study departed from Thomas (2004) and other researchers, insofar as it draws on, and described, the experiences of eight ELAM alumnae to answer the main research question: *What are the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine?* To answer the main research question, and its operational research questions, this study employed a qualitative, descriptive, and secondary data analysis design. It also utilized a constructivist framework that draws on pre-collected oral data from eight ELAM alumnae who describe the reasons why they pursued non-traditional careers and the degree to which ELAM prepared them for advancement within those careers.

This chapter presents the components of this study's methodology, including research paradigm; research design and its components (i.e., secondary data analysis, descriptive, and qualitative; key aspects of the Feminist Standpoint Theory; identification of the operational research questions; population stratum and sampling strategy; the ELAM Database; data retrieval; data management; data analysis; emergent themes that answer the study's main research question and its four operational research questions; trustworthiness of the findings and its aspects (e.g., credibility, dependability, and

transferability); reporting and feedback; consideration of human subjects; and, IRB permissions.

Research Paradigm

This section defines a research paradigm and the manner in which it guides this research study. This section also defines constructivism, explains constructivism's usefulness for this study's methodology, and discusses how constructivism fits the author's perspective. A research paradigm consists of various beliefs and assumptions that researchers hold regarding how things work in their fields. Research paradigms guide how investigators ask questions and how they arrive at the truth. Research paradigms help investigators establish a framework for the observation and interpretation of phenomena. This study utilized a constructivist research paradigm. Constructivism was the way in which individuals manipulate or structure information in order to make sense of it and in order to acquire knowledge (Bruner, 1966).

Constructivism was the best methodology for this study because it allowed the researcher to utilize existing interview data (pre-collected from ELAM Fellows) to build a comprehensive examination of the extent to which women faculty pursued non-traditional leadership commitments, thereby filling a data void left by previous scholars who have not comprehensively addressed the main research question. Constructivism maintains that the way in which people make sense of situations is relative to the individual (Lyones, 2007; Gijbels, Watering, Duchy, & Bossche, 2006). Perceptions of shared experiences constitute constructive knowledge that is influenced by one's setting or environment (Merriam, 1998).

A constructivist methodology affords the researcher the flexibility focus on ELAM as a model of an experiential and exemplary educational intervention for women faculty members seeking strategies to advancement to senior level positions (Richman, 2001). Launched in 1995, and housed at Drexel University in Philadelphia, Pennsylvania, ELAM consists of an extensive, one-year training program that provides mentoring, coaching, and networking opportunities that are designed to expand the national pool of qualified women candidates for leadership in academic medicine” (ELAM, 2011 p. 1). ELAM’s primary mission is to assist senior level women in advancing into traditional and non-traditional senior leadership positions in the academic medicine (Richman, Morahan, Cohen, & McDade, 2001). Class enrollment is limited to facilitate learning and to foster interaction among fellows who developed enduring educational relationships.

Constructivism fits the researcher’s perspective that is shaped by the belief that an individual’s reality is influenced by an individual’s observations and experiences. Therefore, the researcher defines the interview data as an authentic reflection of the ELAM participants’ experiences and viewpoints, ones that lend credibility to the study. Having gained insight into the participants’ experiences and viewpoints, the researcher utilized a constructivist methodological framework for comprehending women faculty members’ experiences in traditional leadership roles; the extent to which women faculty members pursued non-traditional leadership commitments.

Research Design

This section provides a synopsis of the Research Design associated with this study. Yin (2003) asserted, “The design is the logical sequence that connects the

empirical data to a study's initial research question and ultimately, to its conclusions" (p. 28). This study's research design has multiple components that facilitate the researcher's ability to comprehensively treat the topic under investigation. What follows is an explanation of each component of this study's research design: (a) secondary data analysis; (b) descriptive; and (c) qualitative.

Secondary Data Analysis Research Design

Typically, a research design helps to contour a study, and that contour is determined by the nature of the research question or the problem under examination. This study utilized a constructivist paradigm and secondary data analysis research design to examine the experiences of the ELAM participants. According to Boslaugh (2007), secondary data analysis is the use of data that was collected by someone else for some other purpose. The same data set can therefore be a primary data set to one researcher and a secondary data set to a different researcher. In order better to understand the experiences of the ELAM participants, an investigation of faculty development was necessary, Steinert, Cruess, Cruess, Boudreau and Fuks (2007) further explained that faculty development includes those activities that are designed to assist or renew faculty in their different roles, As such, it encompasses a wide variety of interventions to help individual faculty members improve their skills. For this study, focusing on ELAM as a case of an experiential and exemplary educational intervention for women faculty members seeking strategies to advancement to senior level positions in academic medicine, the researcher utilized the constructivist paradigm and secondary data analysis research design as a conduit that allows the participants to tell their stories about their experiences in pursuit of non-traditional careers. These stories shed light on the factors

that shaped their non-traditional pursuits and their leadership roles, thereby strengthening the study.

Descriptive Research Design

This study's research design was descriptive. In order to gain insight into the ELAM participants' motivations for pursuing non-traditional leadership commitments in academic medicine, participants were allowed to describe both their individual and their shared experiences while engaged in leadership training. Magilvy, Thomas, and Kotizer (2009) asserted that results of a descriptive study can provide information useful to develop new interventions. In this regard, the experiences and expressions of women enrolled in ELAM form the basis for recommending new strategies for enhancing leadership opportunities for women.

Qualitative Research Design

This study's research design was qualitative. Sandeowski (2000) asserted that "qualitative studies facilitate a comprehensive summary of events in the everyday terms of those events" (p.336). This study was the most comprehensive exploration of women faculty who pursued non-traditional leadership commitments in academic medicine. This study's comprehensiveness was facilitated, in large measure, by its ability to draw heavily on ELAM participants' discussions about their ELAM-related preparation for senior-level leadership positions.

In summary, this study utilized a multi-faceted research design to develop a richer, more comprehensive description of the experiences of ELAM alumnae who pursued non-traditional leadership commitments than has been provided by previous researchers. However, the richness of the study is enhanced by the diversity of the oral

data that was pre-collected from ELAM participants. The diversity of the oral data reflects the diversity of the perspectives and lived-experiences of ELAM participants pursuing non-traditional careers. This study also benefited from its employment of Feminist Standpoint Theory, a mechanism for tapping, gaining insight into, and describing the perspectives and lived-experiences of ELAM participants.

Key Aspects of the Feminist Standpoint Theory

The Feminist Standpoint Theory is applicable to this study because it promotes investigations into the perspectives and experiences of ELAM participants within ELAM as an organizational setting (Litwin & Hallstein, 2007). Therefore, this study will use the Feminist Standpoint Theory as a lens through which to view the unique perspectives of ELAM participants regarding their experiences in the program and their motivations for pursuing non-traditional leadership commitments. What follows is a table of the key aspects of the Feminist Standpoint Theory, their description, and their operationalization within the context of this study:

Table 9

Key Aspects of the Feminist Standpoint Theory

Key Aspect	Description	Operationalization in Study
“Study Up”	Examines the ways dominant institutions create and maintain oppressive social relations.	The study will use this aspect to identify the biases that motivated women faculty to pursue non-traditional leadership commitments.
Achieve insight into how hierarchical social structures work.	Maps the practices of power.	The study will use this project to address power dynamics within traditional academic medicine.
“Study Down”	Provides insight into the experiences that give women and members of other oppressed groups a particular standpoint.	The study will use this aspect to explore how ELAM participant’s perceptions and realities have been shaped by their experiences within traditional academic medicine, in general and within ELAM, in particular.

Adapted from *A socially relevant philosophy of science? Resources from standpoint theory’s controversially*, Harding (2004, p. 30).

In summary, the Feminist Standpoint Theory was appropriate for this study because it allowed the researcher to gain insight into the experiences of women pursuing non-traditional commitments in academic medicine, highlighting and utilizing ELAM both as a case and as an organizational setting in which to examine their preparation for non-traditional careers.

Main Research Question and Its Four Operational Research Questions

The main question guiding this study was: What are the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM)

who pursued non-traditional leadership commitments within academic medicine? This question spawned the following four operational research questions (ORQ):

ORQ1: What are the categories of non-traditional experiences?

ORQ2: What are the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments?

ORQ3: What was the personal context that influenced the ELAM participants to pursue non-traditional careers?

ORQ4: How did the ELAM participants describe their scope of work in non-traditional leadership commitments?

Population and Sampling Process

This section provides an overview of this study's population and sampling process. Specifically, this section identifies the initial population and the purposeful, criteria-based sampling used in this study. Brien, Bayoumi, Davis, Young, and Strike (2009) maintain that, "purposeful sampling is a common approach, defined as intentionally selecting specific cases that will provide the most information for the question under the study; this approach seeks to minimize sample size by selecting individuals who might best contribute to answering the research question" (p.627). Miles and Huberman (1994) assert that, "purposeful sampling attempts to select research participants according to criteria determined by the research purpose." (p.32). Creswell (1998) maintains that criterion or purposeful sampling is about applying a series of stipulations or rules for identifying the best sample of analytical candidates. The researcher employed a purposeful sampling process, selecting senior women faculty in academic medicine in U.S. medical universities as the study's population. Senior level

ELAM alumnae were selected for participation because they were co-located within ELAM as an organizational setting, giving the researcher ready access to a rich and diverse collection of oral data. Senior level ELAM alumnae were also selected because, through their experiences, they could best shed light on the challenges and rewards of pursuing non-traditional commitments, thereby providing operational definitions and answers to the main research question and its four operational questions.

Operational Definitions

The following operational definitions provide an understanding of terms associated with this study. The world of academic medicine is far more complex in terms of work titles than the rest of higher education. Therefore, this study of women who pursued non-traditional leadership commitment defines “non-traditional” commitments or “traditional” commitment in the following ways:

- Traditional Leadership Commitments- Traditional leadership commitment is defined as positions on the traditional ladder from faculty to head of the institution- president, vice president, dean, chair, vice chair, assistant professor and associate professor.
- Non-Traditional Leadership Commitments- Non-Traditional Leadership commitment means those positions that are not on the aforementioned traditional ladder. For this study, non-traditional commitments includes: (a) Director of Residency & Deputy Dean of Education/ (b) Deputy Dean for Administration and (c) Director of Graduate Medical Education (d) Director of Cardiology Fellowship Program (e) Associate Director Echocardiography Lab, etc.

Relevance and Justification of the Stratum Process

Strata

This section presents the layers of strata, the criteria, and the criteria-based sampling used to select the interviews for the study. Creswell (1998) and Patton (2002) discussed the importance of using criteria-based sampling for qualitative studies to ensure that they generate high quality data that will yield the most fruitful analysis. In order to collect relevant and sufficient data to answer this study's research questions, the researcher organized the sample into the following five strata:

First Stratum: represented the total population of senior women (Associate and Full Professor rank) in academic medicine. They are ELAM Fellows from the classes of 1996, 1997, 1999, and 2003. They successfully completed the ELAM program that provided them with the leadership skills that enabled their transition into senior level administration within Academic Medicine. The scope of women faculty in academic medicine is presented in Table 10.

Table 10

U.S. Medical School Faculty Distribution by Rank and Gender, 2010

Position	Women Faculty	Men Faculty
Full Professors	4%	19%
Associate Professors	6%	15%
Assistant Professors	17%	24%
Instructors	6%	5%
Other Ranks	1%	1%
Total=129,929	Women=35%	Men= 65%

Adapted from: AAMC, 2011

Second Stratum: consisted of women in academic medicine and who are interested in leadership development and advancement into leadership positions. Since it is not possible to establish the full size and scope of this group, a proxy was used to estimate this stratum. Although there are several programs in academic medicine that promote women, such as Women in Medicine (WIM) and Women Liaison Officers (WLO), the proxy consisted of alumnae of ELAM (a leadership development program specifically for women in academic medicine who seek leadership development and aspire to advance to leadership positions in academic medicine). The ELAM proxy was the best fit for this study because the women were self-identified as academic medicine senior level administration, and they all expressed aspirations of advancing to senior level positions (See illustration of ELAM Graduates in Table 11).

Table 11

Women in Leadership Positions in Medicine: ELAM Graduates

Title	Medical Schools	Dental Schools	Public Health Schools	Graduate Schools
Deans	6 of 17	6 of 13	2 of 14	3
Chairs	95	8	5	
Directors	85	2	4	
Associate/Senior Associate, Vice Deans	119	17	5	
Chief Executive/Academic Officer	11			
Presidents, Chief Executive Officers and Provost				
Vice Provost	11			
Vice Presidents	28			

Adapted from Drexel University (ELAM@drexelmed.edu).

Currently, there are nearly 700 ELAM graduates serving in leadership positions, ranging from university presidents to department heads, at nearly 145 U.S. and Canadian

academic health centers (ELAM@drexelmed.edu). For the purposes of this study, the researcher established a subset to identify women faculty in academic who were associated with the ELAM Program. Because the population of ELAM fellows consisted of senior level women faculty (Associate and Full Professor rank) endeavoring to advance as administrators in academic medicine, they represent the best analytical candidates who will yield high quality data to answer the research questions.

ELAM involves extensive interviewing of its fellows, and the program granted the researcher permission to use the interview database for use in this study (see permission letter in Appendix D and Appendix E). Therefore, this study utilizes pre-transcribed interviews conducted with ELAM Fellows (see Appendix C: Sample of ELAM Interview Follow-up Protocol). Heaton (1997) asserted that, “secondary data analysis involves the utilization of existing data, collected for the purpose of a prior study, in order to pursue a research interest which is distinct from that of the original work” (p. 1). However, there are some advantages to using a secondary data analysis research design. For example, Boslaugh (2007) explained that there is an economic advantage of utilizing secondary data analysis. Because someone else has already collected the data, the second researcher does not have to devote time, money, energy, and other resources to this phase of research. The ELAM Interview Project was useful, insofar as it yielded relevant data from women who are working in medicine and who self-identified as having a desire to progress in their careers.

Third Stratum: consisted of ELAM alumnae who participated in the ELAM research project. ELAM alumni from the classes of 1996, 1997, 1999, and 2003 were asked to participate in interviews regarding their ELAM-related and leadership

experiences. This stratum comprises all women who participate in the ELAM research project and who are represented in the ELAM interview database. (See illustration of ELAM Interview in Table 12).

Table 12

ELAM Interviews

Class	# in Class	# who interviewed at some point	# who had at least 2 interview touch points
1996	25	24	9
1997	29	17	7
1999	36	24	15
2003	29	29	0

Source: Dr. Sharon A. McDade, ELAM external evaluator, November 1, 2011

Fourth Stratum: consisted of all ELAM alumni who participated in multiple interviews in the ELAM interview database. The sampling for women who participated with multiple interviews yielded 6 participants. In order to increase sample size for this study, two participants were added to equal a total of 8. If insufficient numbers of women that completed two interviews are found, the researcher will expand the sample to just those whom completed one interview. These interviews were conducted at intervals of three to six months, 23 to 25 months, 5.5 years, and seven to eight years after the

interviewees completed the ELAM program. Multiple interviews permit the researcher to collect data that is relevant and sufficient to answer the study's research questions, to explain the social and professional challenges that impeded their advancement to traditional senior -level positions, and to delineate the multifaceted interventions ELAM implemented to help women advance to senior level positions in academic medicine. Interviewees were ranked relative to the importance of the data that each would yield. Consequently, multiple interviews yielded various kinds of data that reflect the diverse experiences of ELAM participants.

Fifth Stratum: consisted of participants in the ELAM interview database who exhibit evidence of non-traditional leadership commitments. This stratum was established after the researcher analyzed the interviews for their probative or research value. The researcher used three steps to organize and manage the data; (a) the researcher applied category rankings to organize and facilitate data retrieval; (b) the researcher assigned a color code to each category, in order to rank the significance of the cases; and (c), the researcher labeled each category 'Traditional' or 'Non-traditional,' in order to identify the specific career path of the cases and to identify the cases that best supported the study; researcher rated transcripts to select the participants as they related to non-traditional leadership commitments by placing marks of high, medium and low (see Inventory of ELAM Participant's Interviews Form in Appendix J).

Table 13 represents a categorization of the sample using the Stratum Process.

Table 13

Strata

First Stratum	Second Stratum	Third Stratum	Fourth Stratum
ELAM Class	Total ELAM Participants In Class (n)	Number from each Class Participating In Interviews (n)	Number Participating In Multiple Interviews (n)
1996	25	24	9
1997	29	17	7
1999	36	24	15
2003	29	29	0
Total	119	94	31

After the researcher organized the interviews using the stratum process, the researcher sorted the interviews into the following three categories intended to reveal the degree to which participants' pursued non-traditional leadership commitments, thereby determining their value for sample selection:

- **High**= Interviewees' experiences match the category for sample selection. Interviewees self-identify as pursuing non-traditional leadership commitments in medicine. Color Code: Green
- **Medium**=Interviewees' experiences leaned towards the category of sample selection. Additional investigation needed to clarify career choices. Color Code: Yellow
- **Low**=Interviewees' experiences did not match the category for sample selection. Color Code: Red.

This ranking was based upon the specific data from each case and the data's relevancy to the main research question. Low-ranking data was deemed irrelevant to the study, and it was excluded. The researcher selected high- and medium-ranking data for analysis, yielding the sample of eight alumnae whose interview transcripts revealed that they had specific experiences associated with non-traditional leadership commitments.

Data Retrieval, Treatment, and Preparation for Analysis

This section describes the procedures used to retrieve, prepare, and store the data for this study. Initially, ELAM granted the researcher provisional permission to access and use its interview database, pending the approval of project's proposal by the George Washington University and Drexel University IRB process (discussed later in this chapter). After the IRB approved the project's proposal, ELAM granted the researcher full permission to access and use its interview database.

After ELAM granted the researcher full permission to use its interview database, the researcher forwarded an email to Dr. Sharon A. McDade, external evaluator for the ELAM research project, requesting access to all of the interviews (See Appendix A: E-Mail Message: Request for Transcripts and Appendix B: E-mail Message: Confirming Receipt of Transcripts). The researcher also e-mailed Dr. McDade to confirm receipt of the database documents. The de-identified interview files were transferred from Dr. McDade to the researcher through a secure data transfer internet site. Subsequent to receiving the transcripts, the researcher organized them according to the intervals at which the data was collected (i.e., three- to six-month intervals; 23 to 25 month interval; 5.5-year interval; and, seven- to eight-year intervals in the case of interviewees who gave

multiple interviews). This process aided the researcher's ability to identify the subgroups of ELAM participants who pursued non-traditional leadership commitments.

Securing the Data

According to Chaussabel, Ueno, Banchereau and Quinn (2009), "data management is critical because it ensures that once the data is collected, it remains secure, interpretable, and exploitable" (p. 1225). To secure the interview data transferred from Dr. McDade, the researcher password-protected and stored the files on a compact disc (CD) that was used for data analysis. The CD and all documents associated with this study were stored in a locked file cabinet in the researcher's home. The researcher created back-up files on a USB drive to minimize data loss, and the USB drive was locked in the same file cabinet when not in use. The researcher also password-protected the computer used to store and process data, and the researcher is the only individual with authenticated access to this computer. Paper copies, collected through electronic resources, were also secured by the researcher. These security measures helped to preserve the data and its integrity.

Data Management

The ELAM interviews comprised a rich database from which valuable information could be extrapolated in support of this study. In order to become familiar with the information, the researcher explored the data (Creswell, 2005). The researcher developed familiarity with the ELAM interview database by reading the transcripts multiple times. Tesch maintains that note-taking and memo-writing comprise the initial sort-out process (Tesch, 1990, p. 140). To begin the sort-out process, the researcher engaged in the following activities adapted from (Tesch, 1990, p. 140):

List of Activities

- Making Notes
- Editing
- Writing up
- Data “Linking”
- Building theory
- Searching and retrieving data
- Drawing and verifying conclusions
- Coding
- Writing reports
- Mapping data graphically
- Displaying data
- Performing Content analysis

In addition to allowing the researcher to become familiar with the data, these sort-out activities helped the researcher to maintain the data’s manageability for the purposes of data-mining. Once the data had been mined or extrapolated, the researcher could code and categorize it for analysis, discussed in the next section.

Data Analysis

According to Creswell (1998), data analysis involves using codes or categories to sort the data (p.140). This study followed Creswell’s model for data analysis, insofar as it codes, and categorizes, ELAM interview data for analysis. Analyzing the data allowed the researcher to elucidate emergent themes that provided answers to the study’s research questions.

Data Coding and Analysis Utilizing ATLAS.ti 7 Software

This study utilized ATLAS.ti 7 software to code and categorize data in the ELAM interview database. ATLAS.ti 7 software systematically analyzes complex phenomena embedded in unstructured data, allowing the researcher to locate, code, and annotate

findings in primary data material; to evaluate their importance; and, to uncover the relations between them.

The researcher engaged in cross-case analysis of the data in search of themes that would elucidate specific relationships between the experiences of ELAM participants who pursued non-traditional careers. This cross-case analysis was aided tremendously by the researcher's utilization of the ATLAS.ti 7 software. After the data (transcripts of the eight participants) were imported into ATLAS.ti 7 software, the researcher assigned codes to segments of the text based on the key phrases, words, and experiences identified in the cases. According to Guetzkow (1998), "the coding of qualitative data involved two operations: separating the qualitative material into units, and establishing category-sets into which the unitized material may be classified" (p. 47). ATLAS.ti 7 software's capabilities allowed the researcher to code and categorize the data based on the key words, phrases and, experiences identified in the cases. Table 14 demonstrates how the researcher processed the data to address the research questions.

Table 14

Cross Walk of Research Analysis: Questions, Themes and Coding

Research Questions	Organize and Prepare Data	Sort Data	Generate Coding and Categories	Generate Description of people and setting and identify themes	Represent Data	Interpret Data
Main Question: What are the experiences Of ELAM Participants who pursued non-traditional leadership commitments?	Review cases	Sort interview data	Develop codes and categories	Identify related themes	Identify Experience	Final Analysis
Q1. What are the categories of non-traditional experiences?	Review non-traditional experience	Sort data	Categorize non-traditional experience	Identify related themes	Identify Categories	Final Analysis
Q2. What are the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments?	Review career levers and conditions.	Sort data	Code and categorize career levers and conditions	Identify related themes	Report Career Levers-Conditions	Final Analysis
Q3. What was the personal context that influenced the ELAM participants to pursue non-traditional career?	Review personal context	Sort data	Create coding to analyze personal context	Identify related themes	Identify Influences	Final Analysis
Q4. How did the ELAM Participants describe the scope of work in non-traditional leadership commitments?	Review Scope of work	Sort data	Create coding to analyze scope of work	Identify related themes	Name Scope of Work	Final Analysis

Adapted from Research Design: Qualitative, Quantitative, and Mix Methods Approaches, 3rd Edition. Creswell, 2009.

Emergent Themes Answer the Study's Research Questions

Cross-case analysis using ATLAS.ti 7 software not only allowed the researcher to document interrelationships between the cases, but to identify themes that emerged from the data analysis. According to Boyatzis, (1998), “themes are recurrent unifying concepts or statements about the subject of inquiry” (p.1760). Moreover, themes are characterized as fundamental concepts that support specific experiences of individual participants by more general insights that are apparent from the whole of the data (Ryan & Bernard, 2003). The themes that emerged from the cross-case analysis answered this study's main research question and its four operational research questions. Heaton (1998), asserts that secondary data analysis involves the use of existing data, collected for the purposes of a prior study, in order to pursue a research interest which is distinct from the of the original work (Vogel & Clarke-Steffen 1997, Szabo & Strang 1997). The researcher evaluated and organized those themes to demonstrate their categorical relationship to the study's research questions (see Table 3). The researcher also matched those themes with the interview data (quotes from ELAM participants) to show the similarities and differences between ELAM participants' experiences as lived (Magilvy & Kotzer, 2009).

In summary, the themes contributed to richer interpretation of participants' experiences both in the ELAM program and in their non-traditional careers. The themes provided an understanding of those experiences, the themes helped to explain the challenges that participants faced, and they elucidated how those challenges influenced their career choices. Therefore, the themes not only contributed to the study's comprehensiveness, but they provided baselines for making informed recommendations

regarding career development strategies that will increase opportunities for women to advance to leadership positions in academic medicine, to be discussed in Chapter 5.

Trustworthiness of the Findings

According to Moustakas (1994), “establishing trustworthiness of the research increases the reader’s confidence that the findings are worthy of attention” (p. 337). Establishing the trustworthiness of the findings involves maintaining objectivity in an effort to limit researcher bias (Law, 2002). The researcher was responsible for ensuring that data was reported without personal bias, in order to maintain the study’s integrity and trustworthiness. To the greatest extent possible, the researcher upheld that responsibility regarding this study. Lincoln and Guba (1985) listed three aspects of a trustworthy study, including credibility, dependability, and transferability. The degree to which the researcher has implemented these three aspects toward establishing this study’s trustworthiness is explained in the subsequent sections.

Credibility

Credibility is the qualitative phrase normally used for the construct of internal validity, relative to demonstrating how well the research findings match reality (Janesick, 2000, Marshall & Rossman 1995; Merriam, 1998). The research findings were shaped, in large measure, by the interview data. Credibility is established by cross-checking this study’s research findings against existing literature. However, establishing credibility was challenging, especially since literature examining the extent to which ELAM Fellows pursued non-traditional leadership commitments, and the factors that influenced their decisions to do so, was scant. To overcome this limitation, the researcher conducted a cross-case analysis of interview data from eight ELAM alumnae, thereby gaining a

broader understanding of the varied perspectives of ELAM participants, some of whom did not pursue non-traditional leadership commitments.

Dependability

Creswell (1998) explained that in order to provide an in-depth picture of the cases, it is necessary for the researcher to have a wide range of information about the cases. According to Merriam (1998), “dependability is known as reliability in quantitative terms. It refers to whether the results are consistent with the data collected” (p. 206). The ELAM project interview database contains a large quantity of data regarding the extent to which women are pursuing non-traditional leadership commitments. Because the researcher was relying on data gleaned from pre-transcribed interviews, and because the interviewees were de-identified, the researcher’s manipulation of the existing data was limited. To mitigate this limitation, the researcher comparatively analyzed the existing data to illustrate the diverse perspectives on how both novice and experienced participants arrived at their decisions to pursue non-traditional leadership commitments, thereby highlighting the diversity of lived experiences among ELAM participants. The diverse perspectives enhance the dependability of the study that does not rely on a singular perspective to explain the realities or experiences of multiple ELAM Fellows.

Transferability

According to Lincoln and Guba (1985), transferability is concerned with the extent to which a project’s findings can be applied to other populations, contexts, situations, or settings.

Knies, Ament, Evers, and Severens (2009) further asserted that there are problems and pitfalls associated with transferring studies to other studies and other settings. The researcher acknowledged that ELAM is a unique case, and was treated as such within this methodology's secondary data analysis research design, using an interpretative approach. Therefore, its findings may, or may not, be transferable to other populations.

Reporting and Feedback

After analyzing the data, the researcher prepared the dissertation in order to fill a critical void in the literature regarding women faculty members' non-traditional career choices, paying particular attention to ELAM Fellows. Achieving the sample selection milestones allowed the researcher to ensure relevance and usefulness of data to the study, to track participants' progression in leadership development, and to identify of patterns and themes associated with the career choices and the academic mobility of the ELAM participants.

Consideration of Human Subjects

This study relied on interview data deposited in a pre-transcribed database. Interview data used in this study was securely transferred from the database to the researcher who took precautions to protect the interview data and the interviewees. The researcher ensured the confidentiality and the protection of the study's human subjects by following the guidelines established by the George Washington University and the Drexel University IRB Institutional Review Board.

Original IRB Permission for Use of the ELAM Interview Database

Because this study utilized human subjects, it followed the guidelines established by the aforementioned Institutional Review Boards in order to ensure ethical practices and confidentiality. The ELAM project interviews were collected with IRB permission from Drexel University, the primary research site, and the George Washington University. The project was entitled Hedwig van Amerigen Executive Leadership in Academic Medicine® (ELAM) Program and included a number of data collection strategies and research goals, of which creating of the ELAM interview database constituted only one. Additional interview databases include the

Drexel University and MCP Hahnemann University #3389 and the George Washington University #01066 (See Appendix D: Content Form Drexel University College of Medicine Approval for the permission letters for usage of the Drexel University and MCP Hahnemann University #3389 and George Washington University #01066 interview databases). The researcher applied for, and received, permission to use the ELAM database from Drexel University. The approval form is contained in Appendix F: Documentation Approval Drexel University.

The researcher also applied for, and received, permission to use of the ELAM database from The George Washington University. The approval form is contained in Appendix K: IRB Data Letter from Drexel University.

Critique of the Study

The purpose of the study was to examine how the experiences of women faculty in academic medicine influenced non-traditional leadership commitments. The problem addressed in this project was that although research has indicated that experiences and

career choices are components of leadership and career development. There is a paucity of literature on women faculty in academic medicine progressing into non-traditional leadership commitments. For this study, this section provides an overview of the issues and limitations in connection with the following: Feminist Standpoint Theory, Secondary Data Analysis Design, and Research Study Limitations.

Feminist Standpoint Theory

Feminist Standpoint Theory was utilized to examine the causal factors that influenced the career choices of the ELAM participants. This theoretical framework helped the researcher explain the perspectives and the experiences of women in pursuit of non-traditional leadership commitments. Furthermore, the Feminist Standpoint Theory provided a better understanding of academic medicine administrative process; however, it was essential that the researcher explained and provided an extensive overview of the Feminist Standpoint Theory to eliminate confusion on how the theory embraced and explored the experiences as well as the perspectives of the participants associated with this study. For example, the participants shared that their ability to change leadership styles provided them with the ability to re-direct and strengthen her leadership capabilities. The participants further indicated that they saw work increasing through collaboration with colleagues. This study's comprehensiveness was enhanced by the diversity of the oral contributions made by the ELAM participants, reflecting the diversity of the perspectives and lived-experiences of ELAM participants themselves. Feminist Standpoint Theory allowed the researcher to provide a more comprehensive investigation on work-life balance. From the participants' perspectives, flexible academic career paths allowed them to pursue careers that enabled their advancement while

providing them with the time and flexibility they needed to balance work and family responsibilities. Overall, the Feminist Standpoint Theory enhanced our knowledge about the ELAM participant's experiences that influenced them to re-tool their education and credentials to enhance opportunity to progress in their professional careers.

Secondary Data Analysis

Secondary data analysis involves the use of existing data, collected for purposes of prior study (Heaton, 1998). The researcher reviewed this research design as both a limitation as well as advantages associated with this study. What follows is a discussion of the benefits of using secondary data analysis:

- Secondary data analysis allowed the researcher an opportunity to provide a new perspective/conceptual focus on the data.
- The big advantage of using secondary data analysis is that the information is already collected and usually stored in electronic format. Therefore, the researcher can spend more time analyzing rather than preparing data ready for analysis (Boslaugh, 2007).
- The advantage of using secondary data analysis is that the data collection process is often guided by professionalism and expertise that may not be available to small research project or individual researchers. For example, data collection is performed by an expert who has many years of experience in that particular area and with that particular survey (Boslaugh, 2007),

In summary, secondary data analysis provided the researcher the opportunity to analyze the data through an interpretative lens that exposed the stories and experiences of the ELAM participants who revealed why women faculty in academic medicine are choosing to pursue non-traditional leadership commitments as a strategy to be promoted into administrative senior-level careers. The researcher has the opportunity to review this research design as both a limitation and an advantage for this study. Although secondary data analysis was applied, the researcher had the ability to leverage strengths as well as

the limitations to provide an in-depth analysis of the experiences of women faculty career choices in academic medicine.

Research Study Limitations

This section will provide an overview of the limitations associated the data analysis. The limitations evolved the following: protocol design, addressing the assumptions, and selection of participants.

Protocol Design

This study was limited by the protocol design which included the following; (a) the data collection and instrument process was conducted by another researcher. (b) There were limited amounts of time for each interview; (c) geographically, data collection is limited to one location (Drexel University); (d) this study was generalized implementing a gender bias; (d) portrayal of a diverse institutional perspective was limited, (e) two interviews for the study, and (f) open ended questions. Overall, this study's findings refer only to women who have completed the ELAM program from 1996 through 2003.

Addressing the Assumptions

To further reinforce the trustworthiness of a study, the researcher's biases and assumptions must be identified early in the study (Lincoln & Guba, 1985; Merriam, 1998). Noted earlier in the subjectivity statement the researcher identified personal subjectivity and identified the means to alleviate the identified biases. The researcher alleviated biases by taking the following steps: (a) being aware of personal biases, worldviews, values and assumptions brought to the study; and (b) giving serious attention to rival findings that emerged in the study (Miles & Huberman, 1994). Also, the

researcher used the concept of *devil's advocates* to seriously question findings (Lincoln & Guba, 1985). Here the researcher was transparent about recognizing divergence from initial expectations and maintained reflective memos to track how the data may have challenged early assumptions. These techniques were utilized with the clear purpose of avoiding biased analyses that would diminish the credibility of this study.

Selection of Participants

The participants of this study consist of women senior faculty (associate and full professors), who are Alumni members of ELAM program. There were several major limitations associated with the participant selection. After analyzing the data, the researcher prepared the dissertation in order to delineate the major conclusions drawn from the study that filled a critical void in the literature regarding women faculty members' non-traditional career choices, paying particular attention to ELAM Fellows. The findings were disseminated to a larger audience, in order to solicit feedback concerning the contributions that it made to larger body of literature on this topic and concerning spin-off topics that warrant further investigation.

Nevertheless, achieving the sample selection milestones will allow to researcher to ensure relevancy and usefulness of data to the study, to track participants' progression in leadership development, and to identify of patterns and themes associated with the career choices and the academic mobility of the ELAM participants. However, there were issues and limitations associated with the selection of the final participants. Because non-traditional leadership titles vary in description, the researcher had to consult a subject matter expert to execute the final selection of the ELAM participants. Additionally, because of the size of the data sample, the researcher decided to conduct an investigation

and pulled two interviews from the participants who participated in only one interview totaling the final sample to eight participants. Although, there were issues with the final sample selection, the researcher had the ability to resolve the problem.

In summary, a critique of the study provided an overview of the limitations associated with the data analysis process. A study is trustworthy if, and only if, the reader of the study judges it to be so (Rolf, 2006). The researcher has the responsibility to make sure that data is reported without personal bias, by minimizing design issues. According to Moustakas (1994), “establishing the truth of things with the researcher’s perception must reflect on the meaning of the experience for oneself: then one must turn outward to those being interviewed, and establish “inter-subjective validity” (p. 57). However, this study’s ability to apply the Feminist Standpoint Theory, within a constructivist methodology, provided insight into the extent to which women faculty members pursued non-traditional leadership. Overall, this study delineated important baselines for analyzing women faculty members’ experiences in traditional leadership roles, namely, the extent to which women faculty members pursued non-traditional leadership commitments as professional pipelines through which they advanced to senior level positions in academic medicine; and, the experiences of ELAM participants who pursued non-traditional leadership commitments.

Chapter Summary

This chapter discussed the constructivist methodology employed by this study that examines the extent to which women faculty members pursued non-traditional leadership, shaped by the Feminist Standpoint Theory that shaped its theoretical

framework. For this study, the constructivist approach permits the usage of oral data toward answering the study's main research question and its four operational research questions regarding the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine; the categories of non-traditional experiences; the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments; the personal context that influenced the ELAM participants to pursue non-traditional careers; and, how ELAM participants described their scope of work in non-traditional leadership commitments, research-dependent questions to be answered in Chapter 4.

CHAPTER 4:

PRESENTATION AND ANALYSIS OF THE DATA

The purpose of this study was to explore the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine, addressing the main research question. This chapter analyzes the qualitative data to answer that question, highlighting the extent to which eight ELAM alumnae pursued non-traditional careers. Heretofore, the experiences of women faculty who pursued non-traditional leadership commitments within academic medicine, and the factors influencing their decisions to do so, were not well documented in the literature. Contemporary literature on the topic remained scant (Morahan & Bickel, 2002). In order for this study to highlight the ELAM participant's experiences, an understanding of traditional and non-traditional is necessary. Therefore, this study of women who pursued non-traditional leadership commitment defines "non-traditional" commitments or "traditional" commitment in the following ways:

- Traditional Leadership Commitments- Traditional leadership commitment is defined as positions on the traditional ladder from faculty to head of the institution- president, vice president, dean, chair, vice chair, assistant professor and associate professor.
- Non-Traditional Leadership Commitments- Non-Traditional Leadership commitment means those positions that are not on the aforementioned traditional ladder. For this study, non-traditional commitments includes: (a) Director of Residency & Deputy Dean of Education/ (b) Deputy Dean for Administration, and (c) Director of Graduate Medical Education (d) Director of Cardiology Fellowship Program (e) Associate Director Echocardiography Lab, etc.

This study begins to fill this theoretical void by answering the main question and the following operational research questions: (1) what are the categories of non-traditional experiences?; (2) what are the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments?; (3) what was the personal context that influenced the ELAM participants to pursue non-traditional careers?; and (4), how did the ELAM participants describe their scope of work in non-traditional leadership commitments? The problem of research addressed by this study was that, although literature on women faculty members in academic medicine suggests that the number of women who are entering the field of academic medicine is equal to that of men, women are not advancing to senior level positions at the same rate as their male colleagues (Ash, Carr, Goldstein, & Friedman, 2004). Data that had been pre-collected via interviews with eight ELAM alumnae selected from classes of 1996, 1997 and 1998 provided some insight into women's slow rate of advancement to senior level positions, within the context of the main research question regarding why women faculty members actively pursued non-traditional commitments.

Identity of ELAM Participants

ELAM provides a year-long, part-time program for senior women faculty members. Eight women from the ELAM program were selected as subjects for this study. The subjects entered ELAM as administrators (vice presidents, chairs, assistant and associate deans and division chief), but all of them expressed aspirations of becoming higher-level administrators in academic medicine (Richman 2001). ELAM incorporated instructional modules that promoted professional development and growth for women seeking to develop the required skills needed to be senior-level leaders in medicine.

ELAM also facilitated “professional mapping” for its fellows, allowing them to conceptualize and plan their routes to becoming higher-level administrators (McDade, Richman, Jackson, & Morahan, 2004). Professional mapping resulted not only in the subjects’ ability to chart their steps toward advancement, but to think comparatively about their experiences before, and during, their enrollment in ELAM. Using interview data from eight ELAM participants, this study also provides insight into the programmatic and professional value of ELAM for participants who benefitted from their enrollment in the program.

Selection of the Participants

This study utilized a qualitative research design to select subjects who self-identified as professionals pursuing non-traditional leadership commitments. This study’s qualitative research study design is enhanced by a constructivist paradigm of inquiry that utilizes ELAM participants’ interview responses as constructivist pathways to reliable findings regarding their experiences in pursuit of non-traditional commitments as well as those factors that shaped their decisions to pursue alternative career choices. Rather, the researcher analyzed the cases and interview data of participants who chose non-traditional leadership commitments, employing a stratum process to rank those cases, as shown in Table 15.

Table 15

Selection of Participants A

HIGH	MEDIUM	LOW	TRANSCRIPTS
8	3	20	31

Note: Study participants were selected from the high ranking transcripts.

Details of strategy were reported in chapter 3. After the researcher organized the interviews using the stratum process, the researcher sorted the interviews into the following three categories intended to reveal the degree to which participants' pursued non-traditional leadership commitments, thereby determining their value for sample selection:

- **High**= Interviewees' experiences match the category for sample selection. Interviewees self-identify as pursuing non-traditional leadership commitments in medicine. Color Code: Green
- **Medium**=Interviewees' experiences leaned towards the category of sample selection. Additional investigation needed to clarify career choices. Color Code: Yellow
- **Low**=Interviewees' experiences did not match the category for sample selection. Color Code: Red.

This ranking was based upon the specific data from each case and the data's relevancy to the main research question. Low-ranking data was deemed irrelevant to the study, and it was excluded. The researcher selected high- and medium-ranking data for analysis, yielding the sample of eight alumnae whose interview transcripts revealed that they had specific experiences associated with non-traditional leadership commitments.

Table 16

Final Selection of ELAM Participants for this Study

Participants	Tier 1 Interviews	Tier 3 Interviews	Other Accomplishments
Participants # 1	Administrator of Medical Student Education	Director of Pediatric Medical Education; Director of Adolescent Medicine; Senior Associate Dean of Academic Affairs	Professor in the Department of Family Medicine; Ranking the highest women ever in the medical school
Participants # 2	No Interview	Chief Academic Officer/President and CEO of Hospital	Oversee Statewide Programs
Participants # 3	Dean of Students	Chair of the Department of OBGYN; Director of Center for Women's Health	Chair of an international ethics committee, the international federation of OBGYN centered in London; Feature Editor of a Journal
Participants # 4	Program Director of Internal Medicine; Director of Institutional Residency Programs; Deputy Dean of Education; Deputy Dean for Administration and Director of Graduate Medical Education	Vice Chair of International Medicine-Residential Review Committee Director and Associate Dean of GME;	Served on the Advisory Board for AAMC's Council of Academic Societies; Served on AAMC's GME steering committee for the Northeast Group on Educational Affairs
Participants # 5	Director of Cardiology Fellowship Program, Committee Chair	Director of Cardiology Fellowship; Associate Director of Echocardiography; Co-Director of the Adult Congenital Heart Disease Program	Professor of Physician & Medicine of Cardiology; Associate Editor for the Journal of the British Heart Association; Associated with

				American Heart Association, Chair for American College of Cardiology
6	Participants #	Director of Pediatric Medical Education	Director of Adolescent Medicine	Head of Faculty Development Programs; Associate Professor of Pediatrics
7	Participant #	Interim Chair Department of Academic Health Center	Chair, School of Medicine and Emergency Medicine	Professor, Finance at Price Waterhouse
8	Participants #	No Interview	Director of Clinical Operations; Executive Chair of Department of Family Medicine & Chair of Promotion and Tenure Committee	Professor, Family Medicine

Note: Study Participants were members of ELAM Classes: Tier 1 – 1995 – 1996, Tier 2 - 1996 – 1997, Tier 3 – 1998 – 1999.

In summary, the sampling for women who participated with multiple interviews yielded six participants. In order to increase sample size for this study, two participants were added to equal a total of eight. These interviews were conducted at intervals of three to six months, 23 to 25 months, 5.5 years; and seven to eight years after the interviewees completed the ELAM program. Multiple interviews permit the researcher to collect data that were relevant and sufficient to answer the study's research questions, to explain the social and professional challenges that impeded their advancement to traditional senior-level positions, and to delineate the multifaceted interventions ELAM implemented to help women advance to senior level positions in academic medicine. Interviewees were

ranked relative to the importance of the data that each would yield. Consequently, multiple interviews yielded various kinds of data that reflect the diverse experiences of ELAM participants. Overall, all participants acknowledged non-traditional leadership commitments associated with their career choices. Next, an overview of the ELAM participant's leadership commitment is illustrated in Table 17.

Table 17

ELAM Participants Leadership Commitments

Participants	Traditional	Non-Traditional
Participant #1		(a)Course Director/ (b)Chair Person for Medical Student Education Committee in Department of Psychiatry
Participant #2	President and CEO of Hospital	Chief Academic Officer
Participant #3	Chair of the Department of OBGYN; Dean of Students	Director of the Center of Women's Health
Participant #4		(a) Director of Internal Medicine/ (b) Director of Residency and Deputy Dean of Education/ (c) Deputy Dean for Administration and (d) Director of Graduate Medical Education
Participant #5		(a) Director of Cardiology Fellowship Program/(b) Associate Director Echocardiography Lab (c) Associate Editor for the Journal of the British Heart Association
Participant #6	Director of Adolescent Medicine	Director of Pediatric Medical Education
Participant #7	Chair of Medicine Department	Interim Chair Academic Health Center
Participant #8		(a) Director of Clinical Operations/(b) Executive Chair of Department of Family Medicine and (c) Chair of Promotion and Tenure Committee

Note: Study participants were members of the ELAM Classes of 1995 – 1996, 1996 - 1997 and 1998 – 1999. Some of the ELAM participants held dual careers: Traditional and Non-Traditional

Data Analysis

Table 17 illustrates the diversity of participants, relative to their careers choices and their medical institutions. ELAM participants' career choices indicate that they held dual careers both traditional and non-traditional leadership commitments in academic medicine. Such diversity yields varied and complex data that were analyzed using Patton's (1987) as well as Miles and Huberman's (1994) three steps to rigid and careful qualitative data analysis that are described as follows:

- (1) "data reduction" refers to the process of selecting, focusing, simplifying, abstracting, and transforming data that appear in field notes or transcriptions" (Miles & Huberman, 1994, p. 10).
- (2) "data display" provides an organized and systematic way of assembling information to draw conclusions" (Mason, 2007, p. 95).
- (3) "conclusion drawing and verification" involve reviewing and extrapolating the meaning of the data through the research questions asked" (Mason, 2007, p. 96).

The researcher completed steps one and two by displaying this study's data in ranking order in the section entitled "Selection of Participants." The researcher completed step three by identifying and extrapolating eleven themes that answer the study's operational research questions (ORQ) that, in turn, answer the study's main question: *What were the experiences of women faculty enrolled in The Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine?*

Presentation of the Data Associated With Operational Research Questions

The main research question spawned four operational research questions that, in turn, yielded eleven themes that revealed a diversity of experiences among participants' regarding their motivations for pursuing non-traditional commitments, their experiences while preparing to transition to non-traditional commitments, their faculty development

in ELAM, and their career advancement strategies. Table 18 illustrates the main research question, the four operational research questions, and the corresponding themes.

Table 18

Research Questions and Themes

Operational Research Questions (ORQ)	Themes
Main ORQ: What are the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine?	
ORQ1: What are the categories of non-traditional experiences?	<ul style="list-style-type: none"> (1) Participants expressed that university hospitals served as a category for non-traditional leadership commitments. (2) Participants reported medical schools and universities as a category for non-traditional leadership commitments. (3) Participants highlighted Center for Women’s Health as a category for non-traditional leadership commitments.
ORQ2: What are the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments?	<ul style="list-style-type: none"> (4) Participants developed new perspectives, values, and goals as career levers and as conditions for pursuing non-traditional leadership commitments. (5) Participants acknowledged that upward mobility was a condition for pursuing non-traditional leadership commitments. (6) Participants viewed promotions and titles as ways to transition into traditional or non-traditional leadership commitments.
ORQ3: What was the personal context that influenced the ELAM participants to pursue non-traditional careers?	<ul style="list-style-type: none"> (7) Participants indicated that enhancement of their leadership abilities influenced non-traditional leadership commitments. (8) Participants valued mentoring as a skill integral to their professional development in non-traditional leadership commitments. (9) Participants viewed family responsibilities as impacting their pursuit of non-traditional leadership commitments.
ORQ4: How did the ELAM participants describe their scope of work in non-traditional leadership commitments?	<ul style="list-style-type: none"> (10) Participants acknowledged that their scope of work broadened and their work became more complicated in non-traditional commitments. (11) Participants indicated that a broadened scope of work allowed them to re-imagine and re-direct their leadership advancement.

Note: Table 18 provides a snapshot of the 11 themes that answer the operational research questions.

What follows is a contextualized discussion of the operation research questions, their corresponding themes, and the themes' meanings relative to the participants' pursuit of non-traditional commitments:

ORQ 1: What are the Categories of Non-Traditional Experiences?

Data revealed that participants had non-traditional experiences in three categories. Many of the participants acknowledged their ability to transition as administrators in academic medicine. What follows is a discussion of the themes that correspond to ORQ 1, supported by quotations from the study's participants:

Theme (1): *Participants acknowledged university hospitals as a category in which they pursued non-traditional leadership commitments.* The participants acknowledged university hospitals as a category of experiences that influenced them to pursue non-traditional leadership commitments in academic medicine. Literature demonstrated that often university hospitals provided women faculty access to non-traditional careers titles that required various credentials. Wingard, Garman and Reznik (2004) suggested, "Faculty members in academic medicine face challenges in career advancement that are complicated by daily professional responsibilities" (p. S09). Participants shared how experiences with children's hospitals influenced non-traditional leadership commitments which resulted in another career like associate editor of *Heart*, the journal of the British Heart Association. Although transitioning into non-traditional leadership commitments for women faculty in academic medicine, the alternative career paths provided these women access to new careers. In regards to transitioning, participants acknowledged the desire to move forward and upward in their careers. Participants asserted that ELAM was effective in providing encouragement to pursue other careers such as chief academic

officer. The University Hospital environment impacted women's ability to pursue and sustain senior leadership positions, as indicated by the following statements:

Participant# 6, Director of Pediatric Medical Education, provided insight on how a liaison with a children's hospital enhanced her ability to progress in the terms of administrative positions:

In terms of the administrative positions, I was fellowship director then and have continued that. I served as interim chief of cardiology for a year and a half in 2001-02 and although I stayed, I was promoted to professor right at the time I did ELAM so there has been no promotion that way, but there has been some major program development with our adult congenital heart disease service with recruiting additional people and developing liaisons with children's hospital at a national level and additional roles chairing committees for American College of Cardiology, participating in American Heart Association activities. And became and associate editor for Heart, the journal of the British Heart Association...

Participant # 2, Chief Academic Officer, thought comparatively about her development in ELAM whose program helped her prepare for, and progress into, a senior level position in a university hospital:

I'm XXXX and I am the recent president and CEO of XXXX hospital in XXXXX and the chief academic officer for XXXX services in XXXX. Well, as far as my career is concerned, I have had a steady pace of moving forward and upward. When I started ELAM I was an assistant professor, I am now a full professor and that happened very soon after I left ELAM, I was an associate dean for students and then became a senior associate dean and then later a president and CEO.

In summary, Theme 1 answered ORQ 1 regarding the Categories of Non-Traditional Experiences within the context of university hospitals. Participants stated that university hospitals were viable to accessing non-traditional leadership commitments (Editor of Heart, Journal of British Heart Association and Chief Academic Officer). They stated that pursuing non-traditional commitments in university hospitals yielded

additional benefits such as the freedom to create new programs that improved the quality of care at their respective institutions and that strengthened their professional credentials. They also credited ELAM with helping them to prepare for, and transition into, senior level positions.

Theme (2): Participants acknowledged medical schools and universities as a category in which they pursued non-traditional leadership commitments. Wasserstein, Brennan, and Rubenstein (2007) maintain that medical schools and universities enhanced professionalism for faculty in three areas: (a) build relations with the clinical and teaching environment (b) conduct clinical trials; and (c), build relations with pharmaceutical manufacturers. Furthermore, medical schools and universities must continue to support strategic planning associated with advancement of women faculty in order to promote positive changes for women within academic medicine. The participants revealed that their professional development activities and experiences in medical schools and universities were essential in preparing them to transition as senior level leaders in academic medicine, as indicated in the following statements:

Participant # 6, Director of Pediatric Medical Education, indicated that her advancement was continuous within the medical schools and university environment that facilitated her professional development:

I was probably three or four years postdoctoral, I was working out of University and I got involved in leadership through the induction of medical student education...Course director, director and then the chairperson for the medical student education committee in the department of psychiatry.

Participant# 4, Director of Internal Medicine and Director of Residency, transitioned into a senior-level position as a University and Medical school

Administrator. She revealed details of the activities that were essential to her professional development:

That is hard because I took a new job. So I'm in a different position and actually it's been interesting in that I went from being Program Director of Internal Medicine to being in charge of all the Residency programs in the institutions. Probably one of the hardest things for me is releasing that other position. For the first several months I was still very much involved in running that program and doing the internship lecture and so forth while the Program Director was taking in, so I didn't really feel like I was out of it until probably about May of '99. Trying to get into this new position – that was a difficult time. I think still being able to let go of that is the thing that has been sort of hard. Looking at this new position I think moving into this I've been able to be better about delegation in that I think I've been able to look more with some of the negotiating things I've had to do with different types within that group. I've had to deal with surgical residents who come in and say they are about ready to call the residency-review committee because they are concerned about their program. Dealing with them, the faculty and the administration on how we are going to correct this and so forth and trying to be reasonable about everything and bringing the groups together. Clearly you are going to get more diverse goals groups in a way. Although if it's a common goal the methods to get there can be very different. Learning also how to realize there isn't just one group that you are working for. I've now got 81 programs including fellowships and have to try to make sure I don't spend too much time going back to internal medicine and being supportive of them and being biased to them while I forget about the other groups that are out there such as surgery and OB and being even and getting away from the old job.

Participant# 8, Director of Clinical Operations, acknowledged medical schools and university as a category that influenced her to transition into a senior level position as the Director of Clinical Operations:

Since ELAM I was promoted from associate to full professor in family medicine I served as chair of the promotion and tenure committee, which is called the faculty development committee at the school for three years. I also headed a professional development committee, advisory committee for the dean. I was given the title of Director of Clinical Operations for the department, and I have remained the medical director of the primary clinical...during this time I disbanded one of the clinics and merged it with two of our other clinics and did quite a bit in terms of clinical operations for the school.

Participant # 3, Director of Center for Women's Health, went on further to explain that her medical school experiences influenced her to pursue non-traditional leadership commitments:

Before my job was ... my job was the key thing, here ... I think I've said this once before ... I was here to do my job and to do it the very best I could. I now see my job as something ... it's my home base but I'm ... a baseball analogy is good here. Previously I saw my job as home base and home base is where I was all the time. Now I see my job as home base but I am running the bases, so I've got a program now going I'm working on with the community, I'm taking an active role that goes beyond the medical school really We're putting together a residency teaching shop so that extends me out to the residency world and I've got an education program now that's going to be in one public high school and hopefully if someone returns my call it will be in 15 public high schools and we'll reach out to the students by next year. And so that these are things I was working on ... it's not like I just did this in the last two weeks, but I didn't have the same vision that I now have about how far they can go.

In summary, Theme 2 answered ORQ 1 regarding the Categories of Non-Traditional experiences within the context of medical schools and universities. For this study, participants held several non-traditional commitments, such as Director of Pediatric Medical Education, Director of Clinical Operations or Director of Center for Women's Health. In addition to acknowledging the roles of medical schools and universities in their professional advancement, participants touted the significance of ELAM as a provider of meaningful faculty development opportunities and strategies that aided their abilities to become academic medicine administrators.

Theme (3): *Participants acknowledged Center for Women's Health as a category in which they pursued non-traditional leadership commitments.* According to Kwolek, Popham, and Caudill (1998), a center for women's health comprehensively addresses the health needs of women, with an emphasis on health education and preventive medicine.

Within women's health centers, clinicians, nurse practitioners, psychologists, internists,

dieticians, social workers, and advanced nurse educators practice in close proximity to one another. Close proximity suggests a high level of collaboration and support within women's health centers, thereby providing a platform for women faculty advancement. However, the following statements by participants indicate that advancement in women's health centers sometimes required them to abandon their areas of interest or take on more responsibility than they were willing to do:

Participant # 3, Director of the Center for Women's Health, revealed center for women health as a category in which she pursued a non-traditional leadership commitment as the Chair of Department of OGBYN. She also indicated that her position provided a platform for advancement:

I'm the chair of the department of OBGYN, the director of the center for women's health, and as of tonight, president of the medical board at XXXXXXXX University here in XXX. ...When I went to ELAM I was thinking of a chair's job. While I have been in these positions I've looked at other roles, for example dean, and had the chance to explore that, but I'm not interested. I have a job I want.

Participant# 4, Director of Internal Medicine and Director of Residency, identified center for women's health as a category in which she pursued a non-traditional leadership position. She further revealed her experiences as the Director of the Residency Program and the sacrifices that she made to maintain the position:

I'm the director of the residency program - our residency program is relatively small, there is no good way of me achieving significantly powerful position within the university as long as I am in my current clinical position. So, I would have to abandon my clinical practice and go do something in the dean's office. I'd have to abandon my clinical work, my research, in order to do that.

In summary, Theme 3 answered ORQ 1 regarding the Categories of Non-Traditional Experiences within the context of Center for Women's Health industry. In all

cases, participants' decisions to advance to senior level positions were influenced by the higher levels of responsibility that those positions required. In some cases, however, participants were not willing to abandon their current positions for the sake of advancement alone. Nonetheless, centers for women's health are vital to accessing non-traditional careers and to advancement to senior level positions in medical administration, medical research, and clinical services.

Section 1 Summary ORQ 1

This section examined the themes that correspond to ORQ 1 regarding the categories of non-traditional experiences. Participants felt that the categories of non-traditional experiences, including university hospitals, medical schools/universities, and a Center for Women's Health, provided platforms for advancement to leadership positions. In some cases, however, they viewed advancement to senior level positions as requiring more responsibility than their current positions, preferring to remain in their current positions. The participants also acknowledged the importance of ELAM as a provider of professional development opportunities that prepared them to pursue senior level positions.

ORQ 2: What are the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments? The participants identified specific career levers and the conditions that caused them to pursue non-traditional leadership commitments. Consequently, three themes emerged from ORQ 2. The themes reveal that participants developed new perspectives regarding their careers, catalyzing career changes. Participants identified upward mobility as a factor that influenced, and motivated, their pursuit of non-traditional positions. Participants also

viewed promotions as vehicles for transitioning into non-traditional leadership roles.

What follows is a discussion of the themes that answer ORQ 2, supported by quotations from the study's participants.

Theme (4): Participants developed new perspectives, values, and goals as career levers and as conditions for pursuing non-traditional leadership commitments. The fourth theme that emerged was regard to highlighting the experiences of the participant's perspectives, values and goals. The participants discussed their decisions to pursue non-traditional leadership commitments, based upon their clarified visions of achieving personal goals and career advancement for the betterment of themselves, their colleagues, and protégés. Participants reveal this vision as well as the conditions that caused participants to pursue non-traditional commitments.

In the theme, the participants revealed that development of new perspectives associated with non-traditional experiences was an experience of utilizing the ELAM as a resource to developing new perspectives to transitioning into senior level positions. Moreover, participants believed that leadership is creating the right environment that allows people's talents to come forward and achieve the goals of the organization. The participants further shared the most significant category of their non-traditional experiences of developing new perspectives as career levers was the experiences of developing that provided an understanding of extra academic facets of doing the job, the financial, political and social was very helpful. Furthermore, the participants revealed that the contacts they made from ELAM over the years have proven to be a great leverage for them as they have acquired a big support system from the other ELAM members,

career and family wise. Some of the conditions that catalyzed career changes included career dilemmas and career stagnation, as indicated in the following statements:

Participant # 2, Chief Academic Officer credits ELAM with helping her to achieve balance between her family responsibilities and her professional commitments, thereby allowing her to advance to senior-level positions:

I was already in a leadership role. I think ELAM came at a time that was pivotal for me because it changed how I thought about myself a little bit. I had taken what I consider to be a hobby job, because I was married and raising two children and ELAM at first helped me simply to do my job better, helped me advocate for myself and within two years of ELAM I went from assistant professor to full professor and that happened mostly because I now understood what it took and I had already accomplished almost everything, but I had no champion that really cared whether I was promoted or not, and it, I wasn't in an up or out situation so I could just stay at a low level and still keep my job, so there was not impetus for promotion and ELAM gave me the understanding of how to do that and some of the energy to do that, so in that sense it helped me with my job. It also focused our attention not only on the academic, but on all of the extra academic facets of doing a job; the social, the political, the financial, and understanding those better, I know helped in many, many ways.

In regards to developing values and goals as career levers, participants shared how creating a relationship with individuals, especially their subordinates by serving as their guide in order to reach and achieve the main goals of the organization for the benefit and for the betterment of the organizations. The participants also considered experiences with leadership and career development. They acknowledged the value of the style of leadership especially on how to handle various issues and challenges on being a leader as a very important category of non-traditional leadership. The participants asserted further that although they were already trained and skilled leaders before they joined ELAM, they were still able to realize and experience growth through the development further through of new perspectives, goals and values. Furthermore, program-sponsored

activities allowed them to serve as models and to interact with other women to be a great advantage which were both personally and professionally beneficial. The participants shared the realization that many still consider the critical importance of values in achieving leadership that is greater and the foundation for more important and significant achievements than they might experience by being normal or regular leaders.

Participant # 1, Course Director/Chair Person of Medical Students Education Committee in Psychiatry, added that her decision to pursue a non-traditional leadership commitment was creating the right environment for other individuals in order for their talents and skills to develop and thus benefit their careers in the long run and the organization as well:

I think leadership is about creating the right environment to allow people's talents to come forward and achieve the goals of the organization that you are working with. I have probably two barometers that are important to me in my measurement. One has to do with the achievement of goals, and sort of, I do follow strategic plans and goal setting personally, but a second is the barometer of the moral and the satisfaction in the work place, and to try to get the best gauge I can about how that's going with the people that are under my leadership team.

Participant # 4, Director of Internal Medicine and Director of Residency at a center for women's health, spoke about how interaction with other women gave a new perspective to pursuing career development as well as looking for a different job:

I think what the, the interaction with other women at this level. I think also in hearing other stories makes you feel better about what you are doing and what you can do. I think, interestingly enough, it also, in looking at career development has made me sit back and think I am actually going through something right now where I am saying, do I really want to look at a different job and am I looking at it only because the sort of Gestalt is that you should be moving on?

In summary, participants envisioned new careers with supportive environments that enabled their advancement to senior-level positions, aided by faculty development and leadership development opportunities. Participants' perceptions of their new careers were shaped, in part, by the conditions that motivated them to pursue non-traditional commitments, revealed by Theme 5.

Theme (5): *Participants acknowledged upward mobility as a condition for pursuing non-traditional leadership commitments.* The fifth theme emerged with regards to upward mobility as a condition that influenced ELAM participants to pursue nontraditional leadership commitments. In the study, ELAM participants acknowledged a desire to transition in their careers. The participants revealed that they consider other opportunities in order to progress in their careers. The participants shared that the self-belief and self-assurance that ELAM instilled in them prepared them in terms of work and career breakthroughs. They indicated that the personal growth they experienced and the insight that they gained while serving in leadership positions solidified their decisions to pursue non-traditional careers. The ELAM participants talked about how they discovered that leadership is not defined merely by the highest and most powerful position, but it is defined by positive outcomes that one can create and replicate to create an environment that inspires others in their career advancement.

Participant# 5, Director of Cardiology Fellowship Program/Associate Director Echocardiography, shared experiences from her Tier 1 interview on how ELAM prepared her to pursue other opportunities. She stated:

... I think ELAM helps you realize there are other ways for different people and trying to think about what path. I think the other thing about ELAM is that you realize – it's not necessarily going to be linear and you don't really know what opportunities are going to come up – the other strategy in my career

has been to make myself ready and prepared for opportunities as they come and then to be prepared to think about them and make decisions, not to just ...

I have and again since ELAM I've taken a little more proactive a role to doing that. The previous Chief of Cardiology who stepped down has been a mentor. There is – I'm interested in editing and writing books, the Editor of Scientific American Medicine is here and is happy to make time for me to sit and talk, both have been very helpful – and other people like that, so I've taken the opportunity to kind of reach out and help. People are pretty willing to help; it's actually worked out pretty well.

Also, Participant # 7, Interim Chair Academic Health Center, shared the same insight by adding the realization that transitioning as a leader is most tested and seen during the difficult times that they have to go through and encounter. She stated:

I think the first job of leadership is to inspire hope and then to create an environment where that inspiration is made true. Oh there are a thousand ways. It's easiest to measure in troubled times and that might seem paradoxical because you would think in good times it's easy for people to be hopeful, but that may not be the result of leadership, so I love trouble, because that's when I can tell if I am doing a good job. So I, you asked me how I can measure it. If you are running a major institution, there are going to be areas at the given moment that are successful, that are doing well where people are happy and money is coming in and everything is working, and there are going to be other areas where things are not going well. Where the finances are tight, you have to lay people off, programs have to be cut and efficiencies have to be created. I can best measure my leadership in those more difficult times and the way to measure it is to, I can give you an example.

Participant# 5, Director of Cardiology Fellowship Program/Associate Director Echocardiography Lab, further shared her experiences from her Tier 3 interview on how she transitioned as a University and Medical school Administrator. She revealed details and activities that were essential to supporting her and mobility associated with professional development:

That is hard because I took a new job. So I'm in a different position and actually it's been interesting in that I went from being Program Director of Internal Medicine to being

in charge of all the Residency programs in the institutions. Probably one of the hardest things for me is releasing that other position. For the first several months I was still very much involved in running that program and doing the internship lecture and so forth while the Program Director was taking in, so I didn't really feel like I was out of it until probably about May of '99. Trying to get into this new position – that was a difficult time. I think still being able to let go of that is the thing that has been sort of hard. Looking at this new position I think moving into this I've been able to be better about delegation in that I think I've been able to look more with some of the negotiating things I've had to do with different types within that group. I've had to deal with surgical residents who come in and say they are about ready to call the residency-review committee because they are concerned about their program. Dealing with them, the faculty and the administration on how we are going to correct this and so forth and trying to be reasonable about everything and bringing the groups together. Clearly you are going to get more diverse goals groups in a way. Although if it's a common goal, the methods to get there can be very different. Learning also how to realize there isn't just one group that you are working for. I've now got 81 programs including fellowships and have to try to make sure I don't spend too much time going back to internal medicine and being supportive of them and being biased to them while I forget about the other groups that are out there such as surgery and OB and being even and getting away from the old job.

In summary, the participants identified upward mobility as conditions that influenced their decisions to pursue non-traditional commitments. , participants desired upward mobility from their current positions, and they felt strongly that that upward

mobility would be facilitated by their ability to understand the nature of the particular environments in which they worked. For this study, the participants held numerous non-traditional leadership commitments (Director of Cardiology Fellowship Program/Associate Director Echocardiography Lab and Interim Chair Academic Health Center). Their statements also revealed that realization of their personal and professional deficiencies helped them to realize the value of ELAM as a developmental program that would help them reach their career goals. The participants acknowledged the importance of understanding the particular problems, short-comings, and challenges of particular institutions, in order to develop an informed and realistic strategy for transitioning into non-traditional senior-level positions.

Theme (6): *Participants viewed promotion and titles as ways to transition into traditional or non-traditional leadership commitments.* For the sixth theme, the participants viewed non-traditional careers as giving them the best opportunities to receive promotions and the titles associated with high-level positions. Participants felt that their rate of promotion was lower in traditional careers where men dominated the professional sphere. Nevertheless, the participants further expressed that their desire for promotions influenced non-traditional career choices, as indicated in the following statements:

The participants talked about promotion and titles as ways to transition in their careers. Here, the participants found that titles provided credibility to promote change within their careers. Several participants expressed that ELAM provided experiences that influenced their ability to pursue positions on the national level. In regards to promotion and titles, the participants acknowledged the importance and value of mastering the

ability to interact and negotiate salaries. Participants also revealed how important it was to embrace change within the environment in order to reposition their careers within the institution to have the ability to be valuable when the opportunities occur for promotions and titles. ELAM participants further shared that their desire to pursue non-traditional leadership commitment was a way to achieve a promotion as an editor. For this study, the participants talked about how they felt that the titles were not important as much as pursued change within their leadership commitments. Overall, progression and promotion influenced their desire to move forward with their careers in the academic medicine environment.

Participant # 8, Director of Clinical Operations, revealed that the process of promotion influenced her desire to assist other women enhance their opportunity to progress as academic leaders:

I know that one of the goals of ELAM was to help women be promoted into chairs and associate dean and to dean positions. And my goal had always been to try to do that, look at a chair position and then move forward. But I think subsequently what I ended up learning through the whole process, and I'll give you some of my reasoning behind it in a minute...

Participant# 7, Interim Chair Academic Health Center, discussed how titles provided credibility to promote change within her career. She shared that her desire to promote change within the academic department at the medical school opened doors to other career opportunities.

Maybe to them it really does matter, maybe there is some name or title that really does matter, but I just realized it didn't matter to me. It was being able to change what I wanted to change about this academic department in the medical school in care delivery, and I can change those through many venues of involvement here and that those

opportunities will be open. But, okay, this is why, maybe it will be more clear to me. Because, I met a number of people in the health science center through ELAM. ELAM gave me visibility, and it gave me credibility, so that whatever the title is and the role is, I will still have that credibility. I have interacted with people in the health science center, and now they know those concepts and ideas, and my input would be welcome regardless of what my title was. So, maybe that is what has changed, you know, the feeling that you have to have a title to have credibility. Now, I know by virtue of having interacted with those people through the ELAM experience in terms of the interviews and the projects, that the title is not going to be important in effecting change.

Participant# 5, Director of Cardiology Fellowship Program/Associate Director Echocardiography Lab, discussed her desire to pursue non-traditional leadership commitments as a way to achieve promotion and titles, she said:

Right. Another thing I've done, and I've always done this but I felt just a little more comfortable doing it, when I needed advice I'd find people at the institution that might be able to provide that and go to the them. For example, an opportunity, I decided what I really want to do is to be an Editor and an Editor position for the Current Journal Review; it's not a first-line journal, but a review journal for the American Heart and Cardiology. I applied for that and in the process ... thinking I could do this myself when applying, I went and talked to people here who are Editors and asked how should I apply.

It turns out I'm probably not going to get it, but I came really, really close. I was really pleased to – within Cardiology I've been more perceived as a sub, sub specialist and I was pleased to make it at the national level in a competitive position as an overall cardiologist, not just in my own little area. And even though I didn't get the editorship, I'm now the publications committee.

In summary, participants identified promotions and titles as factors that influenced their decisions to pursue non-traditional commitments. Through career-related experiences, the participants observed that women faculty in academic medicine, in particular, and in non-traditional careers, in general, were promoted less than men.

Therefore, they aimed to use non-traditional careers as providing access to promotions and higher titles, a strategy they viewed as a viable alternative to stagnation in traditional careers. They viewed their strategy as a model for other women seeking alternative career choices. As a strategy, alternative career choices empowered women to digress from the traditional commitments that did not facilitate their professional advancement.

Section 2 Summary ORQ 2

This section examined the themes that correspond to ORQ 2 regarding the specific career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments. This section also identified specific career levers and the conditions that caused participants to pursue non-traditional leadership commitments, including gender-bias relative to promotions and career stagnation. This section revealed that participants' choices to pursue non-traditional leadership commitments were based upon their clarified visions of achieving personal goals, and women were empowered by their personal choices to pursue non-traditional commitments.

ORQ3: *What was the personal context that influenced the ELAM participants to pursue non-traditional careers?* The participants expressed that personal context influenced their decisions to pursue non-traditional leadership commitments. They discussed the extent to which various challenges created obstacles for them, impeding their advancement. However, participants also acknowledged that the enhancement of their leadership abilities as well as the advice that they received from mentors encouraged them to forge ahead in their pursuit of non-traditional careers.

Theme (7): Participants indicated that enhancement of their leadership abilities influenced their decisions to pursue non-traditional leadership commitments. The seventh

theme with regard to leadership abilities, the participants indicated that enhancement of their leadership abilities, relative to the broader issue of personal context, is the most significant reason why the participants chose to continue their non-traditional leadership careers post-ELAM.

Participants talked about how leadership abilities influenced their decision to pursue non-traditional leadership commitment. Participants defined leadership as having the ability to see issues in a situation and having the ability to take courage in taking a different viewpoint. The women in this study acknowledged their beliefs in how they defined leadership and how they handled situations that became a problem. The participants discussed how they developed leadership skills of managing certain problems before it became bigger issues. Overall, they had the ability to be more productive and attain a harmonious relationship within the department and community. For example, participants revealed that their experiences with other administrative positions enhanced their leadership abilities and gave them the opportunity to create new degree programs as well as assist in the planning of building a new education building. Ultimately, the participants revealed that they felt that their leadership skills improved since they became a member of ELAM program. This is supported by the following statements:

Participant # 1, Course Director/Chair Person of Medical Students Education Committee in Psychiatry, discussed the degree, to which her managerial skills allowed her to contain certain problems before they escalated, helping her to maintain harmonious relationships within her institution:

Leadership is, you have to be able to see things in, be able to have the ability see an issue, a situation in a different way and be able to have the courage to take a different viewpoint, a different step, a different direction, and really have a vision of where we need to go, but also work with a number of people. I think

that I really believe in cooperation in terms of leadership and I think that is very important, in terms of leadership is really how you lead, the way you lead, by setting an example, by including people appropriately, as appropriate to the situation, as much as possible, and I think I saw that at a more global level, it's very powerful. When we got through our programs at the foundation, that I work in there is so much community involvement and it's so powerful.

Participant # 2, Chief Academic Officer, recalled how her leadership abilities improved and expanded as a result of being enrolled in ELAM where she developed mentoring and leadership skills that have benefitted her in her senior-level position:

I already reported to the dean and it was a vice chancellor who was supposed to be my mentor because it was supposed to be someone other than your boss, and that never really developed. I think that, you know I was, I was a mentor for others, I think what I got out of ELAM was that I mentored others more and in mentoring others you are mentored.

Participant# 5, Director of Cardiology Fellowship Program/Associate Director Echocardiography Lab, recalled how her position as a supervisor enhanced her leadership abilities to create new degree programs as well as assist in the plans to build a new education building, she stated:

I supervise our rural and community programs, I have responsibility for actually supervising actually the library.... I have four associate deans that report to me and about eight assistant deans and two directors and indirectly I'm responsible for budget management, directly and indirectly, when I count the library together with all of that, for about 10 million dollars. While in this position I've had the pleasure of being responsible for institutionalizing new degree programs, including we are just about to start a new master's in public health program. We built a new education building....

In summary, participants shared that the lack of leadership abilities hindered their chances for promotion. The participants touted the ELAM program as integral to the development of their leadership skills in route to non-traditional careers. The participants acknowledged further that the expansion of their problem-solving, organizational,

communications, management, and mentoring skills improved their performance as professionals, helped them to sustain their success as senior level leaders in academic medicine, and allowed them maintain a harmonious and professional environment for their colleagues.

Theme (8): *Participants valued mentoring as a skill integral to their professional development in non-traditional leadership commitments.* The eighth theme emerged to identify mentoring as a skill integral to professional development in non-traditional leadership commitments. Some study participants discussed the value of mentoring as a key component of their non-traditional leadership commitments, from the perspectives of being a mentor and a mentee. As mentees, the participants reflected upon the influences of mentors who empowered them to think broadly about career paths, including non-traditional commitments. Participants also discussed the importance of serving as mentors in non-traditional commitments.

Participants acknowledged that they valued mentoring as a skill integral to their professional development in non-traditional leadership commitments. The participants further shared their passion for mentoring advanced their leadership skills and enhanced their ability to provide guidance for other colleagues. The participants considered various individuals as their role models who inspired them in pursuing non-traditional careers that would some embody their role models by continuing their passion to serve. The understanding that individuals work differently from each other was talked about amongst the ELAM Participants. For this theme, the participants further shared that passion for service and mentoring others influenced women professionals like them to advance. Participants also asserted that mentoring influenced them to follow other

women footsteps which inspired them to continue and develop their non-traditional leadership commitments even more. The participants discussed their experiences as mentors and as mentees in the following statements.

Participant # 3, Director of the Center for Women's Health explained that her passion for mentoring has enhanced her leadership because she can provide guidance to others who are endeavoring to advance their careers:

As fellowship director, I mentor you know, all the fellows. So that's sixty a year for three years, eighteen at a time. But a lot of the, a lot of the younger faculty, as we have more faculty we have more women, you know. The women in particular tend to come to me and ask questions and I have just made myself really available you know, make sure that people know I am here... So, you know, a new woman joined the faculty and she came in to say what do I really have to do to get promoted, what should I be doing now? And we talked for a bit and then she asked me little questions like should I put this on my CV or not. And the other part of mentorship though that I was doing before, but do even more, you can have a huge effect just by putting people's names in for things.

Participant # 4, Director of Internal Medicine and Director of Residency for a center for women's health, revealed the extent to which females empowered one another through mentoring, inspiring her to serve as a role model to another new ELAM member:

So, you know, sometimes the informal mentoring is helpful and that's all you need. But sometimes, in order to get to the next level, I'm thinking of the most recent ELAM fellow who just came back, when we met with the dean, like I really encouraged her, to put her understanding of the conversation in writing so that we could follow up on it six months from now. And make sure that not only do we still have the same goals and understanding, but did the dean follow through on things he said he was going to do to help her... So, I mean, I just think I'm, I'm much more."

ELAM participants shared numerous times their perspective about mentoring.

Participants shared that they felt women faculty as mentors tend to be more open to helping others. In regards to mentoring, the participants acknowledged that they felt that their mentor served as a guide in pursuing their non-traditional careers outside of their

department as they received support and guidance that provided her the opportunities to succeed and truly excel professionally. Overall, the participants explained that ELAM provided access to mentors that gave them confidence to expand connections and to ask for assistance when needed, especially with regard to career and academic matters.

Participant #7, Interim Chair Academic Health Center, acknowledged the importance of having mentors associated with non-traditional careers outside of her department.

Well, I think it probably helped, I don't think it was the only thing. I think I would have you know network, I'm pretty good at networking also and I also, I like interdisciplinary education stuff, and so that right now, even before I went to ELAM, my main mentors at the University of Wisconsin are in the school of pharmacy and also in the family medicine department, a pediatrician, so that outside of that, my own department right from the beginning. And, I've also still been, I've worked with people in different areas of the university since I came here so it's the kind of thing that I think I would have had that. I've also worked in interdisciplinary projects for, in some of the substance abuse....

Participant #4, Director of Internal Medicine and Director of Residency at a center for women's health, shared how women faculty as mentors tend to be more open to learning and helping others, viewing her as possessing these traits:

The women in particular tend to come to me and ask questions and I have just made myself really available you know, make sure that people know I am here... So, you know, a new woman joined the faculty and she came in to say what do I really have to do to get promoted, what should I be doing now? And we talked for a bit and then she asked me little questions like should I put this on my CV or not. And the other part of mentorship though that I was doing before, but do even more, you can have a huge effect just by putting people's names in for things.

In this theme, ELAM participants acknowledged what they felt were the outcome of mentoring associated with their careers. The participants discussed that the exposure to women who were confident gave them courage to interact with mentors and role models to see the variety of different ways women achieved. Mentoring associated with

networking was revealed to be beneficial by the ELAM Participants. Networking with mentors was reported by the participants to be rewarding because inspiration of the participants from the various role models in life further pushed them to progress in their careers that would somehow embody the values and characteristic of their role models. Furthermore, participants indicated that ELAM helped develop insight regarding how to perform better at their jobs and excel professionally. Ultimately, participants talked about how ELAM created new connections for them, thereby generating more career opportunities and favorable circumstances.

Participant# 3, Director of the Center for Women's Health confirmed that her experience with mentors and role models was insightful and interaction with a variety of different ways women achieved in their careers was very helpful. She stated:

In many, many ways; it would take a really long time I think to describe all of them. But exposing me to women who were confident, competent and who had achieved a variety of different things in a variety of different ways. So to sum that up in one word I would say possibly role models and/or mentors, and to see the variety of different ways women have achieved. The peers ... the same thing for the peers, looking at each peer and seeing how each woman had achieved ... and one of the things that struck me was if you looked at what each person had achieved and you ... as we got to know each other ... I think getting to know each other was wonderful because you could see how their achievement matched their personality and their style of interaction. And it gave a very realistic and insightful view of what I can achieve given what I know about myself and where my limitations are and where my opportunities are. I think it ... those things most of all, and then next I would say the content and the information that was contained in the actual course work was very helpful.

Participant # 6, Director of Pediatric Medical Education, asserted that her career developed and sky-rocketed due to her matriculation in ELAM. She also discusses how mentors supported her desire to pursue non-traditional leadership commitments, stating:

Well, I think it probably helped, I don't think it was the only thing. I think I would have you know network, I'm pretty good at networking also and I also, I

like interdisciplinary education stuff, and so that right now, even before I went to ELAM, my main mentors at the University of Wisconsin are in the school of pharmacy and also in the family medicine department, a pediatrician, so that outside of that, my own department right from the beginning. And, I've also still been, I've worked with people in different areas of the university since I came here so it's the kind of thing that I think I would have had that. I've also worked in interdisciplinary projects for, in some of the substance abuse

In summary, the participants revealed that mentors were beneficial to their professional development in preparation for non-traditional careers, because they provided both guidance and inspiration. In some cases, such support came from their colleagues. In other cases, support came from family members. The participants also desired to develop their mentoring skills, so that they might serve as mentors who provide guidance to others who were confronting the challenges associated with pursuing non-traditional careers.

Theme (9): *Participants viewed family responsibilities as impacting their pursuit of non-traditional leadership commitments.* . The ninth theme equally significant as the eighth theme that emerged presented overall, the participants shared that family responsibilities as impacting their pursuit of non-traditional leadership commitments. The participants indicated further that their family responsibilities influenced their decisions to pursue non-traditional leadership commitments, including household chores, parenting, spousal care, and caregiving to parents. The participants reflected that the pressures of family responsibilities such as household chores, parenting, spousal care and caregivers for old parents encouraged them to pursue non-traditional leadership commitments. The participants also shared that moving families affected their decisions as well. Flexibility associated with the work schedule was discussed by the participants.

Women in academic medicine often struggle with challenges with work schedules when it comes to raising their children and family responsibilities. In regards to personal life, the participant acknowledged that she learned from ELAM that sometimes personal experiences has more to do with quality of life issues. To confirm, the participants shared how sometimes they had to put their career on the back burner in order to address challenges with their personal life and family responsibilities. This factor also affected their decision to follow a different plan in terms of their career and leadership responsibilities. Making sacrifices such as relocating, changing school districts, and spouse job changes also impacted their decision to follow a non-traditional career path, as indicated in the following statements:

Participant# 8, Director of Clinical Operations, indicated she had to make sacrifices to become a caretaker for her a family member, and that responsibility impacted her career choices:

...and a clinical context definitely is part of that. The other thing that I learned was a lot about the importance of my family. I would tell you that prior to ELAM and for some time subsequent to that, I pretty much ignored my family. I think I missed out on a lot.

...and required some surgery and there was the risk of losing one of his kidneys and ended up missing a lot of school and that was incredibly upsetting to me, and what it did was it forced me to have to cut back because I had to stay at home and be a care giver for a while he was recuperating from that. Shortly afterwards, he was diagnosed with another condition, bipolar disorder. He got very ill from that and he had seven patient hospitalizations and two extended out-patient hospitalizations. My last three years have primarily focused on family stuff and I've talked to my mentor and my boss about it. He is wonderful and he just really is probably one of the closest people I'm to in academia. You know he endorsed the importance of making that decision knowing that hopefully this kid has gotten a lot better, he's having a really good year this year.

Participant# 3, Director of the Center for Women's Health, acknowledged the impact of family responsibilities on career decisions. She further discussed her work schedule as a challenge to raising her daughter, stating:

Right, and I was that kind of person professionally, but I was never that kind of person when it came to my family. And so, you know, it's a very, it's interesting because I had gone into the years when I have children, I had always stayed in the employment force and I had always worked full time, but I was willing to take risks with my job and would allow me to be a good mother without a second thought, now I would never had been willing to risk not being available to my children. And, you know; it's interesting; sometimes people see this as a weakness. In an interview I had for a job last week, one of the men came up to me and said if you become our leader how do you think you can help us with this problem that we have since more then, or about fifty percent of the people coming into medicine now are women, he said we have this terrible problem, they all want to work half time and half of them drop out to go be with their children. It's a terrible problem, and you obviously didn't do that, what's the answer? I surprised him, because I said to him I did do that, but I did it in a different way.

Participant # 6, Director of Pediatric Medical Education, further shared the impact of family responsibilities when it came to leadership roles. She revealed that she struggled with making the decision to cut back on responsibilities or take on the burden of an administrative leadership role.

The other thing that I think I've probably learned through ELAM and through some personal experience just recently has more to do with quality of life issues. Deciding whether one would want to take on some additional role or burden of administration. I think what I've learned is that I love my patient care days a lot, and that I have a hard time seeing myself cutting that back or leaving that all together for more of a leadership role. That one of the things that ELAM did for me was help me decide or help me find out what feeds me, my soul.and a clinical context definitely is part of that. The other thing that I learned was a lot about the importance of my family. I would tell you that prior to ELAM and for some time subsequent to that, I pretty much ignored my family. I think I missed out on a lot.

Participant# 2, Chief Academic Officer, shared that her personal life and family responsibilities influenced her career decisions. She further discussed how she had to put her career on the back burner in order to address these challenges. She said:

That's a good ... I see my career as having fewer boundaries and therefore the strategizing is a little less easy because when you think you only have one direction to go in you just walk in that direction. When you suddenly realize there are 50 or 60 different directions to walk in it takes a little more time. Fortunately with two daughters in high school I'm here for a few years. So what ... the way I've strategized things I'm going to give myself six months to a year to get a couple of programs going at Vanderbilt that are very near and dear to my heart and that reach out and grab the community. And then once I've accomplished that ... which should take me a couple of years, I think that I will have achieved something very important. I think that there will be some doors that will open as a result of that and I think I will be freer because of my personal life to at that point reframe and reevaluate and to say what's next. So what I've done I guess in terms of my future is recognize some self-imposed constraints that have to do with family. And given those constraints I've recognized and decide that there are some things here I want to accomplish in the next few years. And then after that I'm going to move on and ... now you ask where I'm going to move on, and I think when you think three years down the road it's really not possible to say where because opportunities are ... they come along. So that's how I'm thinking that in the next two to three years I have some ideas for ... in addition to accomplishing things here at [DELETED INSTITUTION NAME], for expanding my own horizons with more education. And I haven't figured out which of several directions I want to go in. One of my problems is indecisiveness so I have to put some of these decisions on the back burner. But there have been some things that I've actually taken and moved forward with ... these programs. It's the educational part of my program that I'm not sure I really need so I'm ... I'm procrastinating on that a little bit.

In summary, participants viewed family responsibilities as impacting their decisions to pursue non-traditional leadership commitments. The challenges associated with juggling family and work responsibilities caused participants to consider non-traditional commitments that would afford them more flexibility relative to their schedules. However, some participants regretted neglecting their family in favor of their careers, crediting ELAM with helping them achieve balance between the two concerns.

Section 3 Summary ORQ 3

This section examined the themes that correspond to ORQ 3 regarding the personal context that influenced participants' decisions to pursue non-traditional leadership commitments. This section identified family responsibilities and in-flexible schedules as personal contexts that created obstacles for them and as influencing their decisions to pursue non-traditional careers. This section revealed that participants benefitted from the advice and assistance of their mentors who encouraged them to forge ahead in their pursuit of non-traditional careers that would help them achieve work-life balance and advancement.

ORQ4: *How did the ELAM participants describe their scope of work in non-traditional leadership commitments?* Participants described their scope of work as broadening, and becoming more challenging, in non-traditional commitments. Specifically, their workloads and responsibilities increased. As the scope of work broadened, however, participants viewed engaging in a collective work ethic as important for relieving the burden of increased responsibilities. A wider scope of work also enhanced collegiality between participants and their co-workers who supported them and who helped them reach their professional goals within their respective institutions.

Theme (10): Participants acknowledged that their scope of work broadened and their work became more complicated in non-traditional commitments. The tenth theme emerged with regard to participants indicating that when the scope of their work broadened in non-traditional commitments, the nature of the work changed. For this study, the Feminist Standpoint Theory was applicable as a lens to promote an investigation into the experiences and perspectives of the ELAM participants within

ELAM as an organizational setting (Litwin & Hallstein, 2007). Therefore this study utilized the Feminist Standpoint Theory to view the experiences regarding their scope of work as well as the experiences that influenced them to pursue non-traditional leadership commitments in academic medicine. For example, the complexity of the work increased, making the work more challenging. Participants felt they were able to mitigate these challenges, in part, with the support of their colleagues.

ELAM participants describe their scope of work as result of non-traditional leadership commitments in them, more positive and optimistic outcomes happened in terms of work and career promotion. The participants shared that ELAM has brought them greater results in terms of scope of work as positive events have occurred including mainly career advancement and enhancement and at the same time various career promotions. The participants discussed how traditional leadership commitments placed limitations on their ability to progress in their careers. Overall, participants believed that work has become more complicated now because of the new found skills and the responsibility to develop and use them the proper way. Participants expressed that ELAM helped them with addressing complicated challenges with financial, education and administrative work. More importantly, ELAM prepared them to meet these challenges, as indicated in the following statements:

Participant # 05, Director of Cardiology Fellowship Program/Associate Director Echocardiography Lab, discussed to the extent to which her work changed after her promotion in a non-traditional leadership commitment:

Ok, after I returned from ELAM I was appointed as assistant vice president for health sciences and faculty development and so I, you know, it actually was the first program that dealt with faculty development issues across all four schools of health sciences. Yeah, so that has been a really interesting

program and gives me lots of opportunity to interact with a wide range of faculty and so on across the four schools of health sciences. So, as part of it I created a teaching scholars program.

Yes, so that is something you start from scratch and build up, and has given me a lot of chances, and as part of it we have created opportunities for people to share stuff, for example, I created something called learning extravaganza so once a year people would come together to demonstrate all of the stuff, new technology, newer ways of teaching, newer ways of doing things you know? So it is sort of a forum in which people can share. There was never such a forum before, nobody knew what somebody else was doing you know? But it also enhances the other positions and things that you do... [You've kept the formal leadership jobs throughout this period, what you have done are expanding tremendously on the leadership positions.] Yes, exactly, beyond the sciences center too, to parts of the world.

Participants # 4, Director of Internal Medicine and Director of Residency at a center for women's health acknowledged that the scope of work influenced her decision to pursue non-traditional leadership commitments. She further asserted that traditional academic medicine placed limits on her ability to progress in her career.

I think I've [*sic*] learned to look at myself a little bit differently interims of my expectations for participation in academic medicine. I had thought I would probably be long term in my career involved in academic medicine. I made a direct choice to come back to academics after having been outside of academics. I am thinking I am going to move out of traditional academics and go into international post-graduate education.

..... It gave me an opportunity to discover how limiting traditional academic medicine is. And, the fact that I don't deal well within those very restrictive confines.

Participant # 6, Director of Pediatric Medical Education, acknowledged that ELAM helped with making decisions with her career; financial, education, budgeting, and administrative work, she said:

I want to work with students, I want to work with patients and I don't know, and I would like to do more education, but I don't know how still to kind of combine more, because it has made me think a lot more about it too, but about different things that I could do in possibly other jobs or other things like that as well. So, I think that ELAM has helped a lot with that. I'm still not I don't think,

I think I've got a better idea financially, but I'm still not a really financially savvy person. People have asked me whether I want to be chair of our department, which is up right now, and I realized that I don't want that kind of administrative kind of stuff in that way where I would have to do so much more budgeting and the really financial work and more strict administrative work but I'm still trying to find something that would be workable to me in terms of my education, in terms of my research interests and my student interests as well as still be able to keep my hand in clinical work. I want to be a real doctor and I see that administrators, they're not real doctors after a while.

In summary, participants' work became more complicated and challenging when their scope of work broadened in non-traditional commitments. Support from colleagues helped participants to mitigate these challenges, thereby allowing them to reach their professional goals in their respective institutions. The participants revealed experiences associated with ELAM prepared them to handle these challenges. The participants indicated further that the self-assessment and confidence-building activities that they engaged in while they were enrolled in ELAM prepared them to handle the rigors of a wider scope of work. Participants credited ELAM with helping them achieve greater non-traditional commitment outcomes such as career enhancements, advancements, and promotions.

Theme (11): *Participants indicated that a broadened scope of work allowed them to re-imagine and re-direct their career advancement.* The eleventh theme the emerged with regard to broadened scope of work allowing ELAM participants to re-imagine and re-direct their career advancement highlights the experiences that influenced these women to pursue non-traditional leadership commitments. Participants discussed the fact that as their scope of work broadened to include more responsibilities and challenges, they began to re-imagine career advancement as an opportunity to not simply maintain

the *status quo* but to be innovative. For example, participants discussed building a new academic division, rather than simply seeking advancement within an established one.

The participants indicated that ELAM helped them with putting their career ideas into perspective and gave them the skills to address challenges. As mentioned previously, this study utilized the Feminist Standpoint Theory as the lens through which specific experiences of ELAM participants working in medical schools, university hospitals and health centers are highlighted. The participants shared that their ability to change leadership styles provided them with the ability to re-direct and strengthen her leadership capabilities. The participants further indicated that they saw work increasing through collaboration with colleagues. The participants now see their work increasing by bringing different roles together and integrating them in order to achieve a common goal. With this, scope of work definitely increased, as leaders now believe that they have the task to integrate and bring people under them together in order to reach greater goals and achievements for the organization and institution. Nonetheless, the participants credited ELAM with inspiring them to think realistically about their preparation for careers within academia and to re-imagine their non-traditional careers as opportunities not simply for advancement, but to be innovative in terms of establishing new programs, as indicated in the following statements:

Participant # 1, Course Director/Chair Person of Medical Students Education Committee in Psychiatry, discussed how ELAM helped her put her ideas about career into perspective, in preparation for challenges associated with non-traditional leadership positions:

ELAM for me was a real, I think a real turning point in helping me to put my leadership potential in perspective. I think I was a person who wouldn't have,

perhaps, moved into the tenure position. One of the things my dean and other leaders made real clear to me at the time of ELAM was to say at this institution you can't go any higher unless you are tenured faculty. You can't be a chair; you can't be a leader at this school. So, you know, I didn't have that advice when I first came on board, people weren't quite that clear, but when I got to mid-level, which is where I was when ELAM, and wanted to go further, they said wait a second, you're missing something here. And I think just that whole year being in ELAM, being in a very supportive structure, helping with the networking people thing, well, of course this is something you can achieve and perhaps I was feeling uncomfortable in this, I think as I worked with women now as a bit of theme, is I didn't do it through the most traditional tracks.

Participant # 3, Director of the Center for Women's Health, agreed that ELAM allowed her to excel and accelerate quicker than the others: "Yeah, I think that I have developed enough strength to move a little faster out of my current position, and to move towards those things that I want to do which are kind of big scary, put-yourself-out-on-a-limb kind of work."

Participant # 7 also indicated that her ability to change leadership styles provided her with the ability to re-direct and strengthen leadership capabilities, stating:

I mean I can work the system better but I think my basic leadership attributes that really are, are the same. Another thing was that I had already been doing leadership things for fifteen years when I came in and I just, you just come in with kind of a sense of yourself as a leader and that I don't know if, I realize that there are different leadership styles and that you can assume different styles at different times, but if you look at where somebody really lands in terms of what type of leader they are, I'm not sure that that really changes. I mean I can change from being a democratic leader to an autocratic leader in a heartbeat, and I do. On any day if I email a faculty and say we have to do this because, ok, you know, no vote, not a consensus, but that's not really, that's not because your leadership style change

In summary, participants stated that their decisions to pursue non-traditional leadership commitments were based upon their clarified perspectives of their personal and career goals.

A broadened scope of work caused them to contemplate how to plan, or re-direct, their non-traditional careers in ways that allowed them to advance and to have the freedom to be innovative, viewing creative license as a benefit. For this study, the Feminist Standpoint Theory was utilized to allow the researcher to gain insight into the leadership experiences of women as well as the experiences that influenced women faculty to pursue non-traditional leadership commitment in academic medicine. Overall, the participants credited ELAM with helping them to achieve clarity with regards to their scope of their work and their ability to mute or re-define its boundaries for their personal and professional benefit.

Section 4 Summary ORQ 4

This section examined the themes that correspond to ORQ 4 regarding how ELAM participants described their scope of work in non-traditional leadership commitments. Participants described their scope of work as broadening, and becoming more challenging, in non-traditional commitments. Participants viewed engaging in a collective work ethic as important for relieving the burden of increased responsibilities. This section revealed that a wider scope of work also enhanced collegiality between participants and their co-workers who supported them and who helped them reach their professional goals within their respective institutions.

Chapter Summary

Chapter 4 presented data and findings associated with the main research question: *What are the experiences of ELAM participants who pursued non-traditional leadership commitments?* The main research question spawned four operational research questions that, in turn, yielded eleven themes that answer the main question and the four

operational research questions, by drawing on the pre-collected oral material from interviews with eight former graduates of the Hedwig van Amerigen Executive Leadership in Academic Medicine® (ELAM) Program. Therefore, the eight former graduates served as participants for this study. Data were analyzed to delineate the participants' experiences and perspectives regarding their pursuit of non-traditional leadership commitments within academic medicine. Utilizing the Feminist Standpoint Theory as a lens to capture the perspectives and motivation of the ELAM participants experiences gave the researcher a better understanding of and insight into why women faculty are pursuing nontraditional leadership commitments in academic medicine. In addition to explaining their motivations for pursuing non-traditional commitments, their statements also expose the challenges associated with pursuing those alternative careers. Equally important is the fact their statements reveal the significance of ELAM as a multi-faceted program designed to provide participants with professional development, mentoring, and networking opportunities that enabled them to obtain and sustain non-traditional careers, thereby helping them to overcome several professional and personal impediments to career advancement. Through ELAM, participants developed the skills and the support mechanisms that helped them acquire non-traditional careers that proved to be more rewarding professionally than traditional ones. These findings are discussed further in Chapter 5, along with their interpretations, this study's conclusions, and its recommendations.

CHAPTER 5:

INTERPRETATIONS, CONCLUSIONS, AND RECOMMENDATIONS

Preceding chapters addressed this study's purpose, its research significance, and its methodological framework. Preceding chapters also contained a review of research-related literature; the population and sampling process; and a presentation and analysis of the data. Rather than simply restating these aspects of the study, Chapter 5 relates these aspects to the problem of practice, in order to discuss how this study solves that problem, thereby demonstrating its significance. To that end, Chapter 5 delineates eleven themes that emerged in answer to the study's main question and its four operational research questions (ORQ). These themes serve as the interpretive baselines for analyzing this study's data, for delineating this study's findings, and for drawing conclusions. These themes also provide the bases for making informed recommendations for future research regarding non-traditional career choices and regarding best practices for women faculty members seeking alternative career choices to senior-level positions.

Overview of the Study

The purpose of this study was to examine the experiences of women faculty who pursued non-traditional leadership commitments within academic medicine, elucidating the experiences of eight women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM). For that purpose, the main research question that guided this study asked: *What are the experiences of women faculty enrolled in the Hedwig van Ameringen Executive Leadership Program (ELAM) who pursued non-traditional leadership commitments within academic medicine?* This study was also guided by four operational research questions, including what are the categories of non-traditional

experiences; what are the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments; what was the personal context that influenced ELAM participants' choices to pursue non-traditional careers; and, how did the ELAM participants describe their scope of work in non-traditional leadership commitments. These research questions guided this study and facilitated an understanding of the experiences of women who pursued non-traditional career paths, an understudied topic.

The problem of practice explored by this study was that although women faculty is progressing in academic medicine, there is a gap in the literature. The paucity of literature that delineates the factors that caused women faculty members to pursue non-traditional leadership commitments undermines the establishment of qualitative thematic baselines for examining the women's experiences, for identifying best practices, and for making informed recommendations for practitioners and for research. Heretofore, studies have shown that career development and advancement have been governed from a male-dominated leadership viewpoint. ELAM provided the foundation of the current study which employed a qualitative, descriptive, and secondary data analysis research design, situated within a constructivist paradigm, to investigate the experiences of women faculty who pursued non-traditional leadership commitments.

Their experiences are not well documented; therefore, the recent emphasis on the progress of women in academic medicine makes this current study of timely importance. To illustrate this point, women faculty in academic medicine will benefit from additional research on how to improve the representation of senior-level leadership in medical schools and medical health centers. The literature review yielded some theories to

explain why women are underrepresented in administration in academic medicine. McGuire, Bergen, and Polan (2004) theorized that women in academic medicine are underrepresented because they still face gender discrimination causing them to progress at a slower pace than their male colleagues. Yedidia and Bickel (2001) argue that different socialization patterns and traditional gender roles are major obstacles for women attaining leadership positions. According to Morahan et al. (2001), in order to address the challenges that impede women faculty's success, all of the institutions have, to some degree, placed leadership training on their lists of priorities. Women's career experiences in academic medicine have been narrowly defined within a male-dominated leadership pipeline model that places limitations on their ability to advance as leaders. This helps to explain why women progress more slowly through academic ranks and earn less than men in comparable positions in medicine (Puljak, Kojundzic, & Sapunar, 2008). According to Ranson (1998), relevant studies from the 1970s and early 1980s typically focused on personality characteristics as well as the feminine and masculine traits that influenced traditional or nontraditional career choices.

Early studies also suggested that women's lack of advancement in the male-dominated leadership pipeline was due to the fact that they had not been in the pipeline long enough to have reached leadership status. In 2007, the American Association of Medical Colleges reported that women held 32% of faculty positions, and that 11% of department chairs and 10% of medical school deans were women (Serrano, 2007). This male dominated structure is further underscored by the reality that women on average earn 16% less than their male counterparts and fill only one third of hospital executive

positions (Adel-Wahab, 2004), indicating a failure of the leadership pipeline model as a paradigm and as a viable career path for women.

Various challenges have impeded women's ability to progress into leadership positions (Buckley et al., 2000; Carr, Szalacha, Barnett, Caswell, & Inui, 2003; Tesch & Nattinger, 1997; Waxman, 1989). While Thomas (2004) and Buddeberg-Fischer, Stamm, Buddeberg, and Klaghofer (2009) explored the experiences of faculty career paths, neither study discussed the experiences of women who pursued non-traditional commitments in academic medicine. Moreover, these studies do not delineate the factors that caused women faculty members pursue non-traditional careers. In a seminal study, McDade, Richman, Jackson, and Morahan (2004) highlighted ELAM as a national model for providing women faculty members with leadership development skills training, mentoring, and networking opportunities that are designed to help them advance to senior-level leadership positions. Yet, studies that examine the experiences of women who pursued non-traditional careers remain scant. This study begins to fill this void by utilizing the Feminist Standpoint Theory to gain insight into the experiences of ELAM participants who pursued non-traditional careers.

The Feminist Standpoint Theory

The tenets of constructivism align with those of the Feminist Standpoint Theory that also shaped this study's methodological framework. This study applied the Feminist Standpoint Theory because it promotes investigations into the perspectives and experiences of ELAM participants within ELAM as an organizational setting (Litwin & Hallstein, 2007). Therefore, this study utilized the Feminist Standpoint Theory as a lens through which to view the perspectives of ELAM participants regarding their experiences

in the program and their motivations for pursuing non-traditional leadership commitments. Feminist Standpoint Theory allowed the researcher to gain insight into the experiences of women pursuing non-traditional commitments, highlighting ELAM both as a case and as an organizational setting in which to examine their preparation for those non-traditional careers.

To the degree that the Feminist Standpoint Theory served as a methodological mechanism for tapping, gaining insight into, and describing the perspectives and lived-experiences of ELAM participants, this study was made more comprehensive.

Ultimately, the Feminist Standpoint Theory revealed the following perspectives:(a) advancement was important in a male dominated culture, (b) credentialing, helped women to level the playing field/job search in male dominated culture, (c) mentoring, served as a way for women to realize shared power with someone else who had already achieved a position of influence and who could help them navigate organizational politics.

This study's comprehensiveness is facilitated, in large measure, by its ability to draw heavily on ELAM participants' discussions about their ELAM-related preparation for senior-level leadership positions. Its comprehensiveness was enhanced by the diversity of the oral contributions made by the ELAM participants, reflecting the diversity of the perspectives and lived-experiences of ELAM participants themselves. The Feminist Standpoint theory allowed the researcher the opportunity to gain an insight of the experiences associated with the themes of power, politics, and marginalization, which govern the academic medicine environment. This study's comprehensiveness was also enhanced by its multi-faceted design that yielded 11 themes that hold tremendous

qualitative value for this study because they answer the main research question and its associated operational research questions. The degree to which the themes answer the study's research questions is discussed in the next section.

Summary of Themes

This study's multi-faceted design permitted the identification and explanation of 11 research-related themes. According to Boyatzis (1998), "themes are recurrent, unifying concepts about the subject of inquiry" (p.1760). This study yielded 11 themes that permitted a comparative analysis of the ELAM participants shared experiences in preparation for, and in pursuit of, non-traditional careers in academic medicine, thereby allowing the researcher to see areas of agreement or disagreement in the interview data. These themes are elucidative, insofar as they allow for the contextualization of the ELAM participants' quotes; and, this contextualization revealed a diversity of experiences among participants' regarding their motivations for pursuing non-traditional commitments; their experiences while preparing to transition to non-traditional commitments; their faculty development in ELAM; and, their career advancement strategies. What follows is a summary of those themes relative to the study's operational research questions (ORQ) and relative to the ELAM participants' responses.

ORQ1 asked about the categories of non-traditional experiences. Three themes answered this question. Regarding Theme 1, participants expressed that university hospitals served as a category for non-traditional leadership commitments. Relative to Theme 2, participants reported medical schools and universities as a category for non-traditional leadership commitments exemplified by the following job titles, Director of

Pediatric Medical Education, Director of Clinical Operations and Director of Center for Women's Health.

Regarding Theme 3, participants highlighted Center for Women's Health as a category for non-traditional leadership commitments. Although these non-traditional categories required specific skills or credentials, they allowed women faculty opportunities to build their careers and to engage in faculty development activities designed to facilitate advancement. Participants' statements revealed the University Hospital environment positively impacted women's ability to pursue and sustain senior leadership positions. Participants further stated that pursuing non-traditional commitments in university hospitals yielded additional benefits such as the freedom to create new programs that improved the quality of care at their respective institutions and that strengthened their professional credentials. The participants also revealed that their professional development activities and experiences in medical schools and universities were essential in preparing them to transition as senior level leaders.

The literature suggests that a high level of collaboration and support exists within women's health centers, thereby providing a platform for women faculty advancement. However, advancement into non-traditional leadership commitments presented some challenges for women faculty in academic medicine. For example, advancement in women's health centers sometimes required participants to abandon their areas of interest or take on more responsibility than they were willing to do. In all cases, participants' decisions to advance to senior level positions were influenced by the higher levels of responsibility that those positions required. In some cases, however, participants were not willing to abandon their current positions for the sake of advancement alone. While

advancement to senior-level positions posed various challenges, the participants touted the significance of ELAM as a provider of meaningful faculty development opportunities and strategies that aided their abilities to become academic medicine administrators. They also credited ELAM with helping them to prepare for, and transition into, senior level positions.

ORQ2 asked about the identifiable career levers and conditions that caused ELAM participants to pursue non-traditional leadership commitments. Three themes answered this question. According to Theme 4, participants developed new perspectives, values, and goals as career levers and as conditions for pursuing non-traditional leadership commitments. Relative to Theme 5, participants acknowledged that upward mobility was a condition that caused them to pursue non-traditional careers. Regarding Theme 6, participants viewed promotions and titles as ways to transition into senior-level positions in non-traditional careers. Career dilemmas and career stagnation catalyzed career changes. Participants felt that their level of pay was lower in traditional careers, and they felt that men dominated traditional careers in the workplace. The participants envisioned new careers with supportive environments that enabled their advancement to senior-level positions, aided by faculty development and leadership development opportunities.

Participants' perceptions of their new careers were shaped by their realization and acknowledgment of their personal and professional deficiencies, thereby helping them to realize the value of ELAM as a developmental program that would enable them to reach their career goals. The participants acknowledged the importance of understanding the particular problems, short-comings, and challenges of particular institutions, in order to

develop an informed and realistic strategy for transitioning into non-traditional senior-level positions. Therefore, both professional and personal contexts influenced non-traditional career choices.

ORQ3 asked about the personal context that influenced ELAM participants to pursue non-traditional careers. Three themes answered this question. Regarding Theme 7, the participants indicated that enhancement of their leadership abilities influenced non-traditional leadership commitments. With respect to Theme 8, participants valued mentoring as a skill integral to their professional development in non-traditional leadership commitments. Relative to Theme 9, participants viewed family responsibilities as impacting their pursuit of non-traditional leadership commitments. Participants expressed that personal context influenced their decisions to pursue non-traditional leadership commitments, including family responsibilities and the lack of leadership skills. Family responsibilities, such as household chores, parenting, spousal care, and care-giving to parents, affected participants' decisions to pursue non-traditional careers. Making sacrifices such as relocating, changing school districts, and spouse job changes also impacted their decision to follow non-traditional career paths. The challenges associated with juggling family and work responsibilities caused participants to consider non-traditional commitments that would afford them more flexibility relative to their schedules. However, some participants regretted neglecting their family in favor of their careers, crediting ELAM with helping them achieve balance between the two concerns.

ELAM participants discussed the value of mentoring as a key component of their non-traditional leadership commitments, from the perspectives of being a mentor and a mentee. Participants revealed that mentors were beneficial to their professional

development in preparation for non-traditional careers, because they provided both guidance and inspiration. In some cases, such support came from their colleagues. As mentees, the participants reflected upon the influences of mentors who empowered them to think broadly about career paths, including non-traditional careers. Participants also discussed the importance of serving as mentors in non-traditional commitments. They desired to develop their mentoring skills, so that they might serve as mentors who provide guidance to others who were confronting the challenges associated with pursuing non-traditional careers. The desire to provide mentoring to women who are endeavoring to be upwardly mobile inspired participants to pursue non-traditional leadership commitments.

While participants viewed mentoring relationships as beneficial to their professional development, they indicated that the lack of leadership abilities hindered their chances for promotion. The participants touted the ELAM program as integral to the development of their leadership skills in the pursuit of non-traditional careers. The participants acknowledged further that the expansion of their mentoring, problem-solving, organizational, communications, and management skills improved their performance as professionals, helped them to sustain their productivity as senior level leaders in academic medicine, and allowed them maintain a harmonious and professional environment for their colleagues. Participants acknowledged that the enhancement of their leadership abilities as well as the advice that they received from mentors encouraged them to forge ahead in their pursuit of non-traditional careers, despite the challenges that they faced. Participants also indicated that enhancement of their leadership abilities,

relative to the broader issue of personal context, is the most significant reason why they chose to continue their non-traditional leadership careers post-ELAM.

ORQ4 asked how ELAM participants described their scope of work in non-traditional leadership commitments. Two themes answered this question. With respect to Theme 10, participants acknowledged that as their scope of work broadened, their work became more complicated in non-traditional commitments. Regarding Theme 11, participants indicated that a broadened scope of work allowed them to re-imagine and re-direct their career advancement.

Participants described their scope of work as broadening, and becoming more challenging, in non-traditional commitments. Specifically, their workloads and responsibilities increased. Participants also indicated that when the scope of their work broadened in non-traditional commitments, the nature of the work changed. For example, the complexity of the work increased, making the work more challenging. Participants mitigated these challenges, in part, with the support of their colleagues. As the scope of work broadened, participants viewed engaging in a collective work ethic as important for relieving the burden of increased responsibilities.

A wider scope of work also enhanced collegiality between participants and their co-workers who helped them reach their professional goals within their respective institutions. However, a wider scope of work also sparked innovative thinking and strategies for professional development and advancement. As their scope of work broadened to include more responsibilities and challenges, participants began to re-imagine career advancement in ways that benefitted themselves. Toward this end, participants indicated that the self-assessment and confidence-building activities that they

engaged in while they were enrolled in ELAM prepared them to handle the rigors of a wider scope of work in creative ways. Participants credited ELAM with inspiring them to think innovatively about their preparation for careers within academia and to re-imagine their non-traditional careers as opportunities not simply for advancement, but to be innovative in terms of charting new career paths. Thus ELAM encouraged participants to think innovatively regarding their non-traditional careers.

Findings

The aforementioned 11 themes answered the main research question and its four operational research questions that shaped the study's four findings that serve as the interpretive baselines for this study's discussion on women faculty in pursuit of non-traditional leadership commitments in academic medicine. Based on an overview of the 11 themes, the researcher identified four major findings supported by the research questions and the Feminist Standpoint Theory. What follows is a detailed discussion of the study's five findings:

Finding One: There are no *dedicated leadership pipelines* for women seeking to advance to senior-level positions, and the *leadership pipeline model* has failed to provide women with viable professional strategy for advancement: to the degree that career development and advancement have been governed from a male-dominated leadership viewpoint, and women's career experiences in academic medicine have been narrowly defined within a male-dominated leadership pipeline model that places limitations on their ability to advance as leaders, women have progressed more slowly through academic ranks. Palepu and Herbert (2002) explained that leaders at academic institutions can help women attain faculty roles and leadership positions by recognizing that

women's career trajectory may differ from that of the male counterparts. For this study, the participants acknowledged credentials that consisted of both traditional and non-traditional leadership commitments in academic medicine. Collectively, several participants shared experiences associated with dual careers choices which allowed them to transition into administrative titles in academic medicine.

Westring, Speck, Sammuel, Scott, Tuton, Grisso, and Stephanie (2012) asserted that literature demonstrated that women in academic medicine are not reaching the same levels in leadership responsibility, career advancement and compensation as their male counterparts. Morahan (2011) asserted that the failure of the leadership pipeline model can be attributed to a number of interacting factors: the disproportionate burden for family responsibilities that is often borne by women, a lack of family-friendly policies; outdated institutional policies; and a dearth of successful, highly placed women mentors and role models. However, their reasons for pursuing non-traditional careers were not entirely gender-based. In some cases, women's desire to achieve upward mobility served as a catalyst that motivated them to pursue non-traditional careers. With regards to upward mobility, ELAM participants acknowledged participation in both traditional and non-traditional leadership commitments.

Lorber and Ecker (1983) suggested that family responsibilities are the most obvious barrier for women, and those challenges are not under their control unless they choose not to marry or, if married, remain childless. This fact was borne out by the participants who viewed family responsibilities as hindering their ability to advance to senior-level positions in academic medicine. Family responsibilities, such as household chores, parenting, spousal care, care-giving to parents, relocating, changing school

districts, and spouse job changes affected participants' decisions to pursue non-traditional careers. The challenges associated with juggling family and work responsibilities was the personal context that caused participants to consider non-traditional commitments that would afford them more flexibility relative to their schedules.

Within non-traditional careers, however, participants indicated that their ability to achieve work-life balance depended upon the extent to which they received support from the administrations of their respective institutions. Such support is minimal or lacking because, as Evans (2003) posits, maintaining a work-life imbalance for women helps maintain male-domination in work environments; and, women are reluctant to publically debate feminist issues regarding power sharing. Generally, institutions do not foster such debates, nor do they provide environments that are conducive to them, re-enforcing the misalignment between institutional policies and work-life integration.

Finding Two: The misalignment between institutional policies and work-life integration impedes women's advancement to senior-leadership positions: This study departed from Valentine and Sandborg (2013) who did not recognize work-life integration policies as a factor that impedes women's advancement to senior-level positions. Instead, this study found that many work-life integration policies do not favor women who bear the brunt of family responsibilities. The scarcity of women administrators and absence of the mentoring relationships are two reasons why women experience difficulty with career progression beyond the mid-management level (Bolton, 1990). Moreover, some professional environments or cultures are not conducive to women's careers because they do not have chiefs or chairs who encourage work-life balance. Yet, the participants felt that achieving work-life balance was integral to

professional advancement. The Feminist Standpoint Theory affords the researcher both opportunity and flexibility to conduct a more comprehensive investigation of the work-life balance of women faculty in academic medicine, thereby allowing the researcher to gain insight into the experiences that influenced non-traditional leadership commitments in academic medicine. ELAM participants shared experiences associated with career development, relative to work-life balance. According to Morahan et al. (2001), some institutions are mitigating the work-life imbalance by facilitating workshops that focus on professional development for women in key areas, including skill-building in conflict management, career planning, and strategic planning for promotion. Collectively, the participants acknowledged the efforts of institutions to provide interventions that enhance professional development positively impacted their ability to progress as leaders in academic medicine.

Harrison and Gregg (2009) indicate that to increase retention and recruitment of valued employees, some institutions are moving toward “new concept” part-time employment options and career-oriented work options that are crafted to the individual interests and worker’s skills while maintaining prorated professional benefits and salaries. Increasingly, clinicians desire part-time work to achieve work-life balance, or they will opt out of academic medicine if the part-time option is not available. Although there is some indication that men are increasing their level of family involvement, and they are diminishing their intense career commitment, women are moving in the opposite direction. These changing demographics within the medical work force have encouraged the growth of flexible academic career paths. The participants indicated that that they needed to be creative with choosing careers that facilitated professional advancement

while allowing them to achieve work-life balance, and they viewed non-traditional careers as a strategy for achieving those goals.

The significance of the Feminist Standpoint Theory to this study's methodological approach is that it allows the researcher to gain insight into why participants desired flexible academic career paths, from their perspectives. From the participants' perspectives, flexible academic career paths allowed them to pursue careers that enabled their advancement while providing them with the time and flexibility they needed to balance work and family responsibilities. Rather than developing a generic discussion about women's inability to advance to senior level positions, therefore, the Feminist Standpoint Theory facilitates an understanding of why non-traditional careers served as sustainable interventions for women seeking advancement to senior level positions in academic medicine, from their unique perspectives and based upon their diverse experiences.

Finding Three: Non-traditional careers are sustainable interventions and viable strategy for women seeking advancement to senior level positions in academic medicine: Non-traditional careers are differentiated from traditional ones, according to the options that non-traditional careers provide women (i.e., the flexibility to design their career paths and schedules). Non-traditional careers are multifaceted interventions because they help women achieve the work-life balance, and this synergy provides them with the 'professional space' that they need to explore their work options, to build their career strategies, and to plan their career development that affects their ability to progress into senior level positions.

This study posits that their ability to carve out those professional spaces will be facilitated by three trends: (a) women faculty choosing non-traditional careers; (b) women faculty choosing career paths outside of academic medicine; and (c), institutions implementing programs to assist women's professional development and advancement to senior level positions. This research has identified university hospitals, medical schools and universities, and Center for Women's Health as categories of non-traditional career experiences. The increasing number of young women faculty in academic medicine and the challenges that they face in that professional setting, has prompted the medical community to address the needs and desires of women at academic institutions in order to support their career advancements and retain these women in the academy (McGuire, Bergen, & Polan, 2004).

McDade et al. (2004) asserted that, "over the past decade academic medical centers have invested considerable effort and resources to attract and retain women" (p.302). Medical schools are promoting changes in the culture and structure of medical training to enhance the ability of women to achieve their highest potential. Specifically, medical schools are allowing faculty the flexibility and freedom to change their career direction in the course of their professional lives (Papp & Aron, 2000). Health centers are also playing a major part in promoting women in academic medicine, and a number of them have implemented innovative promotion systems for faculty on academic career paths (Thomas, 2004).

Of the categories of non-traditional careers identified by this study, women's health centers are vanguards in their establishment of faculty development program with strategies designed to help women advance to leadership positions, including workshops

(focus areas include conflict management, strategic career planning for promotion, managing multiple priorities, and communication); mentoring relationships (provided opportunities for senior faculty to engage in outreach to junior faculty seeking professional empowerment and support); and, professional networking (enhanced the ability of junior faculty to publish scholarly works, secure grants, achieve promotion, and obtain leadership positions).

Because institutions are recognizing the importance of faculty development in enhancing the leadership experiences of women in academic medicine, and they are implementing interventions to facilitate women's preparation for, and advancement into, senior level positions in academic medicine, "women are catching up to---and some would say surpassing---men in the healthcare industry, too, as more and more climb the ladder to lead some of the industry's largest and most influential organizations" (Szot, 2005, p. 1). ELAM has played a major role in preparing women for advancement into non-traditional leadership commitment. However, ELAM's value lay not simply in its professional development programming, but in its ability to serve as an intervention that helps women become agents in the creation of their non-traditional careers as alternative, self-determined, and self-directed 'career choices' to senior-level leadership positions.

Finding Four: The Feminist Standpoint Theory provided a conceptual lens to understanding workforce development for women faculty in academic medicine.

Feminist Standpoint Theory provided the conceptual lens to understanding women faculty concerns with workforce development associated with the following (a) advancement, (b) credentialing, and (c) Mentoring. The following is an overview of each concern:

(a) Advancement for women faculty in academic medicine is a great influence in workforce development. Furthermore, workforce development must be embraced to activate implementing structural changes in policies and culture for women faculty progression in academic medicine. In order for women faculty to advance in their careers, it is essential that the medical institutions adjust the policies to make changes that will be conducive to providing opportunities to promote women ability to advance in a male-dominated culture. Ovseiko and Buchan (2012) suggested, "Implementing cultural change and aligning organizational cultures could enhance innovation" (p, 709). Medical institutions should continue to offer programs that will assist women. Cultural changes will benefit women in developing knowledge on how to address the barriers they face daily. Although the academic medicine administration is well aware of the barriers that affected the careers of women, it is important that they continue to pursue solutions. Valentine & Sandborg (2013) asserted that we must ensure that women have the tools to accelerate their careers through administrative responsibilities, in conjunction with this culture change. Feminist Standpoint Theory provided details on women faculty's desire for promotion and titles that influenced participants to pursue non-traditional leadership commitments. Participants shared that their rate of promotion was lower in traditional careers when compared to their male colleagues. They expressed that promotion and titles were ways to transitioning into non-traditional career commitments.

(b) Credentialing, women workforce development consist of making provisions for opportunities to advance women faculty in their skills, such as clinical, publishing, research, grant writing and leadership. In regards to health care, increasing the diversity of workforce has gain national attention as one of many potential solutions to problems of social and racial class disparities in access to health care (Price et al, 2009).

The lack of preparation for women faculty advancement in academic medicine impacted their ability to transition into leadership commitments. Women felt a need to equalize the playing field/job search in male-dominated culture. Therefore, a review of credential is necessary to establishing a better understanding on how medical institutions can increase support for women to enhance mobility in their careers. Feminist Standpoint Theory provided rich thick analysis on new perspective of values and goals. Feminist Standpoint Theory clarified their visions to achieve personal goals and career advancement. Influenced women to become self-determined and self-directed agents to creating strategies that will enhance their ability to transition as administrators in academic medicine.

(c) Mentoring, In order for women faculty in academic medicine to excel in their careers, administration in medical institutions should continue to create opportunities that will assist their ability to gain knowledge from professional relationships with senior faculty and female mentors. According to Levine, Mechaber, Reddy, Cayea & Harrison (2013), mentors serve as role models and guides by building skills, creating access to professional opportunities and building support. Furthermore, Exposure to rewarding mentoring experiences

may help to mitigate some of the negative influences that women face in medicine (Levine, Mechaber, Reddy, Cayea & Harrison, 2013).

The participants focused on female role models as a strategy in preparation to transitioning within their careers. The participants recognized that there were other experiences that influenced their career choices. Faculty development programs are necessary to enhance career progression for women. Nurturing junior faculty through organized mentoring and faculty development programs may be important in fostering academic success (Wingard et al, 2012). It is essential that medical institutions administration continue to support women by implementing faculty development programs such as ELAM in order to increase professionalism. Faculty development programs are useful in presenting a platform for women faculty to explore the experiences of other women colleagues and express their experiences within their environment.

Feminist Standpoint Theory has been instrumental in shaping the findings of this study and providing an insight on woman faculty workforce development associated with advancement, credentialing and mentoring as well as faculty development, leadership develop and career development strategies to help women faculty in academic medicine to enhance the professional skills needed to progress in their careers.

Finding Five: ELAM has significant value as an intervention that enables its participants to become self-determined and self-directed agents in the creation of their non-traditional commitments as alternative ‘career choices’ to senior-level leadership positions: Richman, Morahan, Cohen, and McDade (2001) highlight ELAM as a model program whose primary mission is to assist senior level women in advancing into

leadership roles within the academic medicine environment. “ELAM facilitates women’s advancement to senior-level positions through the provision of an extensive one year leadership training that promotes mentoring, coaching, and networking opportunities aimed to expanding the national pool of qualified women candidates for leadership in dentistry, public health, and academic medicine” (ELAM, 2011 p. 1).

Faculty development plays a major part in preparing women for advancement into senior level positions in academic medicine (DiLorenzo & Hepner, 1994). Because ELAM’s environment facilitated faculty development for women, they acquired the skills necessary for advancement. Richman, Jackson, and Morahan (2004) documented a significant gain in leadership knowledge among ELAM participants. Multifaceted interventions, such as those implemented by ELAM, enhanced salary equity and promotions for women faculty (McGuire, Bergen, & Polan, 2004). However, this study posits that ELAM’s value as an intervention lies beyond its existence as a model program, but its value is to be seen in the manner in which the program enables its participants to become self-determined and self-directed agents in the creation of their non-traditional careers as alternative ‘career choices’ to senior-level leadership positions.

This study identified three interdependent ways in which ELAM enables its participants to become self-determined and self-directed agents in the creation of their non-traditional careers. First, ELAM built the self-esteem of its participants by encouraging self-assessments that allowed participants to think comparatively about their roles in both professional and family settings; to confront the work-life imbalance and find ways to correct it; to contemplate the meaning of mentoring relationships; and, to consider their abilities to make professional changes that would allow them to advance to

senior-level positions. Self-assessment, in turn, helped participants build their self-esteem so that they became advocates for themselves relative to their professional desires and goals. Self-assessments also allowed participants to identify and shape their leadership styles. This study revealed that their leadership styles were not simply defined by titles, authority, or power. Rather, their leadership styles were characterized by their use of their titles and positions as platforms to assist other women who are endeavoring to advance to leadership positions in academic medicine.

The second way in which ELAM enables its participants to become self-determined and self-directed agents in the creation of their non-traditional careers is via self-assessments that permit a re-imagined or clarified vision of career advancement. Steinert, Richard, Cruess, Boudreau and Fuks (2007) maintain that vision refers to a picture of the future with some explicit or implicit commentary on why people should strive to create that future. Moreover, it helps to both motivate and align key players, and it clarifies the direction of change. Participants' decisions to pursue non-traditional leadership commitments were based upon their clarified visions of career advancement for the betterment of themselves, for that of their colleagues, and for that of their protégés. Participants further extolled the benefits of mentoring. Because ELAM provided participants with professional development opportunities that helped them better understand work culture, participants envisioned new careers with supportive environments that enabled their advancement to senior-level positions. In the absence of such environments, however, ELAM encouraged participants to develop informed, realistic strategies for re-directing their careers. Therefore, ELAM participants were allowed to exercise individual choice as an intervention. Mentoring as an intervention

was acknowledged by the participants to be helpful in building professional skills to pursuing senior level positions in academic medicine. Participants shared experiences that provided their perspective on the impact of mentorship and how mentors influenced their decisions to make career choices.

If, as the research suggests, women are catching up to men, it is due, in part, to the fact that women have become active agents in the selection of alternative careers and in the designing of their careers, measures that increase their ability to advance into senior level commitments in academic medicine. To reduce challenges to advancement in traditional faculty development tracks, and to facilitate their progression, women chose to pursue alternative non-traditional careers. Schreiber (1998) pointed out that many career development theories suggested that career choice is a process of matching an individual's abilities and interests with a work experience that requires those abilities. Thus, the third way in which ELAM enables its participants to become self-determined and self-directed agents in the creation of their non-traditional careers is by giving them the 'professional space' or opportunity to re-direct their careers. Toward creating professional opportunities for themselves, Brown (2003) asserts that, "individuals can craft career success that serves both the institution's needs and harmonizes with their own values; each career path would recognize different levels of effort in the major areas of academic work, including clinical work, teaching, research and administration" (p. 1006).

ELAM is a valuable intervention that prepares women to advance to senior level positions. The program accomplishes that goal through a variety of professional development activities and opportunities. However, the program's value is not defined solely by its programming, but by the outcomes that it achieves for its participants. To the

extent that ELAM's environment encourages women to conduct self-assessments and to re-imagine their careers, ELAM empowers women to digress from traditional commitments that do not facilitate their professional advancement, and ELAM empowers women with agency to re-direct their careers for their benefit. Overall, ELAM participants acknowledged that their new roles as academic leaders provided them with a sense of satisfaction, the feeling that they had accomplished their career aspirations and goals. Their preparation in ELAM prepared them to both advance to senior level-positions and to sustain them post-ELAM.

Discussion of the Findings

This study yielded four findings relative to this study's main research question and its four operational research questions. This study's findings were also shaped by the application of the Feminist Standpoint Theory, a conceptual framework that facilitated investigations into the perspectives and experiences of ELAM participants within ELAM as an organizational setting. Therefore, the Feminist Standpoint Theory served as a lens through which to view the unique perspectives of ELAM participants regarding their experiences in the program and their motivations for pursuing non-traditional leadership commitments.

Finding One reveals that there are no 'dedicated leadership pipelines' for women seeking to advance to senior-level positions, and the 'leadership pipeline model' has failed to provide women with viable professional strategy for advancement. To the degree that career development and advancement have been governed from a male-dominated leadership viewpoint, and women's career experiences in academic medicine have been narrowly defined within a male-dominated leadership pipeline model that

places limitations on their ability to advance as leaders, women have progressed more slowly through academic ranks, according to Westring, Speck, Sammuell, Scott, Tuton, Grisso and Stephanie (2012). However, the participant's responses reveal that their reasons for pursuing non-traditional careers were not entirely gender-based. In some cases, for example, women's desire to achieve upward mobility motivated them to pursue non-traditional careers.

While Finding One reveals that there are no 'dedicated leadership pipelines' for women seeking to advance to senior-level positions, Finding Two revealed that there is a misalignment between institutional policies and work-life integration. This study finds that this misalignment impedes women's advancement to senior-leadership positions, representing a departure from the findings of Valentine and Sandborg (2013). Instead, this study found that many work-life integration policies do not favor women who bear the brunt of family responsibilities. According to Morahan et al. (2001), some institutions are mitigating this imbalance by facilitating workshops that focus on professional development for women in key areas, including skill-building in conflict management, career planning, and strategic planning for promotion. To increase recruitment and retention of valued employees, some institutions have moved toward *new concept* part-time employment options. Increasingly, clinicians desire part-time work to achieve work-life balance, or they will opt out of academic medicine if the part-time option is not available. The participants' responses revealed their desire to be creative when choosing careers that facilitated professional advancement while allowing them to achieve work-life balance.

Overwhelmingly, the participants acknowledged institutions' efforts to provide interventions that will help them address challenges that affected their ability to progress as leaders in academic medicine. Moreover, Finding Three indicates that they viewed non-traditional careers as sustainable interventions and viable options for advancement to senior level positions in academic medicine, in large measure, because they help women achieve the work-life balance, and this synergy provides them with the 'professional space' that they need to explore their work options, to build their career strategies, and to plan their career development that affects their ability to progress into senior level positions in academic medicine, private industry, or health centers, as indicated by Buddeberg-Fischer et al. (2009). Health centers play a major part in promoting women in academic medicine, with Center for Women's Health leading the way in the establishment of a faculty development program with strategies designed to help women advance to leadership positions.

ELAM has played a major role in preparing women for advancement into non-traditional leadership commitment. Additionally, Finding Four revealed that the Feminist Standpoint Theory provided a conceptual lens to understanding workforce development for women faculty in academic medicine. The researcher employed the Feminist Standpoint Theory as the conceptual lens to understanding women faculty concerns with workforce development associated with the following (a) advancement, (b) credentialing, and (c) Mentoring. Moreover, advancement was important to women faculty in academic medicine who revealed that they were working in a male-dominated culture, Credentialing, women felt the need to re-direct and re-tool their education as well as credential to development the skills needed to advance into non-traditional leadership

commitments, and Mentoring, women faculty felt it was beneficial to connect with a female mentor to teach them how to navigate organizational politics. As revealed by Finding Five, ELAM's value lay not simply in its professional development programming, but in its ability to serve as an intervention that helps women become agents in the creation of their non-traditional careers as alternative, self-determined, and self-directed 'career choices' to senior-level leadership positions. ELAM provided opportunities for networking through female to female mentoring. For this study, the experiences of the participants were supported by the Feminist Standpoint Theory. This theory allowed the researcher the ability to review the ELAM participants' experiences and gain an understanding of the impact of mentoring in regards to their career choices. Overall, the participants acknowledged mentors as a positive form of intervention that gave them confidence to make decisions associated with their career choices.

ELAM further facilitated women's advancement to senior-level positions through the provision of an extensive one year leadership training that promoted mentoring, coaching, faculty development, and networking opportunities aimed at expanding the national pool of qualified women candidates for leadership in dentistry, public health, and academic medicine. Because ELAM's environment facilitated faculty development for women, participants acquired the skills necessary for advancement. This study posits that ELAM's value as an intervention lies beyond its existence as a model program, but its value rests in the manner in which the program enables its participants to become self-determined and self-directed agents in the creation of their non-traditional careers as alternative 'career choices' to senior-level leadership positions. This study identified the following three interdependent outcomes for ELAM participants:

- ELAM built the self-esteem of its participants by encouraging self-assessments that allowed participants to think comparatively about their roles in both professional and family settings; to confront the work-life imbalance and find ways to correct it, to contemplate the meaning of mentoring relationships; and, to consider their abilities to make professional changes that would allow them to advance to senior-level positions. Self-assessments also allowed participants to identify and shape their leadership styles.
- ELAM enabled participants to re-imagine, clarify, or re-direct their career advancement. Steinert, Richard, Cruess, Boudreau and Fuks (2007) maintain that vision refers to a picture of the future with some explicit or implicit commentary on why people should strive to create that future. Because ELAM provided participants with professional development opportunities that helped them better understand work culture, participants envisioned new careers with supportive environments that enabled their advancement to senior-level positions. In the absence of such environments, however, ELAM encouraged participants to develop informed, realistic strategies for re-directing their careers. Therefore, ELAM participants were allowed to exercise individual choice as an intervention.
- ELAM enabled the participants to become self-determined and self-directed agents in the creation of their non-traditional careers by giving them the ‘professional space’ or opportunity to re-direct their careers. To that end, the ELAM program has been instrumental in promoting ‘niche-craft,’ encouraging women to be pro-active and innovative in re-imagining and re-directing their non-traditional career rather than following proscribed paths or maintaining the *status quo*. In this regard, ELAM participants expressed that it was important to have actionable plans for their non-traditional careers.

Collectively, participants credited ELAM with inspiring them to think realistically about their preparation for careers within academia and to re-imagine their non-traditional careers as opportunities not simply for advancement, but to be innovative in terms of establishing new programs as interventions for themselves. Ultimately, participants acknowledged that their professional development in ELAM, and their new roles as academic leaders, provided them with a great sense of personal and professional achievement.

Significance of the Study

Because this study identified the motivations, beliefs, and values that influenced ELAM participants to pursue non-traditional leadership commitment in academic medicine, a phenomenon that has been trending upward in recent years, it makes a

significant contribution to the literature regarding this topic. This study's significance lay in the fact that it utilized pre-transcribed interview data to gain insight into ELAM participants' non-traditional career pursuits, associated challenges, and their motivations for pursuing alternative career paths, and to identify the study's stakeholders and beneficiaries. Interview data from ELAM participants also provide insight into their professional development within ELAM and the extent to which ELAM prepared them to pursue senior-level positions. The data also provided an insight into how women would benefit from changes in promotion and advance guidelines, changes in job/task assignment criteria, and changes in policies to promote work life integration.

The data also provided an insight into how women would benefit from changes in promotion and advance guidelines, changes in job/task assignment criteria, and changes in policies to promote work life integration. Nevertheless, Women Faculty, University Administration and Health Centers are stockholders associated with this study. They will all benefit by gaining a better understanding of the factors that influenced women faculty in academic medicine to pursue non-traditional leadership positions. Aforementioned, non-traditional commitments were created to address a need within the department. However, in order to address the issues within the departments, it is often necessary to implement changes with the job/task assignment criteria. These changes are beneficial in providing women faculty the opportunity to transition, to apply for leadership positions, to build knowledge and skills associated with their careers, and to gain knowledge in a new area of academic medicine.

The Feminist Standpoint Theory provided a theoretical framework for explaining the causal factors that influence the career choices of women faculty in academic

medicine. According to Pinnick (2008), this theory is not a thesis that provided access to a level playing field for women. Instead, “the feminist standpoint theory is in every case some version of the key idea that women will make distinctive and extraordinary contributions to science and our philosophical understanding of it” (p. 058). The literature demonstrated that women are entering medical schools at the same pace as their male colleagues, but their transition into senior-level administrative positions is slower. Although there are studies that address the barriers and challenges to why women are hindered from progressing in to senior-level positions, the gap existed in understanding the experiences of women who progressed but choose to pursue alternative leadership commitments.

The current study’s significance was that it dispensed with the leadership pipeline model that fails to recognize factors that impede women’s advancement to senior level positions, including outdated institutional policies; the disproportionate amount of family responsibilities borne by women; the lack of family-friendly policies; and, the dearth of highly placed women mentors and role models (Morahan, 2011). The failure of the ‘leadership pipeline model’ as a strategy for women seeking advancement in academic medicine explains why this study dispensed with that model. Instead, this study defined non-traditional careers as alternative, self-determined, and self-directed ‘career choices’ to senior-level leadership positions.

This study was also significant because it introduced 11 themes that answer the study’s four operational research questions (ORQ) that spawned from the study’s main question. These themes serve as the interpretive baselines for analyzing the interview data from ELAM participants. These themes also provided the bases for delineating this

study's findings, for drawing conclusions, and for making the following informed recommendations for future research regarding non-traditional career choices and regarding best practices for women seeking alternative career choices.

Recommendations

Recommendation One: Academic Medicine Institutions Must Implement Changes to Correct the Misalignment between Institutional Policies and Work-life Integration:

ELAM participants' selection of non-traditional careers or traditional careers corresponds to the misalignment between work-life integration and institutional policies in traditional career settings. Although some participants regretted neglecting their family in favor of their careers, they credited ELAM with helping them achieve balance between the two concerns. Because this misalignment continues to impede women's advancement to senior-leadership positions, and in order for women faculty to continue to advance in their careers, it is recommended that medical institutions and their leaders implement the following changes:

- Recognize that women's career trajectory may differ from that of their male counterparts (Palepu & Herbert, 2002).
- Understand the factors that contribute to work-life balance and help women achieve that balance.
- Assure that women are in the candidate pool as well as on the selection committees in Academic Medicine Programs (Numman, 2011).
- Host workshops to facilitate discussion about the need for organizational cultural change and to solicit feedback from women.
- Change the culture of academic medicine. People, policies, reward systems, and structures must be put into place to support cultural values; and, broad base support should be created in order for changes to persist when inevitable transitions in leadership occur, as Krupat et al., (2013) recommends. Cultural changes will help women develop knowledge and strategies for removing barriers to advancement.
- Create more opportunities for women to develop their skills in areas such as research, publishing, grant writing and leadership.

Recommendation Two: Academic Medicine Institutions Should Incorporate Diversity to Facilitate Professional Development and Advancement for Women: although institution-specific actions will vary, the ultimate goal of academic medicine centers is to build faculty that reflect the diversity of students, faculty body, and the country (Carnes, Handleman & Sheridan, 2005). But, this study shows that diversity is lacking in many institutions. “ It has been recommended that women wishing to pursue academic careers analyze the characteristics of the existing medical academic “establishment,” which currently is dominated by their male colleagues” (The American Academy of Pediatrics, 2001, p. 695). Such an analysis will give women insight into the gender imbalances that exist in work cultures, thereby helping them to plan or re-direct their career paths from an informed perspective. However, it is not feasible, nor is it recommended, that women avoid institutions with gender-imbalances. Instead, “the Institute of Medicine recommends that health professionals and educational institutions improve their diversity climate. Yet, strategies for enhancing organizational change in academic medicine have not been clearly defined” (Price, 2009, p. 95). Therefore, this study recommends three broad strategies for enhancing diversity in academic medicine:

- Diversify leadership and management styles in order to increase the number of women as well as economically disenfranchised groups in senior faculty and leadership roles in health centers (Richman, Morahan, Cohen & McDade, 2001).
- Shift the workplace culture to one that supports work-life integration, apply integrated approaches to create a permissive environment, and reframe policies to be career advancing rather than career limiting (Valantine & Sandborg, 2013).
- Implement action plans to address work-life balance issues, to provide more assistance for spousal hires, to afford greater flexibility in career tracks, and to expand campus child care options.

Diversity is valuable to institutions’ missions and to workers. In a broader sense, the undisputed value of diversity is that it promotes diversity in ideas and disciplines

(Carnes, Handleman & Sheridan, 2005). The research has shown that diversity in academic medicine benefits women faculty progression, as attested to by ELAM participants.

Recommendation Three: Academic Medicine Institutions Should Emphasize Mentoring in Their Faculty Development Programs: this study reveals that the lack of meaningful mentorship opportunities establishes barriers to satisfaction for females seeking to advance to senior-level positions (Levine, Mechaber, Reddy, Cayea, & Harrison, 2013). Consequently, it is vital that universities and medical institutions continue to promote mentoring programs that enhance the ability of women to progress into senior level positions. Ries et al., (2012) asserted that organized mentoring and faculty development programs, particularly for junior faculty, can have an important influence on faculty retention, and ultimately, career success in academic medicine. Toward establishing effective mentoring programs that facilitate advancement for women in academic medicine, this study makes the following recommendations:

- Academic medicine institutions should implement mentoring programs and revise workforce infrastructure to support women faculty who are mothers, to improve access to child care, to permit flexible work schedules, to increase the availability of lactation facilities in workplace, and to standardize paid maternity and paternity leave policies.
- Design mentoring programs that train a new generation of providers to be, and that foster academic medical environments that are, sensitive to the diverse needs of all staff, colleagues, and patients (Mark et al., 2001).
- Provide more female mentors for female trainees. ELAM participants expressed that the difficulty in finding female role models that were available to spend time with them. Valentine and Sandborg (2013) reported that the lack of female role models in leadership sends a clear message to women that they must choose between their personal life and career advancement, thereby perpetuating a work-life imbalance for women.
- Create opportunities for trainees to gain knowledge from their professional relationships with their female mentors and senior faculty.

ELAM participants believed that female mentors were beneficial in preparing them to transition into non-traditional leadership commitments. Therefore, it is essential that medical institutions continue to support women by implementing faculty development programs that emphasize mentoring and that foster mentoring relationships, especially between females.

Recommendation Four: Women Faculty Should Continue to Exercise Their Agency in the Planning of Their Career Paths in Academic Medicine: because the research has shown that there are no *dedicated leadership pipelines* for women faculty, women must be pro-active in the development of their strategic plans for acquiring the skills necessary for advancing to, and sustaining, senior-level positions. Toward that end, this study recommends that women faculty implement the following best practices:

- Seek out programs that empower women to be agents in the making of their own careers as alternative, self-determined, and self-directed ‘career choices’ to senior-level leadership positions.
- Pursue faculty development programs that will align with their career choices and desires.
- Educate themselves about career and leadership development strategies because the lack of the appropriate education impedes women’s abilities to be promoted. According to Steinert, Richard, Cruess, Boudreau, and Fuks (2007), the major objective of medical education should be to provide multiple, stage appropriate opportunities for gaining experiences in, and for reflecting on, the principles and concepts of professionalism.

While career choice is a process of matching an individual’s abilities and interests, this process should also include an exploration of the culture and policies of various medical institutions. Exploring the culture and policies of medical institutions helps candidates make informed decisions regarding whether or not an institution is an appropriate professional match for them. ELAM provided its participants with opportunities to consider institutional culture as a variable in their decisions to pursue

non-traditional commitments, thereby helping them make more informed decisions about their careers.

Recommendations for Future Research

This study finds that there are no dedicated leadership pipelines for women. Moreover, this study revealed that women are exercising agency to pursue non-traditional leadership commitments out of necessity and desire, and the ELAM cases bore this point out. The degree to which women exercise agency in the pursuit of non-traditional careers is a topic that warrants further investigation. Toward using this study as a baseline for exploring women's agency and roles in the creation of their non-traditional career choices, the author makes the following recommendations for future research:

- Conduct follow-up interviews with women in non-traditional careers to focus specifically on their career development.
- Conduct research on the extent to which women are being empowered to become agents in the making of their own careers as alternative, self-determined, and self-directed career choices to senior-level leadership positions in academic medicine.
- Explore the manner in which faculty development and career categories for women are being impacted by the digitization of work. For example, to what extent are women in academic medicine transitioning into other medical careers outside of their professional profiles and to what extent do such options represent an emerging non-traditional career opportunity?
- Examine the degree to which institutions are diversifying their leadership, programs, and staff to address demographic changes in academic medicine and to create greater opportunities for a diverse workforce.
- Research on non-traditional leadership strategies for women faculty in academic medicine.
- Research on how ELAM can implement strategies to improve the program: While it is not possible for this study to predict the career paths that women will choose, due to the existence of variables that shape individual career choices, it does identify the following ways in which ELAM participants can implement non-traditional strategies, based, in large measure, upon their responses as participants, based upon their need to achieve work-life balance, and based upon the exigencies of a fluctuating economy.
- ELAM participants should think more entrepreneurially about their career choices. Specifically, this will give them the ability use their knowledge base and skill sets as the bases for starting micro-businesses or non-profits in both the

- private and public sphere; as entrepreneurs, they will not only exercise greater career autonomy but they will be able to construct their careers in such a way that allows them to achieve work-life balance, New Sessions should be created to explore Business plans, Investments and Business Communication/Technology;
- ELAM participants should not restrict their career designs geographically to the United States. Instead, they should also look for creative and non-traditional ways to market their knowledge and skill sets in the digital and global economies, as both of these economies have unlimited potential for growth. New Sessions should be development to provide international networking with professionals doctors with international experiences. Guest Speakers from international countries should be invited to share knowledge on the opportunities that are available and strategies on how to pursue those opportunities.

These areas of research will fill gaps in the literature regarding women's professional development, in general, and their development in non-traditional careers, in particular. Beyond filling gaps in the literature, these recommendations are intended to shift the research paradigm toward defining women as active agents in the structuring of their careers, rather than as simply victims of a failed male-dominated, discriminatory leadership pipeline.

Chapter Summary and Conclusions

This study provided new research on the experiences of women faculty who pursued non-traditional leadership commitments in academic medicine. Heretofore, no comprehensive empirical research studies have examined the factors that caused women to pursue non-traditional careers. While this study begins to close that gap in the literature, this is an emerging area of research. Comparative research to determine if ELAM is an extraordinary case, or whether ELAM is symbolic of an emerging trend in professional development programming occurring at other medical schools and colleges, is needed to provide a baseline for identifying new perspectives on this topic and for yielding new data regarding the extent to which women faculty are being prepared for

non-traditional leadership commitments at other institutions. This study revealed that ELAM has been instrumental in providing women with the professional training needed to progress in their careers, in providing women with leadership development opportunities, and in helping women become active agents in the design of their non-traditional career paths. To the extent that ELAM provides these opportunities for women, ELAM is vanguard in the demonstration of how to mitigate the challenges that women face in academic medicine.

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APPENDICES

Appendix A: E-Mail Message: Request for Transcripts

Subject: Request for Transcripts

Dear Dr. Sharon McDade

I am writing you on behalf of my research project. I will like to thank you for your assistance with my doctoral study process. This E-mail is to request the files associated with the ELAM interview database. It has been noted that the interviews will be forwarded through a password-encrypted secure file transfer protocol through the internet.

Please e-mail the interviews associated with classes (1996, 1997, 1999 and 2003).
Thank you, again for taking the time to assist me with this very important matter.

Respectfully,

Sharon Simmons

Appendix B: E-mail Message: Confirming Receipt of Transcripts

Subject: Receipt of ELAM Database

Dear Dr. Sharon McDade

Thank you for sending the ELAM interview database.

Respectfully,

Sharon Simmons

Appendix C: Sample of ELAM Interview Follow-up Protocol

First-Year Follow-up Interview Protocol

HEDWIG VAN AMERINGEN EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE (ELAM) PROGRAM FOR WOMEN

Interview Protocol for Fellows in Year after Completion of Fellowship

Participation is voluntary. The interview will be tape-recorded. At the beginning of the interview, please introduce yourself to the tape-recorder, then state your permission for your responses to be used for ELAM research on leadership development of women academics in medicine, and that you give permission for the conversation to be tape-recorded.

ELAM's Impact Back on the Job

- Has ELAM expanded your network? If so, how has ELAM fostered useful relationships with ELAM Fellows, and with others (what types of people)? How have these relationships benefited you?
- Describe some specific management/leadership skills you developed as a result of ELAM. What major concepts or specific tools have been the most useful to you; how do you apply them at work?
- Do you view your job differently as a result of any learning experience at ELAM?
- What formal or informal mentoring, support, advice are you getting from your Dean about your career/job? How important has this been for your career? (Possible probes: in representing the school in academic societies; in important committees and meetings; in being liaison with other schools and healthcare organizations; in actual positions?)
- Has it made a difference to have an ELAM Fellow or Fellows at your institution? Does this make a difference in mentoring other women at the school? Has it changed the campus climate for women at your school?

ELAM's Impact on You and Your Career

- What did you learn from ELAM about strategizing, developing your career? Have you changed your strategizing about your career? If so, how? (Possible probes: Have you moved into middle and/or senior level administration? Did you choose an interim position, and if so, why, and what was the outcome? Did you decide to stay in your faculty role, and if so, why? Did you choose other leadership **roles** vs. formal leadership **positions**? Did you choose a non-traditional career path – mother, entrepreneur, pharmaceutical firm, government position, etc., and if so, why?)
- Have any opportunities have come to you as a result of ELAM? Describe.
- Do you have formal or informal mentors/advisers/role models? Who are these people? How are they helpful? Have you acquired any since ELAM and because of ELAM lessons or contacts?

You as a Leader

- How do you define leadership **today**, and how do you measure yourself against that definition?
- What has this program taught you about your own development as a leader?
- Relate a story about a leadership incident that has happened since ELAM. What was different about how you handled this situation than if this incident had happened before your participation in ELAM?

The Program Itself

- In retrospect, what was the learning highlight of ELAM? What was the high point of the program for you?
- From what you know now, in your current role, what would have been useful for ELAM to do more of, or to include that it did not – to better prepare you?
- 33If you had one wish for ELAM, what would it be?

When the Rubber Hits the Road . . .

Using a scale of 1 - 10, with ten being best:

- What was the value of ELAM for you personally? How well did it meet your expectations?
- What was the value of ELAM for you on your job?
- What was the value of ELAM for your institution?
- What was the value of ELAM given the opportunity cost (time away from job and family, work not done, mail piled up, etc.)?
- How likely are you to recommend ELAM to others? To nominate Fellows?
- How likely are you to continue to be involved with ELAM (as a Partner to new Fellows, applicant reviewer, Learning Community partner, Learning Community Faculty Adviser, faculty member, Meet the Leader participant, etc.)?

We've come to the end of my question list. However, as you were anticipating our conversation, was there any other issue related to ELAM and your leadership development that came to your mind that my questions have not yet drawn out of you?

Appendix D: Content Form Drexel University College of Medicine Approval

DUCOM #40-New Fellow
GWU #050212ER

Initialed _____ P 1 of 3
Version Date: 06/17/2009

CONSENT FORM
Drexel University College of Medicine
The George Washington University-Center for Educational Leadership and Transformation
(CELT)

1. **Subject Name.** _____ **PRINT in BLOCK LETTERS**

2. **Title of Research.** Evaluation of Effectiveness and Long-term Impact of Participation in a Leadership Development Program for Women in Academic Medicine and Dentistry

3. **Research Entity.** This research study is being done by the researcher of the Philadelphia Health & Education Corporation, which does business under the name Drexel University College of Medicine. Drexel University is a separate corporation and is not involved in or a party to this research study.

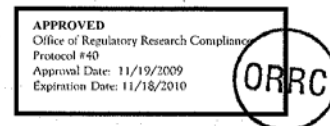
4. **Consenting for the Research Study.** This is a long and an important document. If you sign it, you will be authorizing the Drexel University College of Medicine and its researcher to perform research studies on you. You should take your time and carefully read it. You can also take a copy of this consent form to discuss it with your family member, physician, attorney, or any one else you would like to see it before you sign it. Do not sign it unless you are comfortable participating in this study.

5. **Purpose of Research.** This project seeks to: (1) determine the impact of participation in a leadership development program on leadership and career development for women faculty in schools of medicine, dentistry, and public health; (2) assess how the presence of ELAM Fellows affects their medical, dental, or public health schools' climate regarding women's issues; and (3) build theory about the women's leadership development. As a woman faculty member in a school of medicine, dentistry, or public health you are being asked to provide data about these issues.

6. **Procedures, Duration, and Confidentiality in Data Collection and Processing.** Your name was selected for this research project because you are a Fellow of the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women. All Fellows in each class (45-56) are part of this study. This Consent form requests your permission to use data from the following sources: (1) ELAM application materials; (2) initial survey (pre-program); (3) Myers Briggs Type Indicator completed during the ELAM program; (4) periodic surveys after completion of ELAM; (5) written, verbal and electronic communication with program staff before, during and after the program relating to career progression and accomplishments as well as leadership achievements; (6) interviews regarding leadership development (conducted at multiple intervals after program completion); and (7) focus groups.

At this time, you are asked to sign this Consent form. Please return the signed Consent form to Brian Pelowski, ELAM. We also seek your permission to link information relative to this study in the form of two databases. The first database is maintained by the ELAM staff to track the career progression and leadership successes of ELAM alumnae. The second database captures the data from the pre/post program surveys. Information from this second database will be assigned a unique numerical identifier to de-identify it when used in analysis. Mr. Pelowski will be responsible assigning the unique identifier and information linking data and names will be accessible only to him. Mr. Pelowski will keep information from this second database in a password protected folder on the ELAM server. Mr. Pelowski also will have the ability to link both databases, using the unique numerical identifier. Mr. Pelowski will not be involved in data analysis.

7. **Risks and Discomforts/Constraints.** Participation in this study may involve slight risks beyond those encountered in daily routines, including: (1) some anxiety or stress when answering questions about successes or failures in leadership in the surveys, interviews, or focus groups. If this happens, the research staff will be happy to refer you to



counseling; and (2) possible embarrassment, or social or legal problems with employment if data may be attributed to individual subjects, or if there is a breach of confidentiality.

8. Benefits. There may be no direct benefit to you in participating in this study beyond the benefits of increased awareness of your leadership style and skills through diagnostic instruments, individual career counseling, and self-reflection. You will be contributing to the development of knowledge regarding women's leadership and career issues in the health sciences.

9. Alternative Procedures/Treatment. You have the option not to participate.

10. Reasons for Removal from Study. This research project may be discontinued in part or totally if funds are not available through the sponsor or partner academic institutions.

11. Voluntary Participation. Participation in this study is voluntary. You may refuse to be in the study or stop answering questions at any time without consequence for participation in the ELAM program or its alumnae group.

12. In Case of Injury. If you have any questions or believe you have been injured in any way by being in this research study, you should contact Dr. Page Morahan at telephone (215) 255-7309. However, no payment or compensation will be provided for injury, illness, or other loss resulting from your being in the research study. If you are injured as a direct result of taking part in this research study, medical treatment will be available. Payment for this treatment will be your own responsibility. If you are injured, you also should contact Office of Regulatory Research Compliance at (215) 255-7857.

13. Confidentiality.

- Quantitative data (typically from surveys) will be presented in aggregate categories only. No reporting categories will include a subset of one. Interview data will be reported as trends or patterns.
- Qualitative data will describe general patterns or characterize features. Any illustrative quotations derived from interviews and/or focus groups used in reports, presentations or publications will be reported without specific identifiers. Only generalized identifiers (basic sciences, clinician, private/public institution, etc.) will be used. Should more specific identifiers be needed, we will seek written permission from you to use your quotation.
- Data on surveys are stored in their own database. Data is initially attached to participants, but in analysis will be identified with codes, not names. Brian Pelowski, ELAM Associate Director, will maintain a computer and paper file linking names to survey responses. This will enable us to track individual participant changes over time and to link survey information with career progression data from our other data base. Linking information will be accessible only to him and will be stored in a password protected folder on the ELAM server and in a locked cabinet. The survey data in this database will be kept until project termination.
- The ELAM office maintains a database, stored on a password-protected DUCOM server, on career progression and other data on continuing connections with the program and alumnae group. Alumnae names are used in this database. However, to ensure confidentiality, any information reported from this database will use only aggregate categories.
- To link these two databases, and to assure confidentiality, a unique identifier will be created that links to your name. Mr. Pelowski, ELAM Associate Director will insert the code number for each alumna in both databases, strip the names from the career progression database and survey databases then merge the two databases. At no time will the code number be available to anyone other than Mr. Pelowski or attached to the ongoing career progression database maintained through the ELAM program. In addition the unique identifier used in the combined database will be used on stripped interviews and any application essay files used in research applications.
- Potentially sensitive individual data directly connected to individuals are audiotapes of interviews and focus groups. In addition to this Consent form, before participation in any interviews or focus groups, you will be asked to verbally

APPROVED
Office of Regulatory Research Compliance
Protocol #40
Approval Date: 11/19/2009
Expiration Date: 11/18/2010



give permission for any audio or video recording of the event. Once the accuracy of transcription assured, the audio and/or video recordings are destroyed. The original transcription, with name and identifiers attached, exists only on the password-protected computer of Mr. Pelowski, and in one locked file drawer accessible only to him. Prior to analysis, Mr. Pelowski strips the transcript of all identifying information, including name, and assigns a unique identifier. This modified transcript is then used for analysis. De-identified study records (, transcripts, software file copies) will be kept in password protected files and locked cabinets accessible only to those identified as key personnel or investigators for this protocol. Application data on demographics, career status, and application essays, will be entered into the ELAM career progression database maintained at the ELAM office. Application recommendations will NOT be used for research in this project.

- All master keys linking respondents with data through a code will be kept in two locations: (1) in a password protected folder on the ELAM server and, (2) in a locked file cabinet in Mr. Pelowski's office. Only Mr. Pelowski will have access to the folder and the cabinet. When the project is completed (December 2019), any remaining audio or video recordings will be destroyed, and the de-identified, computer-based data will be stored at Drexel University College of Medicine, Three Parkway, 1601 Cherry Street, Suite 1050, Philadelphia, PA. This data will join other program-related data on demographics and career progression maintained in a database in the program office.
- Records from this study may be inspected by authorized representatives of the sponsors or institutional review boards. Your consent is sought for inclusion of your documents in such inspections.

14. Other Considerations. Information on study results may be sent to ELAM Fellows and alumnae. If you have any questions about the study or your rights as a research subject, you may contact Dr. Morahan, Principal Investigator, at Drexel University College of Medicine (215-255-7309) the Office of Regulatory Research Compliance (215-255-7857), 1601 Cherry Street, 3-Parkway Building, Suite 10444, Philadelphia, PA 19102. ; and/or the GWU Office of Human Research, Non-Medical Human Subjects Research (202-994-6076).

15. Consent.

- I have carefully read this consent form.
- I understand the reasons and design of this study, and how I was chosen for inclusion.
- I have initialed each page, and retained a signed copy of the full consent form.
- I give consent voluntarily.

PRINTED NAME of Participant

Signature of Participant

Date

Name (Print)
Of Witness

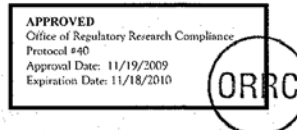
Signature

Date

Date

Page S. Morahan, Ph.D., phone 215-255-7309
Rosalyn C. Richman, M.A., phone 215-842-6909
Karen L. Stephenson, Ph.D., phone 646-436-4373
Brian Pelowski, BA, phone 215-255-7311
(Investigators Authorized to Obtain Consent)

Sharon A. McDade, Ed.D., phone 703-567-3388
Sharon A. Dannels, Ph.D., phone 757- 269-2213
Katharine A. Gleason, MPH, phone 215-255-7350
Diane Magrane, MD, phone 215-255-7314



Appendix E: Documentation Approval MCP Hahnemann University

MCP Hahnemann University

Operated by



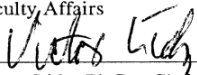
Office of Research and Graduate Studies

Mail Stop 444 • 245 N. 15th Street • Philadelphia, PA 19102-1192
TEL 215.762.3453 • FAX 215.762.3722

www.mcp.hahnemann.edu

APPROVAL NOTICE

TO: Page S. Morahan, Ph.D. Mailstop: MCP
Faculty Affairs

FROM: 
Victor Lidz, Ph.D., Chair
Institutional Review Board (IRB #1) H1

SUBJECT: PROTOCOL: Evaluation of Effectiveness and Long-term Impact of the Hedwig van Ameringen
Executive Leadership in Academic Medicine (ELAM) Program for Women and
Implications for Theory-Building about the Leadership Development of Women

Note: 04/19/02 Approved - Conditions Met (New ELAM Fellows)

SPONSOR: Robert Wood Johnson Foundation
UNIV. PROJECT #: 3380 UNIV. PROTOCOL #: 01095 -01
CURRENT APPROVAL PERIOD: 04/19/02 EXPIRES: 04/02/03
USE CONSENT FORM DATED: 04/19/02

DATE: April 19, 2002

On behalf of the Institutional Review Board (IRB), I am pleased to inform you that the subject protocol has been reviewed and APPROVED AS SUBMITTED for the period indicated above. We operate under many Government requirements. As a result, this approval is granted with the following understandings:

1. The attached consent form indicated above must be used unless a subsequent notification is approved in writing by the IRB. Remember that each subject enrolled in the study (and/or their guardian) must sign this consent form; preferably, the signatures are witnessed or acknowledged. You must give each subject a copy of the consent form and you must retain all signed consent forms for three years after project termination. Please keep these forms readily available (NOT in patients' charts).
2. If this is a sponsored project, then the study may not be activated until the Research Office has received BOTH a fully executed sponsored agreement AND appropriate letter(s) of indemnification by the sponsor. If this is not a sponsored study (designated "internal"), the costs of the project must be identified and a cost center designated. Please call 215-762-3453 if you have any questions regarding these procedures.
3. You must advise the IRB of the activation date. Use the attached form for this purpose.
4. Any change in the procedures done to the subjects must be submitted in writing in advance.
5. Any adverse reaction must be reported to the IRB in a timely fashion.
6. Should the IRB decide to monitor your project directly, please cooperate fully. Failure to do so may result in withdrawal of this approval and notification of the sponsor and/or Federal agencies. Specific information regarding monitoring appears in: GUIDELINES - BIOMEDICAL RESEARCH INVOLVING HUMAN SUBJECTS obtainable through this office.
7. Whether or not this protocol is activated, the IRB will review its progress on or about the above Expiration Date. Should you fail to respond to this Federally-required progress report, the project may become ineligible for re-approval and the IRB may choose not to consider other projects for approval.
8. A final progress report must be submitted to the IRB in format similar to that of a periodic report.

The IRB welcomes your research project into the list of approved protocols. Your compliance with the above conditions will help to protect the continuation of all research activity at the University. With your project and others like it, we look forward to additions to knowledge of human health and benefits to science, our patients and society.

cc: Dept Chair, Tenet and Drexel

humadcn

Appendix F: Documentation Approval Drexel University

ACTIVATION NOTICE MEMORANDUM

TO: Institutional Review Board (IRB #1)
245 N. 15th Street, MS 444, Philadelphia, PA 19102
215-762-4272

FROM: Page S. Morahan, Ph.D.

SUBJECT: ACTIVATION OF HUMAN RESEARCH PROTOCOL ENTITLED:
Evaluation of Effectiveness and Long-term Impact of the Hedwig van Ameringen Executive
Leadership in Academic Medicine (ELAM) Program for Women and Implications for
Theory-Building about the Leadership Development of Women

Univ. Project #: 3380 H1
Univ. Protocol #: 01095 -01
Date of Approval: 04/19/02 Expires: 04/02/03

DATE: _____

This is to inform the IRB that the subject protocol was activated* on ____/____/____.

I understand that a periodic report is due on or before the above Expiration Date.

Yes No I have a copy of the University's Human Subjects Guidelines and Multi-Project Assurance
(MPA) to the OPRR, as required in 45 CFR Part 46. (If NO, request materials by sending in
the TEAR-OFF request below.)

(Signed) Page S. Morahan, Ph.D.

* "Activated" means that the first new human subject was accrued or an experimental procedure was
performed under this protocol on or after the date of last approval. April 19, 2002.
Accordingly, this notice must be sent to the IRB ONLY for the FIRST such accrual since that date.

----- TEAR HERE -----

TO: Institutional Review Board (IRB #1)
245 N. 15th Street, MS 444, Philadelphia, PA 19102

FROM: Page S. Morahan, Ph.D.
ADDRESS:

Please send copies of the University's Multi-Project Assurance (MPA) to the OPRR and the
University Guidelines on Human Subjects Research to me at the above address.

I request additional training or educational materials on human subjects research.

humact

Appendix G: ELAM Protocol Summary

Protocol Summary	
Evaluation of Effectiveness and Long-term Impact and Implications for Theory-building About the Leadership Development of Women Medical and Dental Academics	Ernst von Diering van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women
AAMC Women Faculty--MCP/Hahnemann University Project #3380--MCP/Hahnemann University Protocol #01095—for more detail see attached documents from MCP/Hahnemann U	
I. Purpose of the study	The purpose is of the larger study is three-fold: (1) to assess how ELAM affects the leadership and career development of women medical and dental academics; (2) to assess how the presence of ELAM Fellows affect her medical or dental school's climate regarding women's issues, and (3) to build theory about the leadership development of women.
II. Methodology	We will collect data from ELAM Fellows at various times: a) Application information, specifically their application essays about why they want to be in the program and views on leadership. b) Before each class's commencement, new members receive course materials that include 1) overview of ELAM research and human consent documentation and 2) Myers-Briggs Type Indicator. c) On the first day of the Fall session (September), Fellows complete the human consent documentation, as well as a pre-program survey. d) At the beginning of the Fall session, Fellows receive their Myers-Briggs Type Indicator scores. e) During the winter after their fellowship year, Fellows receive a post-program survey. f) During the spring/summer at the end of the first post-program year, Fellows are interviewed ("first-year interview") to assess changes in their leadership and career in the year after completion of ELAM. g) Written, verbal and electronic communication with ELAM Program staff before, during and after the program relating to career progression and accomplishments as well as leadership achievements. h) Focus groups on specific research issues related to leadership development as needed. Should these become useful, we will submit a protocol addendum.
III. Study Population	Women who are Fellows in the ELAM program. These individuals will be given an informed consent form to sign, educating them as to the purpose of the study, what will be involved in their participation, and how their privacy and confidentiality will be ensured.
IV. Risks That May Be Involved	There is a very small chance of risk or discomfort for ELAM Fellows participating in this study, that includes: (1) some anxiety or stress when describing successes or failures in leadership discussions and diagnostic tools, and (2) Possible embarrassment, or social or legal problems with employment if data may be attributed to individual subjects, or there is a breach of confidentiality.
V. Uses of data	Study results will be reported in reports to funders, ELAM administrators, Fellows, alumnae, and deans, the project will produce the typical range of academic documentation (presentations, papers, book chapters).
VI. Subject Recruitment	All subjects are ELAM Fellows. Subjects self-select to participate in the competitive ELAM application process. Applications are assessed by an admissions committee. Subjects resulting from this assessment process are offered admission into the next ELAM class.
VII. Justification of Sample Size	There will be approximately 250 ELAM Fellows during the period of this study.
VII. Confidentiality and privacy for the subjects	Names will not be attached to the surveys. After transcription verification, names will not be removed from interview transcripts and audiotapes will be destroyed. All records will be stored in a locked file cabinet, only accessible to the researcher and research assistants. Only aggregate data or quotations without attribution will be reported. At the conclusion of the project, all records will be destroyed.

Appendix H: Types of Traditional Leadership in Academic Medicine

Traditional Leadership Commitments in Academic Medicine	
Administration	Faculty
Presidents	Beginning Assistant Professor
Vice President	Advanced Assistant Professor
Dean	Associate Professor
Chair	Beginning Mid-level Professor
Chancellor	Advanced Full Professor
Vice Chancellor	
Deans	Healthcare Institutions
Associate Deans	Managerial staff
Department Deans	Supervisors
Section Deans	Directors
Division Deans	Assistant Directors
	Clinical Coordinators

Adapted from: Diamonds (2002), DiLeornzo & Heppner (1994), and King & Cubic (2005), Baldwin (1979) and Jastrzembski (2007).

Appendix I: Types of Non-traditional Leadership in Academic Medicine

Non-Traditional Leadership Commitments in Academic Medicine

Director of Residency & Deputy Dean of Education	Deputy Dean for Administration
Director of Graduate Medical Education Associate Director Echocardiography Lab	Director of Cardiology Fellowship Program
Course Director & Chair Person for Medical Student Education Committee in Department of Psychiatry	Director of Residency & Deputy Dean of Education
Deputy Dean for Administration Director of Graduate Medical Education	Director of Cardiology Fellowship Program
Director of Pediatric Medical Executive Chair of Department of Family Medicine & Chair of Promotion and Tenure Committee	Director of Clinical Operations Course Director & Chair Person for Medical Student Education Committee in Department of Psychiatry

Adapted from: ELAM Participants Leadership Commitments

Appendix J: Inventory of ELAM Participants Interviews

The table below demonstrates how the ELAM participants will be recorded in referenced to Career Paths: Traditional or Non-Traditional Commitments.

Rating Category: High, Medium or Low

Traditional Leadership Commitments (TLC)

Non-Traditional Leadership Commitments (NTLC)

Tier 1 (3 – 6 months)		Tier 2 (23–25 months)		Tier 3 (5.5 years)		Tier 4 (7 – 8 years)		Interview Code
TLC	NTLC	TLC	NTLC	TLC	NTLC	TLC	NTLC	
High	High	High	High	High	High	High	High	97.16
Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	
Low	Low	Low	Low	Low	Low	Low	Low	
TLC	NTLC	TLC	NTLC	TLC	NTLC	TLC	TLC	
High	High	High	High	High	High	High	High	97.18
Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	
Low	Low	Low	Low	Low	Low	Low	Low	
TLC	NTLC	TLC	NTLC	TLC	NTLC	TLC	TLC	
High	High	High	High	High	High	High	High	97.19
Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	
Low	Low	Low	Low	Low	Low	Low	Low	
								97.20
								97.21
								97.22
								97.24
								97.25

Appendix K: IRB Data Letter from Drexel University



DREXEL UNIVERSITY

Executive Leadership in Academic Medicine

College of Medicine

Date: 9 November 2012

To: Ms. Sharon Simmons
George Washington University

From: Page Morahan, Ph.D.
Director of Research, International Center for Executive Leadership in Academics (ICELA)
Founding Director, Executive Leadership in Academic Medicine® (ELAM) program
Professor, Microbiology and Immunology

Re: Permission to use data from ELAM program

I am pleased to allow you access to deidentified data, with no links provided to the source subjects, from the open GWU study #GWUU050212ER the now closed GWU study #GWUU050215ER that were collected as part of Drexel Projects #316 and # 1111000430 both titled *Evaluation of Effectiveness and Long-term Impact of Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women and Implications for Theory-Building about the Leadership Development of Women.*