

## **American Association of Colleges of Pharmacy**

### **Women's Sig**

#### **Annotated Bibliography of Papers Published in AJPE Regarding Women Faculty July, 2010**

Svarstad B, Draugalis J, Meyer S, et al. The Status of Women in Pharmacy Education: Persisting Gaps and Issues. *Am J Pharm Educ.* 2004 Aug; 68 (3):79.

The purpose of this paper was to illustrate what is known about the status of women in pharmacy education. The authors used national databases, reports, and scholarly studies for their research. The results show gender differences in tenure status, leadership position, achievement awards, and salary at higher ranks between men and women. The researchers recommend an investigation in this issue through a serious study and to collaborate on new plans for change in all levels (departmental, institutional, and national).

Carvajal M, Hardigan P. Pharmacists' sources of job satisfaction: inter-gender differences in response. *Am J Pharm Educ.* 2000; 64: 420-25.

This paper compares job satisfaction among males and females using intrinsic and extrinsic determinants. The authors concluded that men and women have different views of sources of job satisfaction. Job autonomy, for example, is more important to women than men. Another finding is that men do not view supervisor reliability, earnings, and advancement opportunities as determinants of their satisfaction level among other functions.

Henderson M, Broedel-Zaugg K. A Historical Perspective on Women Pharmacy Faculty (Galley). *Am J Pharm Educ.* 1999; 63(4):402-05.

This article takes a historical perspective in women's roles in pharmacy education. It includes summaries of women pioneers with names like Zada Cooper, Bess Emch, Nellie Wakeman, and Mary Ann Koda-Kimble. It also describes trends seen over the past 20 years regarding women as faculty members.

Trinca C. Executive director's section: Valuing diversity. *Am J Pharm Educ.* 1994; 58: 468.

This article describes the need to focus on actions that need to be taken for minorities and women in the colleges of pharmacy. It includes information about women in AACP forming a Special Interest group that focuses on important issues for women faculty like leadership, recruitment, retention, and networking. The article sums up by encouraging everyone in the pharmacy profession to take more than just an interest in issues of diversity.

### **Articles in other related journals**

Tsukada YT; Tokita M; Kato K; Kato Y; Miyauchi M; Ono I; Tanabe H; Yokoshima T; Fukumoto H; Miyatake Y; Mizuno K. Solutions for Retention of Female Cardiologists. *Circ J.* 2009.

Gender differences in the professional and private lives of cardiologists, as well as the barriers to work for female cardiologists, were surveyed.

Gordon MB; Osganian SK; Emans SJ; Lovejoy FH Jr. Gender Differences in research grant applications for pediatric residents. *Pediatrics.* 2009; 124: 355-61

The paper was a retrospective review of all applications to an internal, mentored research grant fund at a large academic pediatric residency program from 2003-2008. Funding success rates were not statistically different between male and female applicants.

Shollen SL; Bland CJ; Finstad DA; Taylor AL. Organizational climate and family life: how these factors affect the status of women faculty at one medical school. *Acad Med.* 2009; 84: 87-94

This paper compared men and women faculty's family situations and perceptions of organizational climate. Women and men were equally productive and worked similar total hours. Women were less likely to have partners/spouses, were more likely to have partners/spouses who were employed, and devoted more time to household tasks.

Compared with men, women reported more experience with obstacles to career success and satisfaction and with circumstances that contribute to departure.

Harrison RA; Gregg JL. A time for change: an exploration of attitudes toward part-time work in academia among women internists and their division chiefs. *Acad Med.* 2009; 84: 80-6

Purposeful sampling was used to investigate the experiences of part-time academic physicians and their division leaders. Both applicants and division chiefs identified multiple specific negative and positive consequences of part-time work.

Dannels S; McLaughlin J; Gleason KA; McDade SA; Richman R; Morahan PS. Medical school deans' perceptions of organizational climate: useful indicators for advancement of women faculty and evaluation of a leadership program's impact. *Acad Med.* 2009; 84: 67-79

The authors surveyed U.S. and Canadian medical school deans regarding organizational climate for faculty, policies affecting faculty, processes deans use for developing faculty leadership, and the impact of the Executive Leadership in Academic Medicine (ELAM) Program for Women.

Ibarra H; Obodaru O. Women and the vision thing. *Harv Bus Rev.* 2009; 87: 62-70  
This analysis showed that women tend to outshine men in all areas but one: vision.

Bilimoria D, Joy S, Liang X. Breaking barriers and creating inclusiveness: lessons of organization transformation to advance women faculty in academic science and engineering. *Human Resource Management.* 2008; 47: 423-41.

This article examines 19 U. S. universities funded by the National Science Foundation's ADVANCE Institutional Transformation program that have embraced comprehensive transformation for improved gender representation.

Files JA; Blair JE; Mayer AP; Ko MG. Facilitated peer mentorship : a pilot program for academic advancement of female medical faculty. *Journal of Women's Health.* 2008; 17: 1009-15

This paper describes a facilitated peer mentorship pilot program that was developed to meet the unique needs of women faculty.

Morrissey CS; Schmidt ML. Fixing the system, not the women: an innovative approach to faculty advancement. *Journal of Women's Health.* 2008; 17: 1399-408

At the University of Illinois College of Medicine (UICM), the Faculty Academic Advancement Committee (FAAC) was established in January 2003. FAAC's long-term goals are to create an institution whose faculty, department leaders, and deans reflect the gender and ethnic profile of the college's student body and to enable excellence in research, teaching, and patient care while promoting work/life balance.

Cropsey KL; Masho SW; Shiang R; Sikka V; Kornstein SG; Hampton CL. Why do faculty leave? Reasons for attrition of women and minority faculty from a medical school: four-year results. *Journal of Women's Health.* 2008; 17: 1111-8

One hundred sixty-six medical school faculty who left the School of Medicine ( SOM) between July 1, 2001 and June 30, 2005, completed a survey about their reasons for leaving. Results: The three most common overall reasons for leaving the institution included

career/professional advancement (29.8%), low salary (25.5%), and chairman/departmental leadership issues (22.4%).

Clark RA. Promotion and retention of women physicians in academia. *J La State Med Soc.* 2008; 160: 289-91

Compared to male physicians, female physicians with children spend fewer hours in their academic job because they have made the choice to spend more time with their children. This choice affects their academic productivity which is likely one of the main reasons for the promotion differential.

Wong, CA; Stock MC. The status of women in academic anesthesiology: a progress report. *Anesth Analg.* 2008; 107: 178-84

In this study, we reassessed the status of women in academic anesthesiology departments in the United States in 2006.

Housri N; Cheung MC; Koniaris LG; Zimmers TA. Scientific impact of women in academic surgery. *J Surg Res.* 2008; 148: 13-6

This paper evaluated the scientific impact of women in the surgical literature.

Clem KJ; Promes SB; Glickman SW; Shah A; Finkel MA; Pietrobon R; Cairns CB. Factors enhancing career satisfaction among female emergency physicians. *Ann Emerg Med.* 2008; 51: 723-728

This paper assessed career satisfaction in women emergency physicians in the American College of Emergency Physicians (ACEP) and identify factors associated with career satisfaction.

Taira BR; Jahnes K; Singer AJ; McLarty AJ. Does reported funding differ by gender in the surgical literature? *Ann Surg.* 2008; 247: 1069-73

This paper compared first authorship and reported funding of original articles in the surgical literature by gender. Of the 664 original research reports evaluated, 118 were first-authored by women and 522 by men.

Dannels SA; Yamagata H; McDade SA; Chuang YC; Gleanson KA; McLaughlin JM; Richman RC; Morahan PS. *Acad Med.* 2008; 83: 488-95

A pre-/posttest methodology and longitudinal structure were used to evaluate the impact of ELAM participation.

Waisbren SE; Bowles H; Hasan T; Zou KH; Emans SJ; Goldberg C; Gould S; Levine D; Lieberman E; Loeken M; Longtine J; Nadelson C; Patenaude AF; Quinn D; Randolph AG; Solet JM; Ullrich N; Walensky R; Weitzman P; Christou H. Gender differences in research grant applications and funding outcomes for medical school faculty. *J Womens Health*. 2008; 17: 207-14

To evaluate whether there were differences in acquisition of research grant support between male and female faculty at eight Harvard Medical School-affiliated institutions.

Gaither CA; Kahaleh AA; Doucette WR; Mott DA; Pederson CA; Schommer JC. A modified model of pharmacists' job stress: the role of organizational, extra-role, and individual factors on work-related outcomes. *Res Social Adm Pharm*. 2008; 4: 231-43. The overall objectives of this study was to test a direct effects model of job stress that examines the characteristics of the organizational environment (interpersonal interactions, environmental aspects, the level of compensation and advancement, role stress, and availability of alternative jobs); extra-role factors (work-home conflict); job stress; individual factors (career commitment); and the work-related psychological outcomes of job satisfaction, organizational commitment, and job turnover intention.

Bowles AO; Kevorkian CG; Rintala DH. Gender differences regarding career issues and promotion in academic physical medicine and rehabilitation. *Am J Phys Med Rehabil*. 2007; 86: 918-25

This paper assessed gender differences in academic progress and attitudes toward promotion in academic physical medicine and rehabilitation.

Wright AL; Ryan K; St. Germain P; Schwindt L; Sager R; Reed KL. Compensation in academic medicine: progress toward gender equity. *J Gen Intern Med*. 2007; 22: 1398-402 This paper aims to assess the effect of an identity-conscious intervention on salary equity.

Wagner AK; McElligott J; Chan L; Wagner EP 2<sup>nd</sup>; Segal NA; Gerber LH. How gender impacts career development and leadership in rehabilitation medicine: a report from the AAPM&R research committee. *Arch Phys Med Rehabil*. 2007; 88: 560-8

This paper examined the role that gender plays in meeting the medical academic mission by assessing career development, leadership, and research productivity among rehabilitation researchers.

Marchant A; Bhattacharya A; Carnes M. Can the Language of Tenure Criteria Influence Women's Academic Advancement? *Journal of Women's Health*. 2007; 16: 998-1003  
The authors used a retrospective, descriptive design to study 24 academic medical centers top-ranked in both NIH funding and Carnegie classification. They found being a leader is associated with stereotypic male-gender traits.

Fox G; Schwartz A; Hart KM. Work-family balance and academic advancement in medical schools. *Acad Psychiatry*. 2006; 30: 227-34  
This study examines various options that a faculty member might exercise to achieve work-family balance in academic medicine and their consequences for academic advancement.

Ash AS, Carr PL, Goldstein R, Friedman RH. Compensation and advancement of women in academic medicine: is there equity? *Ann Intern Med*. 2004; 141: 205-212.  
This article examined 1814 full-time U.S. medical school faculty in 1995-1996, stratified by sex, specialty, and graduation cohort and found that female medical school faculty neither advance as rapidly nor are compensated as well as professionally similar male colleagues.

McGuire LK; Bergen MR; Polan ML. Career advancement for women faculty in a US school of medicine: perceived needs. *Acad Med*. 2004; 79:319-25  
The Committee on Women in Medicine and Science at Stanford University School of Medicine was charged with improving career success and well-being of women faculty. The highest ranked needs were a flexible work environment without negative consequences for women with young children (mean= 4.37 on a five-point scale); a three-month sabbatical from clinical and administrative duties (mean= 4.15); departmental mentoring for academic career development (mean= 4.13); and school/departmental administrative secretarial support for grant and manuscript preparation (mean- 4.11).

Carr PL; Szalacha L; Barnett R; Caswell C; Inui T. A "ton of feathers": gender discrimination in academic medical careers and how to manage it. *J Womens Health*. 2003; 12: 1009-18

This paper evaluated the experience of gender discrimination among a limited sample of women in academic medicine.

Brown AJ; Swinyard W; Ogle J. Women in academic medicine: a report of focus groups and questionnaires, with conjoint analysis. *J Womens Health*. 2003; 12: 999-1008

The purpose of the study was to evaluate the work environment at Duke University Medical Center, with particular emphasis on gender climate.

Wright AL; Schwindt LA; Bassford TL; Reyna VF; Shisslak CM; St. Germain PA; Reed KL. Gender differences in academic advancement: patterns, causes, and potential solutions in one US College of Medicine. *Acad Med*. 2003; 78: 500-8

This study tested hypotheses about why gender disparities exist in salary, rank, track, leadership, and perceptions of campus climate at one academic center, the University of Arizona College of Medicine, Tucson.

Nora LM; McLaughlin MA; Fosson SE; Stratton TD; Murphy-Spencer A; Fincher RM; German DC; Seiden D; Witzke DB. Gender discrimination and sexual harassment in medical education: perspectives gained by a 14-school study. *Acad Med*. 2002; 77: 1226-34

The authors attempted to determine male and female medical students' exposures to and perceptions of gender discrimination and sexual harassment (GD/SH) in selected academic and nonacademic contexts.

Lewis-Stevenson S; Hueston WJ; Mainous AG 3<sup>rd</sup>; Bazell PC; Ye X. Female and underrepresented minority faculty in academic departments of family medicine: are women and minorities better off in family medicine? *Fam Med*. 2001; 33: 459-65

Several studies have shown that the percentage of women represented in senior academic positions at US medical schools is lower than the percentage of men in senior positions. This study assessed whether these findings were also present in departments of family medicine and identified any factors related to the institution or department that favored academic success for women and minorities.

Yedidia MJ; Bickel J. Why aren't there more women leaders in academic medicine? The views of clinical department chairs. *Acad Med*. 2001; 76: 453-65

To understand the barriers confronting women and potential remedies, clinical department chairs with extensive leadership experience were interviewed.

Ransdell LB; Dinger MK; Cooke C; Beske S. Factors related to publication productivity in a sample of female health educators. *American Journal of Health Behavior*. 2001; 25: 468-80  
This paper examined factors related to success in academic publishing for women in health education and promotion. Factors that contributed to successful publication included personal attributes, such as self-discipline and effective time management, and situational factors, such as talented collaborators, access to mentoring, and grant funding.

Buswell DJ; Sherrill C; French R; Myers B. Perspectives on publication among highly productive women adapted physician activity scholars. *Adapted Physical Activity Quarterly*. 2001; 18: 366-88  
The purpose was to examine perspectives on publication of highly productive women adapted physical activity scholars.

Buckley LM; Sanders K; Shih M; Hampton CL. Attitudes of clinical faculty about career progress, career success and recognition, and commitment to academic medicine. Results of a survey. *Arch Intern Med*. 2000; 160: 2625-9  
To assess attitudes about career progress, resources for career development, and commitment to academic medicine in physician faculty at an academic medical center who spend more than 50% of their time in clinical care.

West S. Women in pharmacy: some predictions for women students and faculty. *Ann Pharmacother*. 2000; 34: 947-9

Carr PL; Ash AS; Friedman RH; Szalacha L; Barnett RC; Palepu A; Moskowitz MM. Faculty perceptions of gender discrimination and sexual harassment in academic medicine. *Ann Intern Med*. 2000; 132: 889-96  
To examine the prevalence of gender-based discrimination and sexual harassment among medical school faculty and the associations of gender-based discrimination with number of publications, career satisfaction, and perceptions of career advancement.

Henderson ML. Women in pharmacy: twenty-five years of growth. *The Annals of Pharmacotherapy*. 2000; 34: 943-946

The number of women pharmacists has increased. The issues presented in the predictions, a decline in manpower, a decrease in pharmacists' salaries, and a lack of leadership, are discussed.