

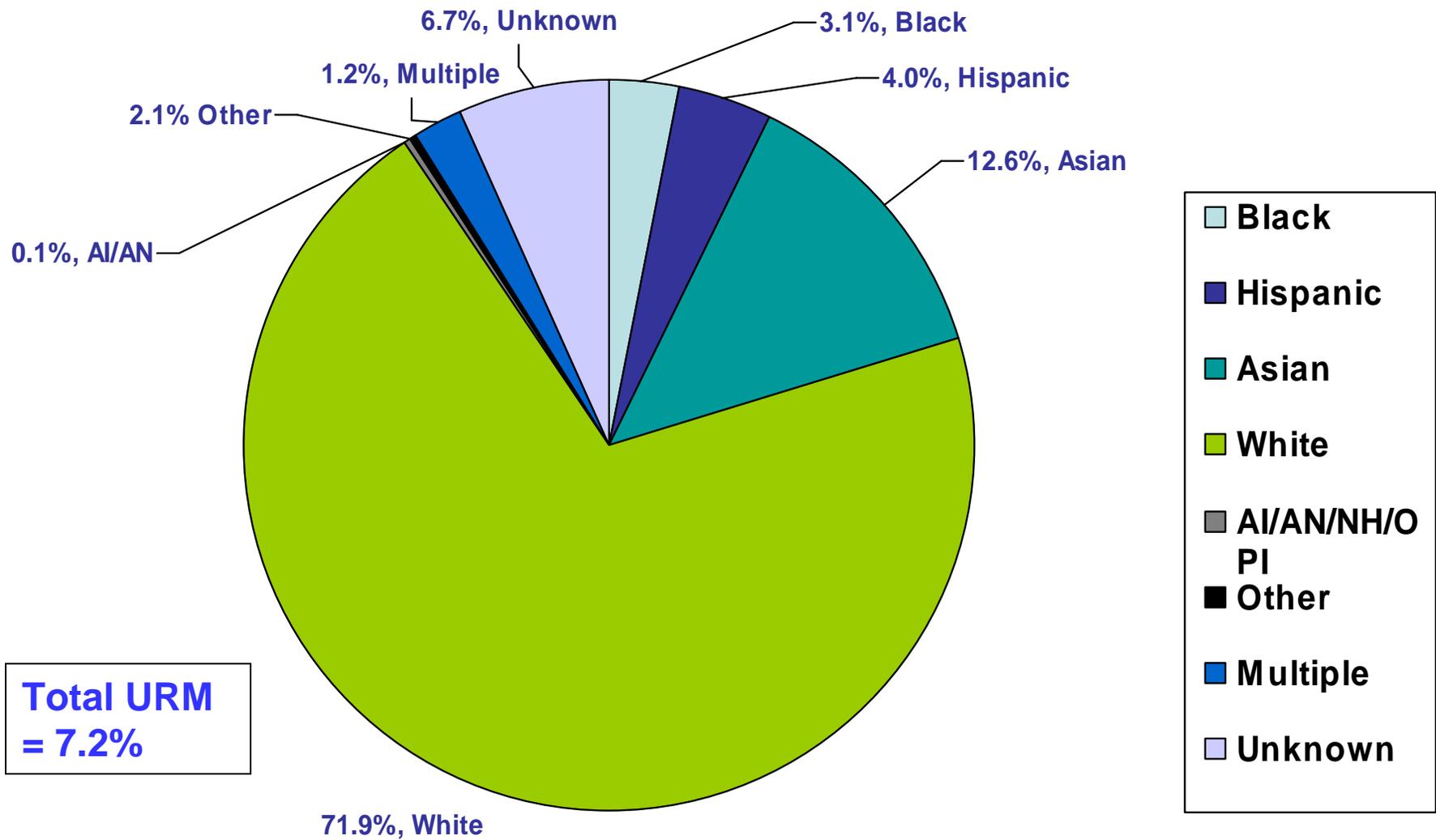
# Mentoring Minority Women in Biomedical Research

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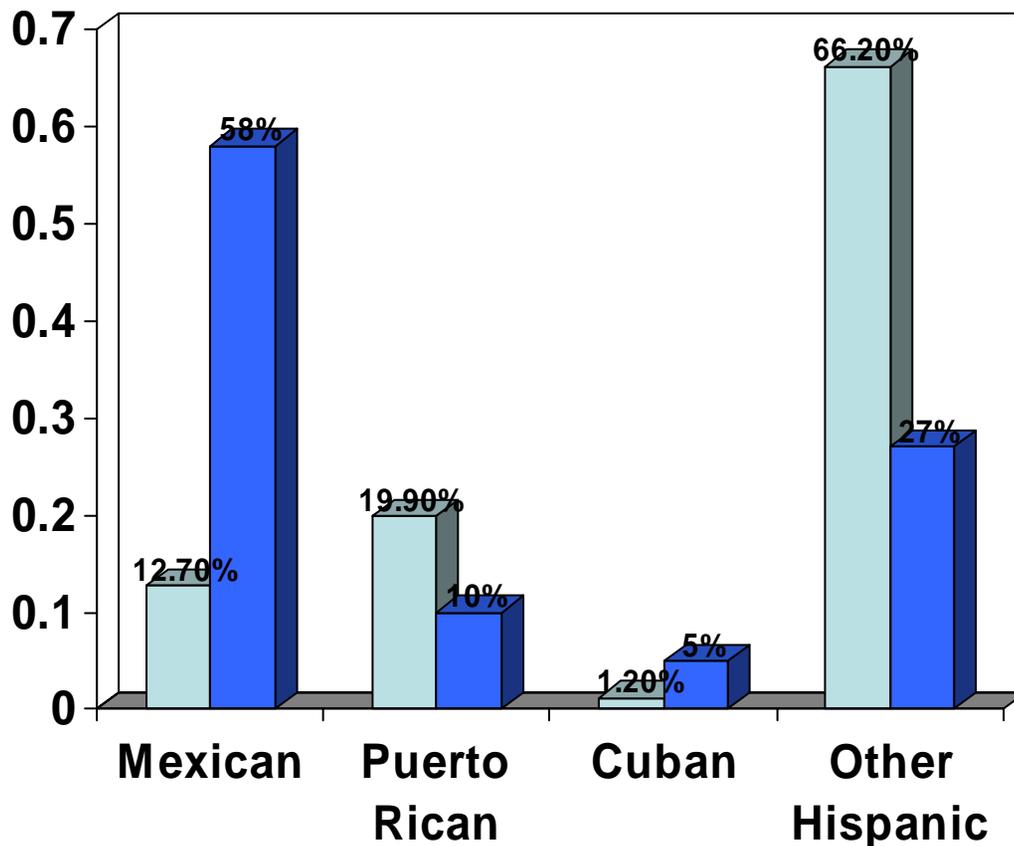
Harvard Medical School

November 27, 2007

# Medical School Faculty by Race and Ethnicity, 2006



# Race/Ethnicity of Internal Medicine Faculty versus Country of Origin of Hispanic Americans, 2005



**Internal Medicine 4.4%**  
**US Population 14 %**

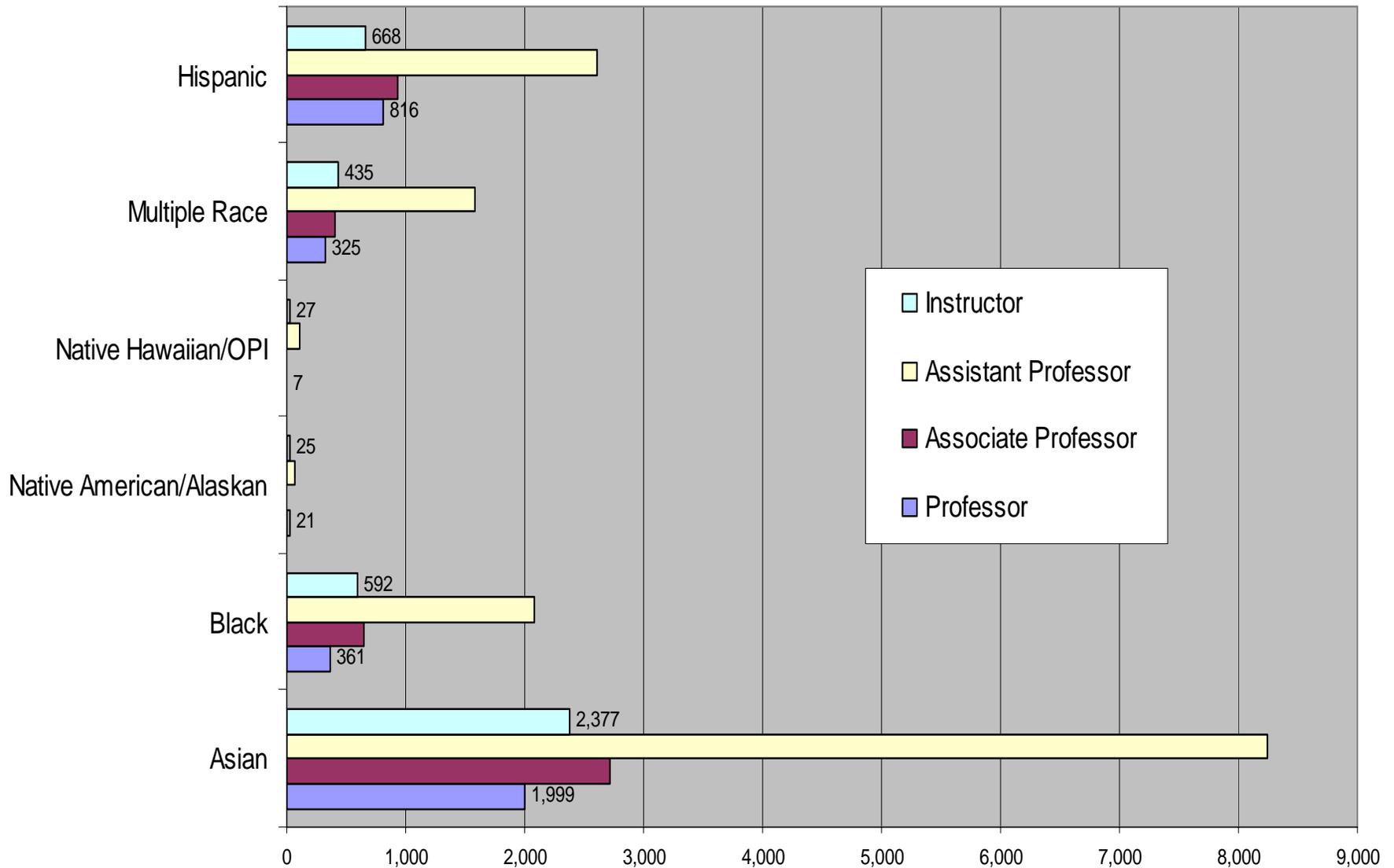
Internal Medicine  
 US Population

## Hispanic Faculty

**1999 N = 614**

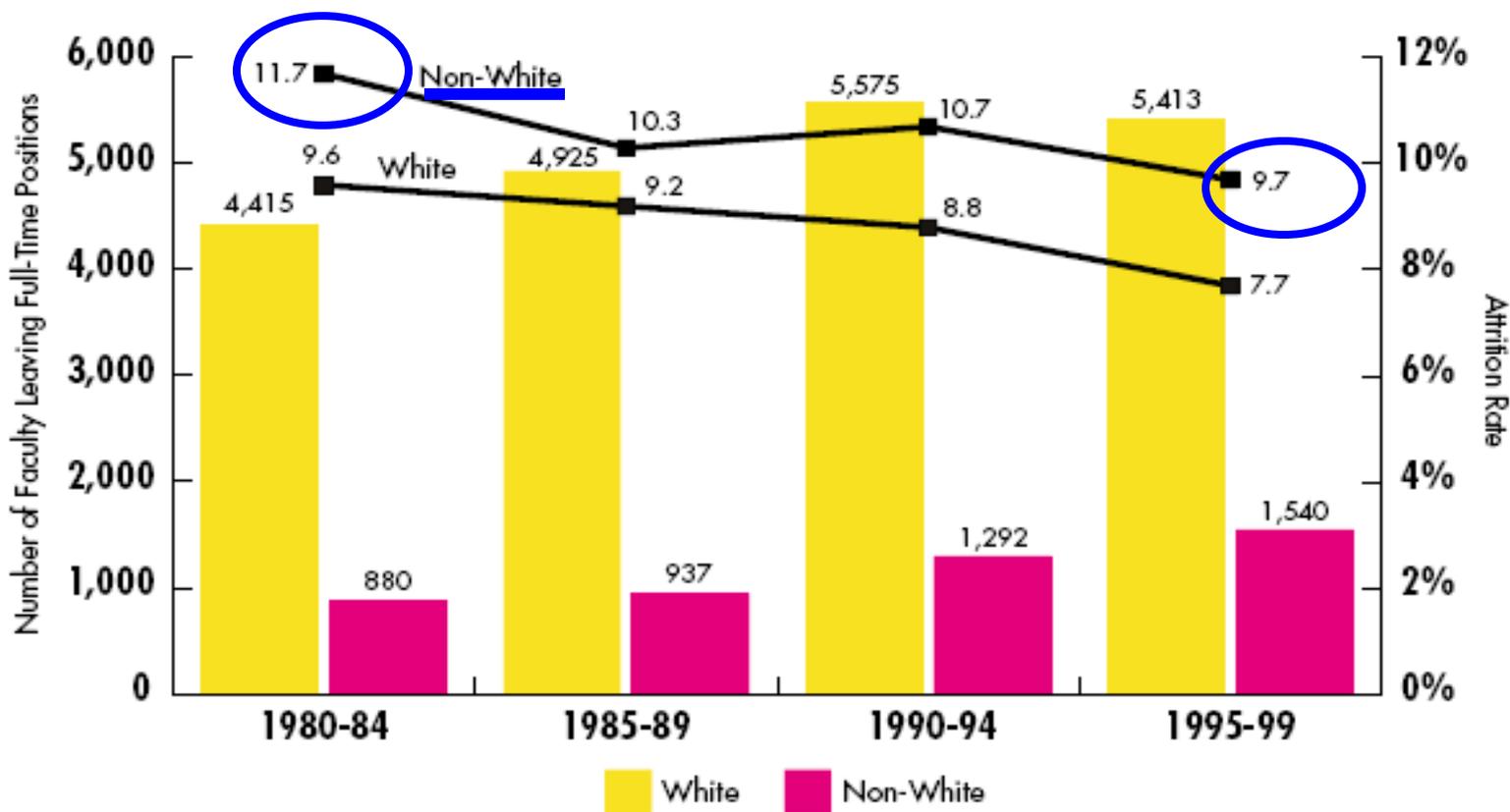
**2005 N = 1,176**

# US Medical School Minority Faculty by Rank, AAMC 2006



Source: <http://www.aamc.org/data/facultyroster/usmsf06/start.htm>

**Figure 3**  
**Medical School Faculty Attrition: 5-Year Average Counts and Rates**  
**for White and Non-White Faculty, 1980-1999**

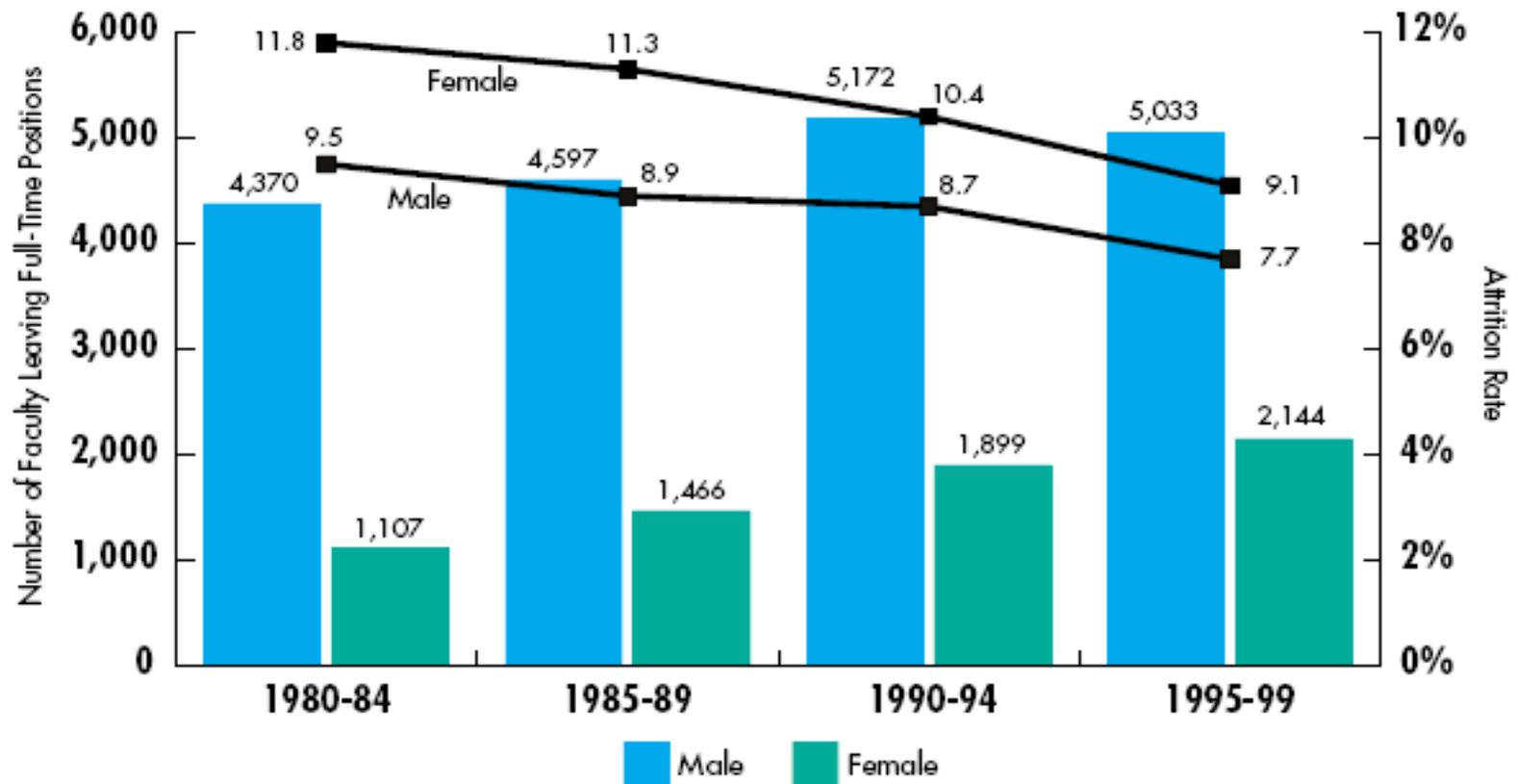


Source: AAMC Faculty Roster System

Women, non-white, and clinical faculty members are leaving full-time appointments at a higher rate than men, white, and basic science faculty members.”

Source: AAMC, Analysis in Brief, Trends in Faculty Attrition at US Medical Schools, 1980-1999, March 2002

**Figure 2**  
**Medical School Faculty Attrition: 5-Year Average Counts and Rates**  
**by Gender, 1980-1999**



Source: AAMC Faculty Roster System

Source: AAMC, Analysis in Brief, Trends in Faculty Attrition at US Medical Schools, 1980-1999, March 2002

# NIH Scientific Staff

## Tenure Track Investigators

	1994	2004
Total	157	300
African Amer.	7 (4.5%)	5 (1.7%)
Hispanic	7 (4.5%)	17 (5.7%)
Native Amer.	1	0
A/PI	16	65
White	126	213

## Senior Investigators

	1994	2004
Total	1145	952
African Amer.	8 (0.7%)	10 (1.1%)
Hispanic	17 (1.5%)	24 (2.5%)
Native Amer.	1	2
A/PI	82	81
White	1038	835

# The Minority Experience in Academe and Medicine

# Frequency of Types of Mistreatment: 2001 Medical Schools Graduation Questionnaire All Schools Report

	2001 N = 14,133 17.1% <b>Perceived Personal Mistreatment</b>			
	Never	Once	Occas.	Freq.
Been <b>denied opportunities</b> of training or rewards because of your <b>gender</b> ?	81.3	6.5	<b>10.6</b>	<b>1.5</b>
Been <b>denied opportunities</b> of training or rewards because of your <b>race or ethnicity</b> ?	87.9	3.5	<b>6.1</b>	<b>2.5</b>
Been subjected personally to racially or ethnically <b>offensive remarks/names</b> ?	82.6	7.0	<b>9.0</b>	<b>1.5</b>
Received <b>lower evaluations</b> or grades solely because of your <b>race or ethnicity</b> rather than performance?	87.0	4.5	<b>6.5</b>	<b>2.0</b>

Source: AAMC

# Racial and Ethnic Discrimination During Residency: Results of a National Survey

- Objective:
  - Establish the current prevalence of racial-ethnic-based harassment or discrimination during residency.
- Design:
  - 13-page anonymous survey instrument sent in 1991 to:
    - 10% random sample of 2<sup>nd</sup> year residents identified from the AMA Medical Education Research and Information Database of the AMA
    - 2<sup>nd</sup> year residents who had been senior medical students at schools (n=10) that held an earlier study on medical student mistreatment.
- Results:
  - 72% response rate (n=2,630)
  - **61% of minority respondents reported at least one experience of discrimination**
  - **Over 60% of all residents reported personal observations of racial or ethnic discrimination at their places of work**

Source: Baldwin, Daugherty, and Rowley. Emotional Impact of Medical School and Residency. Racial and Ethnic Discrimination During Residency. Results of a National Survey. Academic Medicine 69:S19-S21, 1994.

# Types of Perceived/Observed Racial-Ethnic Discrimination: Racial and Ethnic Discrimination during Residency

	% White (n=1492)	% URM (n=143)	% Asian (n=163)	% Middle Eastern (n=27)
<b>Denied opportunities</b>	7.5	<b>26.4</b>	<b>21.0</b>	<b>25.9</b>
<b>Racial or ethnic slurs</b>	<b>32.1</b>	<b>38.7</b>	<b>33.3</b>	<b>29.6</b>
Racist teaching materials	1.3	5.6	2.5	3.7
Malicious gossip	13.6	17.6	13.6	18.5
<b>Favoritism toward other groups</b>	16.2	<b>32.4</b>	25.3	<b>40.7</b>
Poor evaluations	6.4	26.8	20.4	33.3

Source: Baldwin, Daugherty, and Rowley. Emotional Impact of Medical School and Residency. Racial and Ethnic Discrimination During Residency. Results of a National Survey. Academic Medicine 69:S19-S21, 1994.

# Faculty Perception and Experience of Racial/Ethnic Discrimination in Academic Medicine

Peterson et al, J Gen Int Med 2004

	Percent	Adjusted OR	95% CI
Perceived <b>racial/ethnic bias in academic environment</b>			
<b>URM</b>	<b>63</b>	5.4	3.8 to 7.8
NURM	<b>59</b>	2.6	1.8 to 3.7
Majority	<b>29</b>	1.0	-
Personal experience of <b>racial/ethnic bias in professional advancement</b>			
<b>URM</b>	<b>54</b>	12.8	8.7 to 18.7
NURM	36	6.9	4.5 to 10.5
Majority	8	1.0	-
Personal experience racial/ethnic <b>discrimination by a superior or colleague</b>			
<b>URM</b>	<b>48</b>	12.3	8.4 to 18.2
NURM	26	5.0	3.2 to 7.8
Majority	7	1.0	-

# Impact of Race on the Professional Lives of Physicians

- Awareness of race permeates the experience of physicians of African descent in the health care workplace
- Race related experiences shape interpersonal interactions and define the institutional climate
- Health care workplace is often silent on issues of race
- Collective race-related experiences can result in “racial fatigue”

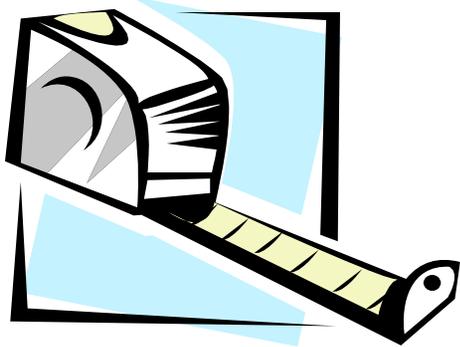
# Diversity “Taxes”: The “Miasma” of tension, instability and mistrust

- Representation assumptions
- “Token Hire” misconception
- Chilly climate
- Isolation, alienation
- Lack of trust, hesitancy in risk taking
- Excessive student/resident demands
- Excessive committee assignments
- Undervaluing scholarship on minority issues
- Revolving doors, middle management, racialized positions

# Challenges to the Advancement of Women

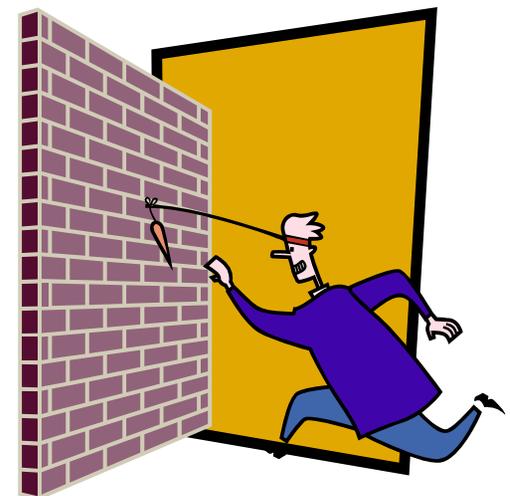
- Isolation
- Less encouragement to participate in professional activities outside the institution or placement on internal committees with visibility and power
- Issues of modesty and self-promotion
- Informational networks less extensive
- Personal responsibilities, priorities and choices

# “Being the Outsider Within” Kanter



- Increased performance pressure
- Heightened visibility
- Increased stereotyping

- Exaggeration of differences
- Increased vulnerability
- Marginalization



# The Push and Pull to Identify, Homogenize and Choose Sides

*Are women of color members of a gender group or  
members of a minority group?*



# The Double Challenge

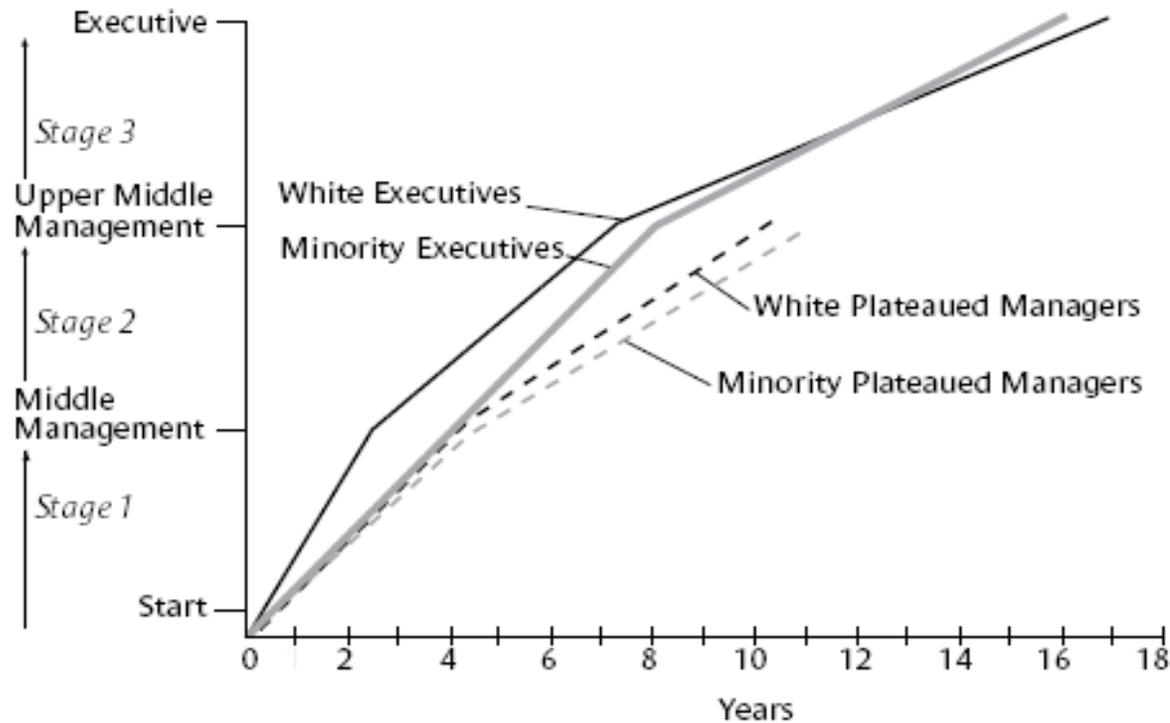
- African-American, Latinas, & Asian women are not a monolithic group



- The Bi's – Bicultural, Bilingual, etc.

# Separate and Unequal Advancement

# The Tournament System: Differences in Progression up the Corporate Ladder by Minority Status



Source: D. Thomas, Harvard Business Review, 2001

# Differences in Progression up the Corporate Ladder by Minority Status

	White Professionals	Minority Professionals
Stage 1 – entry to middle mgmt.	<ul style="list-style-type: none"> <li>•Future executives fast track</li> <li>•Slow advance of future middle mgrs</li> </ul>	<ul style="list-style-type: none"> <li>•Slow advance of future middle mgrs and future executives</li> <li>•Many with high potential become discouraged</li> <li>•<u>Future executives</u> evaluated self in terms of <b>personal growth</b> &amp; not external rewards, had <b>mentors</b>, <b>challenging assignments</b>, <b>expanded responsibilities</b></li> <li>•<u>Future middle mgrs</u> made decisions on perceived fast track opportunities, accepting nominal promotions</li> </ul>

# Differences in Progression up the Corporate Ladder by Minority Status

	White Professionals	Minority Professionals
Stage 2 – middle mgmt. to Upper middle mgmt.	<ul style="list-style-type: none"> <li>• <u>Future executives</u> convergences of careers with future minority executives</li> <li>• <u>Future executives</u> - Similar number of development relationships for white and minority, but minority more likely to have powerful corporate-levels executive sponsors</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Future executives</u> waited longer to reach executive level, increased functional knowledge, enhanced managerial skills, acquired influential executive mentor</li> <li>• Compared to whites <ul style="list-style-type: none"> <li>–2X change functions</li> <li>–2X special projects or task-force assignments</li> <li>–~2X change locations</li> <li>–4X report big success</li> </ul> </li> <li>• <u>Middle mgrs.</u> Received Instructional mentoring</li> </ul>

Source: D. Thomas, Harvard Business Review, 2001

# Differences in Progression up the Corporate Ladder by Minority Status

	White Professionals	Minority Professionals
Stage 3 – Upper middle mgmt to executive	<ul style="list-style-type: none"> <li>•Continued convergence of careers for whites and minorities</li> </ul>	<ul style="list-style-type: none"> <li>•Continued <b>development of network</b> of highly placed mentors</li> <li>•Development of <b>new relationships</b> with other executives</li> <li>•<u>Future executives</u> with <b>more diverse network</b> – middle mgrs with either their own racial group or predominately white</li> </ul>

# The Mentoring Task

# Perceptions of Diversity in Mentoring Relationships

- Everyone has stereotypes
- “Even benevolent stereotypes can limit potential to achieve.”

“Mentors and protégés do not leave their group memberships behind when they enter a mentoring relationship, but bring these group memberships with them into the relationship” Belle Rose Ragins, *in Mentoring and Diversity* 2002

### Group Memberships

Multiple memberships  
History and culture of groups  
Visibility of membership

### Individual Characteristics

Values  
Personalities  
Backgrounds

Length of relationship &  
Saliency of differences

Social identity of mentor/protégé

Historical legacies, Contemporary racial tensions,  
Societal protocols

# Arguments For and Against Same Group Mentoring

Issue	For	Against
Perspective	Greater empathy	More difficult to help mentee take different perspective
Networking	More close knit and sociable networks	Mentor/Mentee similar networks may have limited added value
Power	Easier rapport when hierarchy gap is relatively small	Potentially less insight into politics and prospects
Role Modeling	Occurs more easily	May enlarge mentee's range of responses

# Functions within the Mentoring Relationship

## Career Functions

- **Sponsorship:** opening doors
- **Coaching:** teaching & providing feedback
- **Protection:** providing support &/or acting as buffer
- **Exposure:** creating opportunities for visibility
- **Challenge:** providing “stretch” assignments

## Psychosocial Functions

- **Role Modeling:** demonstrating appropriate behaviors, attitudes & values
- **Counseling:** providing a forum for exploring personal & professional dilemmas
- **Acceptance and Confirmation:** offering support and respect
- **Friendship:** caring and sharing in ways that go beyond work requirements

# Mentee Outcomes & Career Stages

- **Developmental Outcomes**
  - Knowledge
  - Technical Skills
  - Competence
- **Career Outcomes**
  - Graduation
  - Recruitment
  - Promotion
- **Enabling Outcomes**
  - Career Expectations and Plan
  - Network
  - Resources
- **Emotional Outcomes**
  - Confidence
  - Self Esteem
  - Job Satisfaction
  - Intellectual Challenge

# Mentor Tasks and Diversity: Issues that may hinder cross-race relationships

- Recognize **negative stereotypes** may exist
- Possible **skepticism** about intimacy, questions of ulterior motives, selling out
- Increased chance for public **scrutiny**
- Peer **resentment**



# Mentor Tasks and Diversity

- Open the door to **challenging assignments**
- Send a **message to others** that the mentee is a high performer
- Provide crucial career **advice and counsel**
- Provide sponsorship including increased **visibility and opportunity** for advancement
- **Protect** by confronting others who level unfair criticism



# Communicating Across Difference

- Direct and honest communication
  - Respect
  - Identify areas of similarity
- Broadening Comfort Zone
  - Increased interactions
  - Increased positive contacts
  - Expanding insights, strategies and skills
- Reality Testing
  - Privilege
  - Experience of “Outsider Within”
- Training
  - Diversity Training
  - Focus Groups
  - One-on-One Discussion

# How do you know if there is a problem?: **The Mentor's Role**

- Ask for honest feedback
- Do not assume things are fine just because your mentee has not complained
- When your mentee tells you things are fine, you may want them to expand on the answer
- Ask your mentee specifically what is going well and what is not going well