Diversity, Equity, Inclusion, and Justice

Workplace Experience as a Proxy for Privilege: An Unspoken Barrier Women Physicians Face in Career Advancement

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A resident woman physician who met all required qualifications applied for a hospital leadership role. However, another applicant, a White man, was chosen on account of having one more year of research and leadership experience. Their selection not only denied her opportunity to showcase and develop her abilities but also set back the hospital's commitment to diversity. She was disappointed in the lack of sponsorship from colleagues and the system that failed to uphold its stated value of diversity in leadership. Faced with this outcome, which has happened to her previously, she questioned whether the toll on her mental health and career development would drive her to leave academic medicine altogether.

Workplace experience typically comes from leveraging one's network, such as mentors and sponsors, who pass along opportunities and support a nomination. Yet, women physicians commonly have less access, when compared to men, to mentorship and sponsorship.[1,2] The disparity starts early as women residents are less likely than men residents to report meaningful mentorship.[3,4] The lack of inclusion has led many women to describe feeling invisible and overlooked, especially as they transition from trainee to early career physicians.[5] In their off-hours, when women could pursue opportunities for professional growth, many are instead tasked with personal responsibilities, such as familial and household obligations.[6-10] Consequently, workplace experience becomes a proxy for a privilege that marginalized groups, such as women, particularly women of color, are not equally afforded. This disparity becomes relevant when institutions and individuals, who position themselves as championing gender diversity, overlook qualified women candidates who have different experience than men.

As academics who have served on numerous selection committees, we have observed that workplace experiences, specifically traditional metrics of academic success—such as grants, publications, lectures, and leadership roles—are often disproportionately prioritized in candidate selection. The core problem lies not in the use of these traditional metrics of success, but in their misalignment with the specific requirements needed to succeed in a given role. For example, a strong research record is crucial for research-focused positions but may be less relevant for leadership roles outside of research. Emphasis on traditional metrics often overshadows the invaluable personal and commonly lived experiences gained from navigating challenges as women: gender bias, sexual harassment, limited sponsorship, imposter syndrome, and the pressure to conform.[11] Most concerning is the prevailing assumption that traditional metrics of success are universally accessible, even though data demonstrates these experiences are unevenly distributed.[12-15] While institutions and specialties have been called upon to deemphasize research and grant-writing, a continued focus on traditional metrics in any institution may exacerbate the overall achievement gap and hinder the advancement of women, who often struggle to access these opportunities in the first place.[16,17]

Our personal observations are supported by published data. One study showed that when selecting between 2 nearly equal faculty candidates, women candidates were bypassed for a slightly more experienced man 95.2% of the time.[18] The disparity affects residents as well. Another study showed that women underrepresented in medicine were least likely to be selected as chief residents and 50% as likely to be selected for chief residents compared with White men.[19] The limited gender diversity in health care leadership may signal a culture of exclusivity against women, especially those in early stages of training (ie, residents, fellows). We do not dispute the value of workplace experience but highlight how privilege can create systematic disadvantages for women. In a study of retail management-track employees, even in

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scenarios where a woman candidate was able to surpass a man based on performance, men were more often selected or promoted based on their perceived potential.[20]

Gender parity in medical school enrollment is a clear marker of progress within the workforce, as women medical students represent over 50% of the student body. However, data reveals men medical students participate more in research and teaching experiences; whereas women students participate in patient care and community service.[21] It is unclear if these choices are related to curiosity, interests, bandwidth, or capability. However, data shows women physicians have less clarity on what experiences lead to promotion.[17] While teaching and service activities are important for society at large and might hold more value in community hospitals and smaller academic institutions, traditional metrics of success in academia, such as a research record and grants, have been shown to strengthen the probability of academic promotion.[22]

This effect of early research exposure persists beyond medical school, as men faculty have been shown to publish more first and senior-author manuscripts.[12] Research grants, awards, and speaking opportunities are more often given to men.[13-15] Women residents in orthopedic programs have been found to publish fewer first author papers and have lower *h*-indices compared to men.[23] While research may not be a salient aspect of every woman's career, this is no small distinction as publications, grant funding, and research-related speaking engagements can be leveraged to validate expertise and build brand. The measurable impact starts early—junior career faculty men are more likely to hold leadership positions and be promoted in rank.[24] Asian, Black, and White women more often begin their academic careers at the lower, instructor level, compared to White men. Further, Black and Hispanic women were less likely to be promoted compared to Asian and White women.[25] Over time, while women are at risk of attrition as their career advances,[26] men are more likely being positioned to become chairs of their departments and achieve the designation of professor.[27]

It is essential to clarify that the issue is not one of women being idle. Rather, women frequently bear the burden of what has traditionally been considered non-promotable work, often described as administrative responsibilities, committee service, recruitment-related tasks, mentoring medical students or junior trainees, volunteering to lead wellness or social events, and familial duties.[28,29] While some US institutions have expanded promotion criteria from the "traditional" metrics to include other areas of scholarship as well as administrative, education, and other leadership activities, the extent of these changes varies.[30] Thus, it is of paramount importance for each individual to know exactly what type of work or scholarship is valued within their institution and department. Moreover, women will benefit from strategic mentorship and sponsorship to achieve leadership positions, including promotion, within an expected timeframe.

There is also an uncomfortable truth rarely discussed. Academic medicine, like any industry or field, is vulnerable to the perpetual promotion of the same individuals. Opportunities beget opportunities. The practice appears when a single person has an exhaustive list of titles, awards, or grants. Logically, their prior experiences make them more attractive and an easier choice for future opportunities. However, this pattern begs the question: how much experience and how many accolades does a single individual truly need? If this person continues to gather more success, whose career is being overlooked in turn? We argue that, especially in scenarios where a woman or a woman of color candidate meets the listed criteria, selection committees should consider sponsoring a deserving woman candidate. Our hope is that a woman candidate, who meets the criteria for an opportunity and may still have fewer or different experiences than a man, is considered in the context of our academic medical system, which offers fewer publications, awards, leadership positions, speaking opportunities, and grants to women at large.

Any lack of advancement of women in medicine has downstream implications. Selecting a woman is an active choice that demonstrates an institution and individual's commitment to valuing women through actions, not just mission statements. The impact of not selecting women, especially women of color, affects the entire culture and growth of the organization. This process highlights the power of sponsorship—nominating and advocating for women in decision-making spaces. Strategic inclusion must start early in one's career, including medical school and residency. While this article is focused on women, particularly women of color, advocacy for and inclusion of all marginalized communities, such as people of color, persons with disabilities, and members of the LGBTQ+ community is needed as well.

We must recognize how exclusion leads to isolation, and how that isolation further contributes to attrition, ultimately preventing the highest quality of health care in our institutions. Efforts, as shown, must go beyond recruitment and focus on development, promotion, and retention (TABLE). Institutional efforts to support the advancement of women are worthy investments: opening leadership doors for a woman not only advances her career but allows her to open doors for other women who follow.

TABLE
Strategies to Address Gender Disparities in Career Advancement in Academic Medicine

Identified Issues	Accountable Groups	Proposed Solutions
Inadequate mentorship and sponsorship for women physicians	Institution/department	Increase mentorship programs specifically for women; establish formal sponsorship initiatives. Reward faculty mentors and sponsors who measurably prioritize women, such as residents and fellows.[31]
	Individuals	Diversify your panel of mentees and assure inclusion of women and women of color.[32] Inform trainees early on what efforts have traditionally led to promotion.[17] Work to leverage their personal interests into productivity that is valued by the institution.[33]
Overemphasis on traditional credentials in hiring	Institution/department	Revise selection criteria to value lived experiences alongside traditional metrics of academic success.[34] Metrics used to evaluate a candidate should sync with the specific skills and competencies required for each role. Defining these criteria in advance ensures that selection committees can focus on relevant attributes of the applicant.
Disproportionate burden of non-promotable work	Institution/department	Redistribute administrative tasks equitably; create policies to recognize non-promotable work in evaluations.[28]
	Individuals	Suggest dividing administrative duties among the team.
Gender bias in candidate selection	Institution/department	Train selection committees on implicit bias; agree upon and revisit core values and goals for the committee.[35]
	Individuals	Highlight when language unfairly discriminates against women, such as, "While she has strong qualifications, I'm concerned that her family commitments might affect her availability for this leadership role."
Limited representation of women in leadership roles	Institution/department	For each position, examine closely how criteria for the position aligns with its responsibilities and perform more complete, holistic review of candidates.[36]
	Individuals	Speak up when you notice that the historical trend of a particular open role or opportunity has been given to men. "I've noticed this role has never (or rarely) been held by a woman or a woman of color. Can we pause to discuss?"
Attrition of women in academic medicine	Institution/department	Develop retention strategies, such as flexible work arrangements and support networks. Assess if salaries need to be increased.[37]
Lack of active support for women's advancement	Institution	Foster a culture of allyship; create forums for faculty of all genders to share experiences and support women.
	Individuals	Provide actionable guidance and sponsorship to women looking for support. Offer introductions to key contacts.[38]
Collaborative practices	National organizations/ institution/department/ individuals	Ensure equitable recruitment of speakers for conferences, authors for papers, awardees for grants and honors.[39]
Insufficient focus on development and promotion	Institution/department	Implement continuous professional development programs tailored for women. Provide stipends for women to attend leadership conferences.[39]
Term limits on leadership roles	Institution/department	Introduce term limits for leadership positions to allow for fresh perspectives and equitable opportunities.[40] Incorporate sponsor-protégé dyads succession planning.[41]
	Individuals	Encourage women to work with their supervisor to develop a succession plan when holding a title or position.
Selection committees that are homogeneous in interests and background	Institution/department	Ensure more holistic representation on selection committees to enhance broader perspectives and knowledge. Be mindful of recruiting women faculty as committee members if they could be potential candidates for the role.[42]
	Individuals	Recognize selection committee homogeneity (age, race, gender, parenting status, prior experiences). Before accepting a position on a selection committee, ask about the variety of its members.
Eliminate performative selection committees	Institution/department	Avoid creating selection committees who dedicate hours of time when a candidate has already been preliminarily selected behind the scenes.

References

1. Shen M, Tzioumis E, Anderse E, et al. Impact of mentoring on academic career success for women in medicine: a systematic review. *Acad Med*. 2022;97(3):444-458. doi:10.1097/ACM.0000000000004563
2. Farlow JL, Mott NM, Standiford TC, et al. Sponsorship and negotiation for women otolaryngologists at midcareer: a content analysis. *Otolaryngol Head Neck Surg*. 2023;168(3):384-391. doi:10.1177/01945998221102305
3. McNamara MC, McNeil MA, Chang J. A pilot study exploring gender differences in residents' strategies for establishing mentoring relationships. *Med Educ Online*. 2008;13:7. doi:10.3885/meo.2008.res00263
4. Silver CM, Yuce TK, Clarke CN, et al. Disparities in mentorship and implications for US surgical resident education and wellness. *JAMA Surg*. 2024;159(6):687-695. doi:10.1001/jamasurg.2024.0533
5. Lewiss RE, Silver JK, Bernstein CA, Mills AM, Overholser B, Spector ND. Is academic medicine making mid-career women physicians invisible? *J Womens Health (Larchmt)*. 2020;29(2):187-192. doi:10.1089/jwh.2019.7732
6. Wang X, Zhang W, Sheng S, et al. Residency attrition and associated characteristics, a 10-year cross specialty comparative study. *Brain Neurol Disord*. 2022;5(4). doi:10.31579/2642-973X/028
7. Moschos E, Beyer MJ. Resident attrition: is gender a factor? *Am J Obstet Gynecol*. 2004;191(2):387-391. doi:10.1016/j.ajog.2004.04.017
8. Lyu HG, Davids JS, Scully RE, Melnitchouk N. Association of domestic responsibilities with career satisfaction for physician mothers in procedural vs nonprocedural fields. *JAMA Surg*. 2019;154(8):689-695. doi:10.1001/jamasurg.2019.0529
9. Agarwal N, White MD, Pannullo SC, Chambless LB. Analysis of national trends in neurosurgical resident attrition. *J Neurosurg*. 2018;131(5):1668-1673. doi:10.3171/2018.5.JNS18519
10. Jolly S, Griffith KA, DeCastro R, Stewart A, Ubel P, Jagsi R. Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. *Ann Intern Med*. 2014;160(5):344-353. doi:10.7326/M13-0974
11. López-Arribas M, Pallarés J, Villalta J, Moya A. The impact of women's leadership on healthcare outcomes: a systematic review. *PLoS Biol*. 2023;21(12):e3001282. doi:10.1371/journal.pbio.3001282
12. Silver JK, Poorman JA, Reilly JM, Spector ND, Goldstein R, Zafonte RD. Assessment of women physicians among authors of perspective-type articles published in high-impact pediatric journals. *JAMA Netw Open*. 2018;1(3):e180802. doi:10.1001/jamanetworkopen.2018.0802
13. Hechtman LA, Moore NP, Schulkey CE, et al. NIH funding longevity by gender. *Proc Natl Acad Sci U S A*. 2018;115(31):7943-7948. doi:10.1073/pnas.1800615115
14. Gerull KM, Kim DJ, Cogsil T, Rhea L, Cipriano C. Are women proportionately represented as speakers at orthopaedic surgery annual meetings? A cross-sectional analysis. *Clin Orthop Relat Res*. 2020;478(12):2729-2740. doi:10.1097/CORR.0000000000001359
15. Silver JK, Bhatnagar S, Blauwet CA, et al. Female physicians are underrepresented in recognition awards from the American Academy of Physical Medicine and Rehabilitation. *PM R*. 2017;9(10):976-984. doi:10.1016/j.pmrj.2017.02.016
16. Bode SM, Hoffman BD, Chapman SH, et al. Academic careers in advocacy: aligning institutional values through use of an advocacy portfolio. *Pediatrics*. 2022;150(1):e2021055014. doi:10.1542/peds.2021-055014
17. Murphy M, Callander JK, Dohan D, Grandis JR. Women's experiences of promotion and tenure in academic medicine and potential implications for gender disparities in career advancement: a qualitative analysis. *JAMA Netw Open*. 2021;4(9):e2125843. doi:10.1001/jamanetworkopen.2021.25843
18. Ceci SJ, Williams WM. Women have substantial advantage in STEM faculty hiring, except when competing against more-accomplished men. *Front Psychol*. 2015;6:1532. doi:10.3389/fpsyg.2015.01532
19. Tsai JW, Nguyen M, Dudgeon SN, et al. Race and sex disparities among emergency medicine chief residents. *JAMA Netw Open*. 2024;7(9):e2432679. doi:10.1001/jamanetworkopen.2024.32679
20. Sommers M. Women are less likely than men to be promoted: here's one reason why. *MIT Sloan School of Management*. Published December 12, 2022. Accessed February 16, 2025. https://mitsloan.mit.edu/ideas-made-to-matter/women-are-less-likely-men-to-be-promoted-heres-one-reason-why
21. Snyder A, Xiang D, Smith A, et al. Gender disparities among medical students choosing to pursue careers in medical research: a secondary cross-sectional cohort analysis. *BMC Med Educ*. 2021;21(1):591. doi:10.1186/s12909-021-03004-z
22. Guraya SY, Norman RI, Khoshhal KI, Guraya SS, Forgione A. Publish or perish mantra in the medical field: a systematic review of the reasons, consequences and remedies. *Pak J Med Sci*. 2016;32(6):1562-1567. doi:10.12669/pjms.326.10490.
23. Cho E, McCarthy MV, Hodkiewicz V, Rumps MV, Mulcahey MK. Gender disparity in authorship among orthopaedic surgery residents. *JB JS Open Access*. 2024;9(3):e24.00061. doi:10.2106/JBJS.OA.24.00061
24. Linden JA, Baird J, Madsen TE, et al. Diversity of leadership in academic emergency medicine: are we

making progress? *Am J Emerg Med*. 2022;57:6-13. doi:10.1016/j.ajem.2022.04.009
25. Clark L, Shergina E, Machado N, et al. Race and ethnicity, gender, and promotion of physicians in academic medicine. *JAMA Netw Open*. 2024;7(11): e2446018. doi:10.1001/jamanetworkopen.2024.46018
26. Chen Y, Orlas C, Kim T, Chang DC, Kelleher CM. Workforce attrition among male and female physicians working in US academic hospitals, 2014-2019. *JAMA Netw Open*. 2023;6(7):e2323872. doi:10.1001/jamanetworkopen.2023.23872
27. Richter KP, Clark L, Wick JA, et al. Women physicians and promotion in academic medicine. *N Engl J Med*. 2020;383(22):2148-2157. doi:10.1056/NEJMsa1916935
28. Babcock, L. Are you taking on too many non-promotable tasks? *Harvard Business Review*. Published April 26, 2022. Accessed May 21, 2025. https://hbr.org/2022/04/are-you-taking-on-too-many-non-promotable-tasks
29. Rodríguez JE, Campbell KM, Pololi LH. Addressing disparities in academic medicine: what of the minority tax? *BMC Med Educ* 2015;15:6. doi:10.1186/s12909-015-0290-9
30. Mondal S, Oakes D, Humphrey T, Kolarczyk L, Trzcinka A. Women in anesthesiology and the mid-career stall: why they are not advancing into senior leadership [published online ahead of print January 30, 2024]. *Anesth Analg*. doi:10.1213/ANE.0000000000006826
31. Schwartz R, Williams MF, Feldman MD. Does sponsorship promote equity in career advancement in academic medicine? A scoping review. *J Gen Intern Med*. 2024;39(3):470-480. doi:10.1007/s11606-023-08542-4
32. Farkas AH, Bonifacino E, Turner R, Tilstra SA, Corbelli JA. Mentorship of women in academic medicine: a systematic review. *J Gen Intern Med*. 2019;34(7): 1322-1329. doi:10.1007/s11606-019-04955-2
33. Mbuagbaw L, Anderson LN, Lokker C, Thabane L. Advice for junior faculty regarding academic promotion: what not to worry about, and what to worry about. *J Multidiscip Healthc*. 2020;13:117-122. doi:10.2147/JMDH.S240056
34. Davies SR, Barbanell A, Barker D, et al. Promoting inclusive metrics of success and impact to dismantle a discriminatory reward system in science. *PLoS Biol*. 2021; 19(10):e3001282. doi:10.1371/journal.pbio.3001282
35. Alli A, Lin T, Thorndyke LE, Parekh R, Nunez A. Advancing women to leadership positions through individual actions and institutional reform. *Pediatrics*. 2021;148(suppl 2):e2021051440D. doi:10.1542/peds.2021-051440D
36. Davenport D, Alvarez A, Natesan S, et al. Faculty recruitment, retention, and representation in leadership: an evidence-based guide to best practices for diversity, equity, and inclusion from the Council of Residency Directors in Emergency Medicine. *West J Emerg Med*. 2022;23(1):62-71. doi:10.5811/westjem.2021.8.53754
37. Boone A, Lavreysen O, De Vries N, et al. Retaining healing hands: a transnational study on job retention interventions for the healthcare workforce. *Qual Health Res*. 2024;34(13):1351-1366. doi:10.1177/10497323241254253
38. Silver J. Six practical strategies to mentor and sponsor women in academic medicine. *J Med Internet Res*. 2023;25:e47799. doi:10.2196/47799
39. Khatri UG, Love J, Zeidan A, Hsu CH, Mills AM. #Shemergency: use of a professional development group to promote female resident recruitment and retention. *Acad Med*. 2020;95(2):216-220. doi:10.1097/ACM.0000000000002969
40. Beeler WH, Mangurian C, Jagsi R. Unplugging the pipeline—a call for term limits in academic medicine. *N Engl J Med*. 2019;381(16):1508-1511. doi:10.1056/NEJMp1906832
41. Hastie MJ, Lee A, Siddiqui S, Oakes D, Wong CA. Misconceptions about women in leadership in academic medicine. *Can J Anaesth*. 2023;70(6):1019-1025. doi:10.1007/s12630-023-02458-7
42. Jacobs NN, Esquierdo-Leal J, Smith GS, Piasecki M, Houmanfar RA. Diversifying academic medicine: one search committee at a time. *Front Public Health*. 2022;10:854450. doi:10.3389/fpubh.2022.854450

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