



## NIH **U**dates on Women in Science News for You **U** to Use!

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## Feature Articles

### **Work-Life Balance in Academic Medicine: Narratives of Physician-Researchers and Their Mentors.**

Strong EA, De Castro R, Sambuco D, Stewart A, Ubel PA, Griffith KA, Jagsi R., J Gen Intern Med. 2013, Jun 14.

A recent study published in the Journal of General Internal Medicine ([Strong et al., 2013](#)) investigated the impact of both gender and generation on work-life balance in promising male and female clinician researchers. This study investigated the perceptions of competing responsibilities between male and female researchers and how they perceive institutional climate, policy, and practice related to work-life balance. One hundred former recipients of U.S. National Institutes of Health (NIH) K08 or K23 career development awards and 28 of their mentors were interviewed. The results revealed that although both men and women prioritize their personal and family life, societal expectations of women's roles within and outside the workplace continue to have a substantial impact on women. Women are more likely to feel distressed, guilty, or judged when faced with the competing expectations of career and motherhood. Despite existing policies and programs addressing challenges for women in academic medicine and options for flexible schedules, women express concerns about utilizing them due to gender stereotyping and stigmatization. One male mentor shared a perceived risk in fostering the careers of women based on the assumption that all women have the potential to become mothers and change their priorities. Policies alone are insufficient unless institutions actively promote a culture that allows their utilization. In academic medicine, barriers to work-life balance appear to be deeply rooted within professional culture. The authors concluded that a combination of mentorship, interventions that target institutional and professional culture and efforts to destigmatize reliance on flexibility (with regard to timing and location of work) are the most likely interventions to promote the satisfaction and success of the new generation of clinician-researchers who desire work-life balance.

### **Batting 300 is good: perspectives of faculty researchers and their mentors on rejection, resilience, and persistence in academic medical careers.**

DeCastro R, Sambuco D, Ubel PA, Stewart A, Jagsi R. Acad Med. 2013 Apr;88(4):497-504.

Professional rejection is a frequent experience in an academic medical career. In this investigation ([DeCastro et al., 2013](#)), the authors sought to understand how rejection affects individuals with demonstrated ability and interest in research careers, and why some individuals may be more resilient than others. Between February 2010 and August 2011, the authors conducted semi-structured, in-depth telephone interviews with 100 former recipients of National Institutes of Health mentored career development awards and 28 of their mentors. Participants described a variety of experiences with criticism and rejection in their careers, as well as an acute need for persistence and resilience in the face of such challenges. Through their narratives, participants also vividly described a range of emotional and behavioral responses to their experiences of professional rejection. Their responses illuminated the important roles that various factors, including **mentoring and gender**, have played in shaping the ultimate influence of rejection on their own careers and on the careers of those they have mentored. Responses to rejection vary considerably, and negative responses can lead promising individuals to abandon careers in academic medicine. However, resilience does not seem to be immutable, it can be learned. Given the frequency of experiences with rejection in academic medicine, strategies such as training mentors to foster resilience in their protégés may be particularly helpful in improving faculty retention in academic medicine.

## Articles of Note

**Spotlight on Women in Leadership: Women Rising: The Unseen Barriers.** Harvard Business Review Sept. 2013, Reprint R1309C at HBR.Org

The Harvard Business Review published an article in September ([Ibarra et al., 2013](#)) on the unseen barriers women face in attaining leadership roles. The article discusses how organizations have moved away from a focus on the deliberate exclusion of women and toward investigating "second-generation" forms of gender bias as the primary cause of women's persistent underrepresentation in leadership roles in academia and medicine. This bias erects powerful but subtle and often invisible barriers for women that arise from cultural assumptions and organizational structures, practices, and patterns of interaction that inadvertently benefit men while putting women at a disadvantage. Among these are a paucity of role models for women, gendered career paths and gendered work. Second-generation gender bias can make career transitions more challenging for women, and focusing exclusively on acquiring new skills isn't a sufficient strategy in itself, learning must be accompanied by a growing sense of identity as a leader. The authors suggest that for these reasons, greater understanding of second-generation bias, safe spaces for leadership identity development, and encouraging women to anchor in their leadership purpose will gain better results than the paths most organizations currently pursue.

**Feeding the pipeline: Gender, occupational plans, and college major selection.** Morgan SL, Gelbgiser D, Weeden KA. Soc Sci Res. 2013 Jul;42(4):989-1005.

In a recent article published in Social Science Research, [Morgan et al., 2013](#) analyzed gender differences in college major selection. Using replies from respondents to the Education Longitudinal Study (2002-2006), researchers focused on educational pathways through college that lead to science, engineering, or doctoral-track medicine occupations, as well as non-doctoral track clinical and health sciences occupations. Their analysis showed that gender differences in college major selection are considerable, even for a cohort in which rates of enrollment in postsecondary education are more than ten percent higher for young women than for young men. Further, the researchers revealed that gender differences in work-family goals and/or academic preparation could not account for a majority of the observed differences. However, they did find that the occupational plans of high school seniors were strong predictors of initial college major selection, and this association was not attributable to work-family orientation or academic preparation. Finally, the authors found gender differences in the associations between occupational plans and college major selection that are consistent with prior research on STEM attrition, as well as with the claim that attrition also affects the selection of majors that are gateways into doctoral-track medicine. This article discusses the implications of the predictive power of occupational plans formed in adolescence for understanding sex segregation and for policies intended to create a gender-balanced STEM and doctoral-level medical workforce.

## **Current News**

**Causal Factors RO1 (RFA GM-09-012) recipient receives National Research Mentoring Network planning grant.** Causal Factors RO1 recipient, Karen Freund MD, MPH, Associate Director of Tufts University School of Medicine Clinical and Translational Science Institute (CTSI) and her Co-PI, Carrie Byington, MD, Vice President for Faculty and Academic Affairs, University of Utah Health Sciences Center and multi-PI for the Center for Clinical and Translational Science (CCTS), are recipients of one of only 5 awarded NIH National Research Mentoring Network (NRMN) P20 planning grants. They are among the first awardees for the new "Enhancing the Diversity of the NIH-Funded Workforce" program, which offered the awards as planning grants to develop a full proposal for the National Research Mentoring Network. Their proposal, entitled "[Clinical and Translational Science NRMN Furthering a Diverse Biomedical Workforce](#)" aims to develop a partnership between NIH Clinical and Translational Science Award Consortium (CTSA) institutions across the country and other stakeholder institutions to develop an effective national research mentoring network. The consortium includes the Research Partnership on Women in Science Careers, comprised of previous Causal Factors RO1 recipients. Drs. Freund and Byington plan to assess, categorize, and create an inventory of the existing recruitment and mentoring

capacities aimed toward under-represented populations (undergraduate – junior faculty) in participating institutions. In addition, they will develop strategies to adopt and disseminate existing successful programs, conduct gap analyses and develop (through community engagement) new mentorship activities, courses, infrastructure and tools to fill the gaps.

**The U.S. Department of Health and Human Services Health Resources and Services Administration Office of Women's Health (May 2013) released the *HRSA Women's Health Curricula: Final Report on Expert Panel Recommendations for Interprofessional Collaboration across the Health Professions* on-line in November, 2013.**

This report highlights the need for improved inclusion of women's health education in the growing number of health professionals for the coming decade. Independent approaches to improve women's health curricula can promote advances in the field; however, a collaborative effort to create a broader agenda for women's health curricula is also needed. In response to this need, the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Office of Women's Health (OWH) commissioned this report to provide the background, recommendations, and implementation steps to improve women's health education across five specific health professions programs: medicine, oral health/dentistry, baccalaureate nursing, pharmacy, and public health. Both women's health and inter-professional collaboration are top priorities in health education, and improvements may contribute to dramatic health benefits across the population. The purpose of the study was: 1) to summarize recent literature on women's health curricula across health professions; 2) to identify key strategies for inter-professional collaboration in women's health curricula, with an emphasis on concrete actions; and 3) to develop a dissemination plan to share findings from the report and create greater awareness of women's health education needs. To read the full report, click [here](#).

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