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# Impact of a Women-focused Professional Organization on Academic Retention and Advancement: Perceptions From a Qualitative Study

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A related article appears on page 354.

## ABSTRACT

**Objectives:** Organizations to promote career networking and mentorship among women are recommended as a best practice to support the recruitment and retention of women physicians; however, the impact of such organizations is unknown. Our primary objective is to describe the impact of a national woman-focused organization for academic emergency physicians on retention and advancement.

**Methods:** We conducted semistructured interviews of past and present organization leaders, as well as members at varying stages in their careers. Physicians with experience in qualitative methods conducted interviews and coded all transcripts using inductive content analysis techniques. Themes were reviewed and discussed to ensure consensus.

**Results:** We performed 17 interviews lasting 20 to 30 minutes each, resulting in 476 total minutes of transcript. Participants represented varying stages of career experience, ranging from 2 to 35 years since residency completion (median = 9.5 years). Median years of participation in the woman-focused organization was 10 years. Over half (53%) of participants were past presidents of the organization. The dominant themes encompassed facilitating academic advancement through scholarly productivity, leadership experiences, awards, and promotions; mentorship and sponsorship; peer support and collaborations; reduced professional isolation; and initiatives to address systemic gender inequities and challenges, including strategies to navigate bias, promote pay equity, and advocate for family-friendly workplace policies.

**Discussion:** Active participation in a woman-focused professional organization enhances members' career retention and advancement by creating opportunities and relationships that facilitate leadership, enabling scholarly work to advance equity and inclusion, and cultivating a sense of belonging. While challenges and barriers persist, the myriad benefits of a women-focused professional organization reported by members and leaders represent important steps toward greater equity for women and other underrepresented groups in academic medicine.

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In 2017, women accounted for 50.7% of all medical school matriculants, exceeding the number of men enrolled for the first time in history.<sup>1</sup> However, gender inequity remains pervasive: women physicians make up only 38% of all academic faculty and 21% of full professors across specialties.<sup>2</sup> In emergency medicine, women account for only 31% of all emergency medicine physicians and hold 33% of faculty positions.<sup>1,3</sup> Women emergency physicians are paid, on average, \$19,000 per year less than their male colleagues, after adjusting for hours worked, rank, and years of experience.<sup>3</sup> Prior studies have cited gender discrimination, implicit bias, lack of adequate mentorship, work–family conflict, and gender differences in negotiation as barriers to retention and advancement.<sup>3,4</sup>

Participation in organizations to promote career networking and mentorship among women has been recommended as a best practice to overcome these barriers and support the recruitment, retention, and advancement of women emergency physicians.<sup>5</sup> Little to no peer-reviewed literature exists on the impact of voluntary membership in women-focused professional organizations on career advancement outside of limited settings such as single institution studies and selectively accepted participants in leadership development programs with a finite duration.<sup>6–9</sup> Thus, the impact of longitudinal membership in women-focused professional networking organizations on career development and advancement remains unexplored. Our primary objective is to describe participants' perceptions of the impact a national woman-focused organization for academic emergency physicians on retention and advancement.

## METHODS

We performed a qualitative study through semistructured interviews embedded in a multimedia campaign to promote recruitment and engagement in a woman-focused professional organization. The organization was established in 2009 to support the recruitment, retention, advancement, and leadership of women in academic emergency medicine and currently has more than 350 members at varying stages of their careers. Members are required to belong to a larger, non–women-focused professional organization for academic emergency physicians and pay a \$100 annual membership fee (which was waived starting in 2018).

We developed the interview guide based on our literature review and team members' experience in

women-focused professional organizations (Data Supplement S1, available as supporting information in the online version of this paper, which is available at <http://onlinelibrary.wiley.com/doi/10.1111/acem.13699/full>). The guide includes open-ended questions about each participants' experiences with the organization, specific career advancement initiatives fostered by the organization, and how these initiatives may have impacted participants' own careers. The questions included probes to elicit more detail regarding specific a priori themes such as impact on academic promotion and workforce equity. We made minor revisions to improve flow and clarity of the interview guide based on responses to initial rounds of interviews.

All interviewees provided verbal consent for audio recording and transcription and for their deidentified responses to be included in research. This study was determined to be exempt from institutional review board review.

## Study Participants

Participants include past leaders of the woman-focused academic emergency medicine organization as well as members in varying stages of their careers. We used a combination of snowball sampling and purposive sampling to capture a broad range of career backgrounds and ensure a representative sample.

## Data Collection and Analysis

A physician-investigator trained in qualitative research methods conducted phone and in-person semistructured interviews. All interviews were transcribed verbatim and deidentified by a trained investigator. Transcripts were independently coded using inductive content analysis techniques by physician coinvestigators with experience in qualitative methods. Utilizing a rigorous and systematic process, two primary coders with expertise in qualitative methods (MPL, MSK) subsequently reviewed all coded data to identify themes. Themes were reviewed by authors and discussed to ensure consensus.

## RESULTS

We performed 17 interviews lasting 20 to 30 minutes each, yielding 476 total minutes of transcript. Participants represented varying stages of career experience, ranging from 2 to 35 years since residency completion (median = 9.5 years, Table 1). Median years of participation in the woman-focused organization was

**Table 1**  
Characteristics of Participants (*N* = 17)

Years in emergency medicine practice	10 (2–35)
Years in emergency medicine practice	10 (2–35)
Years in women-focused organization (max = 10)	9.5 (3–10)
Past president of organization	9 (53)
Race	
Asian American	4 (24)
African American	1 (6)
Caucasian	12 (71)
Current practice setting	
Academic	15 (88)
Other (health system executive)	1 (6)
Other (consultant)	1 (6)
Highest academic rank attained	
Assistant professor	7 (41)
Associate professor	6 (35)
Professor	4 (24)

Data are reported as median (range) or *n* (%).

10 years. Over half (53%) of the participants were past presidents of the organization. A majority (71%) of participants were Caucasian.

Key themes and quotes are listed in Tables 2 to 4. Dominant themes centered around facilitating academic advancement, mentorship and sponsorship, peer support and collaborations, reduced professional isolation, and initiatives to address systemic gender inequities and challenges.

## Mentorship and Sponsorship

**Mentorship.** Studies have shown that one of the reasons women reject a career in academic medicine is a lack of adequate mentors and role models.<sup>10</sup> A woman-focused organization for academic emergency physicians addresses this barrier by enabling the identification of mentors and mentees and creating a space for cultivating mentoring relationships. More junior respondents found that engaging with and being able to closely observe more seasoned women gave them a sense of confidence that encouraged them to advance. One respondent said,

... here were women who I knew well, who had risen to those roles, who seemed mere mortals, and were telling me that I had that potential. That was very influential for me ... So the senior women were there to do what I needed which is to provide mentoring and sponsorship ... And I think it's very difficult to get those experiences from any one person or within your

institution, especially as a woman ... So [the organization] gave me the kind of national networks that allowed me to filter through and find the people who were really good fit mentors for my career. (Participant D)

Additionally, as women evolved from being junior to senior faculty, they noted that being a part of the organization not only helped them rise but also gave them an opportunity to transition from mentor to mentee.

... as I moved forward, got to start to take other folks under my wing, some of whom were only a couple years behind me, but then obviously as the years have passed, there has been a larger gap between me and the junior members of [this woman-focused professional organization]. (Participant E)

**Sponsorship.** Participants reported benefiting from sponsorship—distinct from mentorship—primarily in the form of senior members nominating junior members for leadership positions. One participant commented:

I think too, probably the biggest impact has been in not only mentorship of one another, but sponsorship. To have somebody who is far senior to you that you look up to say, “You are ready for this. I want you to apply for this” and almost tell you that you’re going to do it. (Participant F)

Senior participants also reported that sponsoring junior members was an important part of their job.

Now that I’ve moved up and made the connections of making sure that I hold those doors open for the people behind me ... I believe very strongly that we need to be looking out for each other, amplifying and promoting each other. Then, as you mature like I am, of giving those opportunities to the folks that are around me. (Participant B)

**Facilitating Peer Support and Collaborations**  
**Facilitating Scholarly Collaborations.** Respondents discussed opportunities to collaborate on research projects and publish peer-reviewed

Table 2

Themes and Key Quotes related to Mentorship, Sponsorship, Networking, Peer Support, and Collaboration

Mentorship	<p>"[It's a] network that can help you in terms of changing jobs or seeking your first job if you're a resident or fellow, getting mentorship because you are able to find other women colleagues who are interested in the same area of research that you're interested in, or just again sharing strategies and sharing experiences and learning and gaining insight just from those rich discussions and relationships that form."—Informant P</p> <p>"I've learned to negotiate different things for myself, of course, as far as career advancement, but I think the most beneficial is being able to pass those on to our residents as they are female residents, specifically, and students as they go advance in their career."—Informant L</p> <p>"And then as I moved forward, got to start to take other folks under my wing, some of whom were only a couple years behind me, but then obviously as the years have passed, there has been a larger gap between me and the junior members . . . So it's been a nice experience in transmitting learned wisdom through the generations, and just sharing the joint experience of being a woman in emergency medicine."—Informant E</p> <p>"So the senior women were there to do what I needed which is to provide mentoring and sponsorship. Really to guide junior women into the kind of experience that allows you to move forward a little bit, and then more, and then more, and attain graduated responsibility until you were in a position to lead in major way. And so I think it's very difficult to get those experiences from any one person or within your institution, especially as a woman."—Informant D</p>
Sponsorship	<p>"She said 'I have a . . . lecture I need someone to give. I'd like you to do it.' It changed the trajectory of my career. I found that the subject became a passion for me. The idea of speaking became a possibility for me. It was one woman saying to another one, 'You can do it.' . . . My job now is to find somebody else behind me and bring them up and usher them into it, encourage them into it, browbeat them into it. Whatever it is."—Informant B</p> <p>"It's women who are talking up other women, and just making things so good for each other, and celebrating each other's accomplishments, and finding opportunities for mentorship and sponsorship when something comes your way, and you can't do it or you have something that comes your way, and you think a junior person would really benefit from it."—Informant J</p> <p>"Probably the biggest impact has been in not only mentorship of one another, but sponsorship. To have somebody who is far senior to you that you look up to say, 'You are ready for this. I want you to apply for this' and almost tell you that you're going to do it. It's not really an option and realizing how to value yourself and your contribution, I think is one of the biggest things we can provide to our members."—Informant F</p>
Facilitating scholarly collaborations	<p>"I admittedly am not the best writer, and I think because of [the group] I've gained confidence in my writing skills. A lot of my publications have come out of collaborations with different members . . . and different members of our research committees and learning from them and realizing that you know what I'm actually not a bad writer. You see how other people organize their work how they organize their writing you see that they fail and they figure it out. So then you can fail and you can figure it out and it validates everything that you're good at and it validates that you can rise above any setback or failure."—Informant A</p> <p>"Certainly it actually advanced my research itself. The whole, not just through identifying people that I can work with but also actual scholarship. And then it also allowed me . . . one is the research path. It actually just made the trajectory much more steep in the material that came out of it. And informing the collaborations of people that I wanted to work with. For example through this [national conference] I got connected with other people in the cardiovascular area who are working in this. And including some leaders in the field that I was able to work very intimately with. And became part of that group. But also I think it allowed me to, certainly as I transitioned into the leadership roles in that, it allowed me to really formulate a second interest and a second career goal for myself. Which was really realizing that systems-based interventions have a much bigger impact. And so I became very interested how just restructuring and creating systems to allow people to grow, for example, for a professional development, can actually have huge impact."—Informant R</p>
Facilitating nonacademic collaborations and opportunities	<p>"[The organization] gave me the opportunities . . . I was able to kind of share these are my interests with people. Then I got tagged for those things. So, in the last two months, I think I've been tagged for three to five . . . didactics for next year's [national conference], just because people knew what my interests were and wanted to pull me in on them."—Informant C</p> <p>"The fight to continue to advance my career in academia is one that has made me look outside academia. That's why I started a business. That's why I'm involved in a couple of nonprofit organizations for women in medicine. And I think [the organization] gave me a lot of confidence that I could be creative around this issue . . . I'm stepping outside and finding other ways to accelerate my career that are a little bit nontraditional. I think that's kind of the scrappy-ness that women have to have, and some of those things I've learned through [this group] and others like it."—Informant D</p>
Increased confidence and peer sponsorship	<p>"It's women who are talking up other women, and just making things so good for each other, and celebrating each other's accomplishments, and finding opportunities for mentorship and sponsorship when something comes your way, and you can't do it or you have something that comes your way, and you think a junior person would really benefit from it."—Informant J</p> <p>"Am I worthy and will I belong. I think that's what [the organization] does. There's somebody standing next to me saying yes, you belong. You belong here, you belong in medicine, you belong in academics. And yes you're worthy. You keep moving forward instead of holding yourself back. Those risks, those opportunities we don't take are usually because of those two questions. Am I worthy and will I belong."—Informant B</p> <p>"I think organizations like [this] and being able, being part of a committee of women who have either acknowledged that challenge and passed it, or even gone over it which is amazing as well, I think being a part of that community and having other women kind of, you know, kick you in the behind and say, 'You have done great things and this is amazing what you're doing.' And kind of help promoting each other is a way that women can advance themselves and advance each other, and maybe in not ways that men do or even have to."—Informant H</p>

(Continued)

Sense of belonging and reduced professional isolation

"When I first started in my position, I was, I think the only woman and probably the youngest in a decade, I think, in my faculty. When I started out, I felt a bit alone in that regard in terms of how to navigate through being a woman, having children, and just progressing in general even just where to go as a faculty member let alone a woman in medicine. They really became my lifeline. I learned just so much on how to negotiate, how to stand for myself, how to carry myself, how to move forward in the career ... in my career, and then, the collaborations on top of that. The ideas of how to get involved with things. All of that and the friendships. I would say that's the other really big thing. Just the friendship where you can call on anyone of these colleagues and friends at any hour and run an idea past them, have them be a sounding board. All of that has been vital to my career success."—Informant L

"It's given me this very fantastic leadership opportunity, and two it's given me a great network of other women who I can now turn to and say, 'How did you do this, how did you navigate this difficult thing in your career and what do you think about some other options that I have?' And kind of I had people to bounce things off of and that's, it's much bigger than just where I work, which is really wonderful."—Informant H

"Don't do it alone. I think don't do it alone and that's what women's groups do. When you get lonely, and when you get isolated for whatever reason it is. You're the only mother with premature twins or you're the only woman in the program or the only one lactating or the only researcher when no one else is. There are so many ways you can find I'm the only and I'd like to flip that around that there are people just like you, we just need to look for them. A group like [this] has, I think, the ownership to start reaching out and pulling people in so that we are not alone."—Informant D

"There were many, many years where many of us felt isolated, and needed a place just like this, and there was really no place to turn unless you just knew people. We basically knew each other, and we formed our own little groups, but of course that didn't really address the greater, much broader needs of all women in emergency medicine. We were just so excited to learn that [the organization] would be supported, and are thrilled with how it's really developed into what it is today."—Informant J

manuscripts as a result of relationships developed in this woman-focused organization. Some found that these collaborations helped them learn new skills and gain confidence in their writing, while also allowing for productive research and publication efforts. One participant cited that the group

... actually advanced my research itself ... not just through identifying people that I can work with but also scholarship. (Participant R)

Another participant commented on the benefits of collaboration:

I admittedly am not the best writer and I think because of [this group] I've gained confidence in my writing skills. A lot of my publications have come out of collaborations with different members of [the organization] and different members of our research committees and learning from them. (Participant A)

Participants highlighted that their participation enabled them to explore new aspects of medicine:

We ended up with ... the first generation textbook ... that truly came out of [this] collaboration. (Participant L)

**Facilitating Nonacademic Opportunities and Collaboration.** Participants commented on other benefits of networking including employment opportunities, as a result of either mass group communication or one-on-one outreach among organization members,

to foster the academic pipeline. Several women commented on the limitations of traditional academic structures and organizations in driving change, which inspired them to lead business ventures focused on equity, in addition to their primary academic appointments. One participant who founded a women-focused digital company reported her membership in the organization

... specifically was integral to [her company's] existence entirely ... it was actually an extension, ironically of the [organization's] newsletter. (Participant Q)

Another participant identified gaps in the audience the organization was targeting:

I didn't see as much geared towards the younger generations, towards our med students and towards our residents and really outreach there, to actually one of our other members, and I created [my company], which is a group that is specifically trying to reach out to med students. (Participant I)

**Improving Confidence/Peer Sponsorship and Encouragement.** Many participants described the affirmative relationships and encouragement from peers and mentors identified through the organization. One participant articulated,

... before [my involvement with this organization], it never occurred to me that I would ever go past assistant professor. I didn't think that I



**Table 3**  
Themes and Key Quotes Related to Career Advancement

Enhanced opportunities for awards and recognition	<p>"When we looked at the data of women receiving some of the top notch awards in emergency medicine ... [and awardees were] almost all men except maybe for some of the educational awards. We wanted to have a space where we recognized impactful woman. That's where [the organization's] awards came in. We started out with just three or maybe four. From there we moved it and now we have a lot of awards ... This way we can recognize people that would otherwise be overshadowed by or might be overlooked because of unconscious bias in the selection process of other national awards."—Informant A</p> <p>"The [organization's] awards that we give out are really important. I think women need to be recognized for all this wonderful work they're doing, and they're not always their own greatest cheerleaders. They might not step up to the plate and nominate themselves, but through this award process, there's a lot of means and place for others to nominate you. I think it's really important when it comes to promotion, and to the others knowing your worth, that you receive these types of awards from a national organization."—Informant C</p> <p>"In other words, there were a few awards that had almost never gone to women and even awards that had never gone to women over a period of like 25 or 30 years. That piqued my interest, and that's when I really started looking into the literature about disparities and many other factors for women in medicine ... I was like, wow, women are really excluded from things, and there's this big disparity that is so disproportionate to the number of women who have been here for a long time."—Informant D</p>
Sponsorship for promotions	<p>"I think the fact that we promote each other, we provide awards that people can rightfully post into their CVs really helps women to advance. We also make sure that women have opportunities for speaking, which is really a very important part of career growth. I'll also say the fact that we are able to provide letters for promotion because we know each other. We network within the group, so when you need a letter for promotion, and it's outside your institution, where do you go? Now there's a place to go."—Informant G</p> <p>"The other thing I can point to that we're developing now is the letter writers bureau. We've recognized that ... I'm in a place where we have, something like, 40% of our faculty are women. But many other women in academia do not have that big raft of other women to grow with in their own institution. And so, through the letter writers bureau, you have the opportunity that, if you're going up for promotion, to ask someone else from [the organization] that is an associate professor, or full professor, to write that important letter of reference for you for promotion."—Informant C</p> <p>"I think [my leadership of the organization has] been a huge accomplishment. I think it was part of the feather in the cap. It helped me get promoted in my institution. So I was recently promoted from assistant to associate professor ... Which anyone, who's ever gone through the promotion process knows it is no small feat. But my mentor, he was looking at me and he's like, 'What do you mean you're not sure if you'll get it?' He's like, 'You are the President of national organization. How could they say no?' It was sort of hearing somebody say it back to me that I really begun to realize the impact, that being able to be in this position truly has."—Informant F</p> <p>"And I think we all know that as women, we don't like to ask for things. Science will tell us that we won't ask until we are 80 to 85% ready. Whereas, men will as when they are about 40% ready. So I think it's critically important that we develop this group of people that our members can reach out to and it may be in the pre promotions process to just say, 'Hey, if I send you my stuff, will you just look and really tell me if you think I'm ready?' In my many institutions, who's ready or not is chair-driven promotion, but there are places where it can be individually driven and I think it's important for those women to have an outside person look at their portfolio and say, 'Yes, you are ready.' And help give them that confidence to promote themselves with their chair to go up for promotion ... in addition, we're talking about creating a repository or personal statements or statements of intent, whether it be for a new job, a leadership position or even a portion of what goes into your promotions portfolio, so that women can see strong examples written by other women. Because we tend to use adjectives that are not as strong as adjectives that men tend to use when they write."—Informant F</p>
Leadership opportunities and experience, including speaking	<p>"I think I became vice-president and then president-elect and then president. So I sort of eased into it over a period of years. I felt very not ready for the role initially and then, with their mentorship and guidance and encouragement, I stepped up to the presidency really not having had a national leadership role before. And so it wasn't something I'd planned for. I think if it had been a question of asking when I was ready for that, I would have waited forever, like ten or fifteen years. But because the women encouraged me and felt that I was ready, I went ahead and did it. It was a very enriching experience."—Informant D</p> <p>"So I think ten years ago, it was not perceived as something that would advance your career. I think it was seen as taking yourself apart as a women's thing, as a way to advance when you couldn't advance along the traditional routes. I think that has changed. I think that leadership in a woman-focused organization, for a woman or a man, is now seen as a huge strength and demonstration of leadership ability."—Informant E</p> <p>"It's also about retention and retention has to also include faculty development and include sponsorship, so as chair of our executive committee and overseeing our advocate process within the department and what that is, is every new faculty who joins us, they get a senior faculty mentor. I ensure that we talk about things like implicit/unconscious bias and keep us and hold us accountable to these things that can impact how we look as a department."—Informant N</p> <p>"As we've matured and as more women have matured, we have taken on leadership opportunities, which then brought it back down to say: We need more chairs of committees. We need more speakers, we need more program directors. We're not keeping up with the residents and medical students. The percentage that are females with the percentage of opportunities and advancement."—Informant B</p>

would have that level of attainment in my academic career, and so I think it gave me a lot of confidence. I was meeting women who were full professors and seeing that that was a model that was possible for me ... [this organization] brought a lot of goals into sight for me that weren't even there for me before. (Participant D)

Encouragement from fellow members helped give some participants the confidence to apply for new opportunities, which they paid forward to other members:

I can't tell you how many times someone said [to me] and I now say it to them, "You can do it. Are you crazy? You can do this. And, if you

Table 4

Themes and Key Quotes on Strategies and Initiatives to Overcome Persistent Barriers and Inequities

Facilitating data and research to drive change	<p>“[Organizations like this] bring people together in the same room so that they see that these experiences are in fact shared, they’re not isolated. And when they’re shared you can start seeing the patterns and then you can go after the things that are maintaining that pattern of behaviors and inequity.”—Informant D</p> <p>“I think that we’ve kind of already done a pretty good job of saying we have a problem and identifying, ‘Hey, there’s something different for us’ and starting kind of the conversation. I think now the big push and hopefully the big push in the next ten years will be how do we get more data so that we can create better policies? We’ve started doing that and it’s been super refreshing to see but I think continuing to really try to get data numbers research that will help us advance our career but will also help us to be able to say this isn’t just something worth talking about but this is something we can really prove and show what we do from here to create a change.”—Informant I</p> <p>“But then the second piece was professional development and faculty development. How creating opportunities and creating systems to and resources for people can allow them to advance through the career. Not just mentorship but also through [the organization] we created these online modules. We created these didactics. Scholarship. We collected data to identify where women in emergency medicine are. And we used that data to actually inform some of the processes that were put in place including the preference workshop. And the focus of each workshop. A lot of resources that you create that affects not just one person, one institution, but the whole academic female emergency physicians as a group.”—Informant R</p>
Enhancing negotiating skills	<p>“Now whenever I go in to meet with my boss. Because of the didactics that [the organization] has done at [national conferences] and negotiation didactics and talking to woman that are chairs that are willing to share their secrets. Whenever I go into to talk to my chair or any boss. Really any situation where I know I’m going to have to negotiate something I go in with data. I learned that because of [my involvement in the organization].”—Participant A</p> <p>“As a very junior faculty member, when I received job offers approximately a year ago when I was looking for faculty positions, I really reflected back on some negotiation workshops that I had been to, to really help me negotiate for the best career jobs for myself. That’s not just from a pay standpoint, but also from a protected time standpoint, and it really helped me evaluate the things that I value in my job, and in my work life, and ask for those things, and ask for those things from my future employers. That workshop specifically really empowered me in that moment, where I don’t feel like I would have felt as empowered to ask those questions and ask for those things.”—Participant K</p> <p>“I learned just so much on how to negotiate, how to stand for myself, how to carry myself, how to move forward.” —Participant L</p>
Navigating bias and harassment	<p>“Hearing stories of other woman that had the same exact experiences but they didn’t take it. They were like ‘Oh yeah, that happened to me and I just stood up for myself. I spoke up and I talked back, I wasn’t the nice girl. I broke those barriers because I was willing to take risks.’ Taking those risks takes a lot of guts and really facing those fears of someone saying she’s difficult. Being surrounded by woman that were just like me made it okay to be me. If that makes sense.”—Participant A</p> <p>“Many of my evaluations were based on the fact that I was agentic and not communal, and therefore I was being judged as being bossy and pushy and loud and obnoxious and yet men who were just like me were being judged as being smart and assertive and, you know, leaders and god know what somebody—what happened to me if I was noticed to be a leader early.”—Participant Q</p> <p>“Because our culture decides that maybe women have more responsibilities than men in the traditional family for taking care of the house and other things that maybe some people around you think that you’re not as serious about your career. When in fact, you are just as serious, and many times more serious about your career than anyone around you.”—Participant J</p> <p>“I work in a residency program where 75% of my residents are male, and very often my patients don’t believe that I’m the attending physician. You know, obviously, the resident or the male, whoever they are, that’s standing next to me, whether they be a nurse, or a researcher, or a tech, like, they’re obviously the physician. That kind of reminds me of one of the talks at [a national conference] . . . where a physician who had transitioned from female to male discussed how practicing medicine as a female was like playing a video game on expert. Then after his transition practicing as a male was like playing the video game on easy. I think there are a lot of subtle things that happen on a daily basis, but those subtle things can really build up and affect you personally and professionally.”—Participant D</p> <p>“I think I had on blinders. I thought to myself, ‘Okay, like there is no . . . There’s no gender issue. I’m being sought after and recruited. This is what it’s supposed to look like.’ Then, I kind of had a rude awakening in my first practice group, where there just were some things that were truly antiquated. Rather than being a leader and pushing things forward to make things more equitable for women, the group was really opposed. I think that was the first time in my life, where I really felt like my gender was affecting my ability to do my work and be compensated fairly for it. That was when my [organization] family took me under their wings and really opened my eyes to some of the other things that I have sort of brushed off as not being a big deal and really emphasize that they were a big deal and sort of the precursor to a much larger issues that surfaced.”—Participant F</p>
Navigating competing work–life competing demands	<p>“The biggest challenge is making this leap to leadership, is going from creating a specialty and creating environments in each one of our emergency departments across the country where women can thrive, where women are welcome, where women can thrive, where women have equal opportunity, where women and men, by the way, have a chance to have sustainable careers where they can meet their goals in their careers and their goals in their personal lives, in their family lives, and family defined as just the people that you love, whatever family looks like to you.”—Participant P</p> <p>“People’s lives are incredibly complicated in 2018 and dual-career couples and single-parent households are more common than ever before in our society. These are societies different and our institutions and our concepts about our expectations of careers like medicine haven’t really changed with the times. I do think that it’s a dual-career couple issue is a very big piece of burnout and a very big piece of the stress and the nonsustainability that happens for many people after their five or ten years in to their careers, and they’re thinking, ‘Wow, how am I going to do this for the next 30 years?’”—Participant P</p> <p>“I think you clearly realize, or at least I did as I’ve matured through emergency medicine, is that it’s all about life. Initially we used to worry about maternity leave. Now I worry about do I have enough time to make it to my mom’s chemotherapy treatments, things like that. There are life events all the way across, and through these we need to navigate as both being humans and emergency physicians and academic emergency physicians. And a lot of that</p>

(Continued)



	<p>education is missed in our upbringing in medical school and residency.”—Participant B</p> <p>“I cannot quantify the impact of knowing that there’s a community of women who have my back, and who I can go to with honesty, about whatever challenges I’m facing, and get honest feedback. I remember having a lunch with [a senior member], and talking about raising kids, and her warning me about what was coming as my kids entered school, and her telling me very explicitly, sign up to be a room mother, but never bake the cupcakes yourself . . . She’s like, that way, your kids get to see you being present, you don’t have to slave around in the kitchen, you can still go into your awesome career work, and be a terrific mom, and kind of giving me tips on how to do that. And that, I don’t know if it would’ve been possible without [the organization].”—Participant E</p>
Advocating for family-friendly workplace policies	<p>“We can’t pretend like we have a good working environment for parents of any kind unless first we make sure that women can come back from maternity leave and have a decent physical workplace. And so, some of these things were just so obviously and such a gaping need and it felt bad to have to start there but you have to start somewhere. We’re so aware of how we’re laying down the roughest floor. I want a beautiful house with gorgeous wood paneling, but actually somebody has to just pour the cement. So I think we’re really aware that we were doing a lot of cement pouring. Right now, I just wrote a statement for one of my nonprofit organizations that was like, there shouldn’t be sexual harassment in the health care workplace. That was a fundamental principle and it was almost laughably basic. And yet, huge organizations have not committed to that basic principle. I think I’m well aware we are just pouring the cement.”—Participant D</p> <p>“The door is starting to creep open. What I’ve also seen is a willingness to take on those tough topics. It used to be when I first started talking about what I call Beyond the Medicine, they were quote ‘the soft skills.’ And they’re not. The tough decisions on the lactation rooms. A lactation room that is four floors up and over in OB is not possible as an emergency physician. The being in a little cubby hole where you don’t control the door is untenable for us. I think it took women, and enough women advanced in their careers to say yes, I went through that. I’m going to make sure somebody else doesn’t.”—Participant B</p> <p>“It was really when I was a new mom and couldn’t figure out how to make it all work together that I first felt the unfairness. That my guy friends who had new babies were able to go back to working 50 and 60 hour weeks, and I physically couldn’t.”—Participant E</p>
Advocating for institutional policies supporting equity	<p>“We know that we have problems with pay equity, we know we have problems with promotion equity, we know we have problems with you know, kind of schedule viability for parents of both genders, but you know, like everything else, you know, what rolls downhill fastest hits women first. And so I’ve learned a lot about those across the entire house of medicine from all the women that we work with and I’m able to take a lot of those lessons to my department specifically and also support other people in their growth of their women’s groups, in their growth of their mentorship programs, in their growth of their other support programs that allow them to solve their problems in their departments.”—Participant Q</p> <p>“Making sure that the salaries are on an equal scale to the male salaries and the maternity policies, we’ve had a couple of female residents who have had babies during residency. So, making sure that the maternity policies are in place and fair. Opened my eyes and given me a little more resolve to make those things happen in our program.”—Participant M</p> <p>“Having so many women who are faculty involved with [women-focused organization] has really, really made [our chair] be forward thinking about how to embrace women in the workplace. We’ve recently created a salary equity task force, and really started to ask some tough questions surrounding how are department is run, and questions about physician’s salaries.”—Participant C</p>
Promoting inclusion of other groups	<p>“Almost every time, we find when we’ve taken something on, let’s say women just talk about lactation rooms or maternity leave. You start talking about lactation rooms, you invariably make it better for the nurses. You invariably make it for somebody else who had an accessibility problem, whatever that was.”—Participant B</p> <p>“I would say I’m very proud of being very staunchly pro-everybody, clearly the marginalized, and unfortunately as women, I’ve felt that marginalization. I’m going to be pretty damn sure that the people behind me have it a little easier.”—Participant B</p> <p>“I’ve spoken on women’s leadership panel for [a national conference] a few years ago and brought in the narrative of women of color to say, ‘Well please don’t ignore and/or forget that women within our women population, we are diverse as well. It’s not just race. It’s also sexuality, it’s also children and child rearing. It’s also aging. It’s all of the pieces of the puzzle. The gender piece is just a small piece, I think of a larger piece, when we look at how women in fill in the blank, all of the pieces that women bring can strengthen our individual as well as collective narrative.’”—Participant N</p> <p>“And it’s the same thing for people of color in medicine and those with other differences of any kind whether it’s sexual orientation or gender identity or disability. It’s all the same issue which is that these systems systematically devalue you and then they tell you that it’s you and that you are not worthy of being here.”—Participant D</p> <p>“We are still putting up a lot of barriers for women of color, and poor, white women, and people of different backgrounds; transgender, people . . . we not fully embraced everyone yet. There, finally, is this movement to make this positive change, and so I’m actually really optimistic about what the future will bring. Not just for women in academics, but women who go into the community, and other female doctors.”—Participant C</p>

can’t, then we will find a way to keep this opportunity open for when you can.” (Participant B)

### Reduced Professional Isolation/Sense of Belonging

Nearly all participants described the sense of belonging and reduced professional isolation as both an emotional and a professional benefit associated with membership in the organization. One respondent

stated, “I found my people” (Participant A). Through participation in the organization respondents described a supportive environment where they could seek peer validation over fears of “not belonging.” Most notably, many women described a paucity of support at their own institutions that had likely hindered their trajectory. Therefore, participating in the women-focused professional organization provided as sense of community that they might not have had otherwise.

I think being a woman slowed me down because there weren't other women that I could relate to or have relationships with and there wasn't any mentoring, there wasn't any role model on our campus for me to kind of try and follow in the footsteps . . . coming back to [the women-focused professional organization], finding women who could serve as role models and mentors was a really big help to me. (Participant L)

While engagement in specialty based professional organizations has been long regarded as necessary for career advancement and success,<sup>11</sup> the impact of this organization is even more salient in its role in advancing the trajectory of women's careers.

When I started out, I felt a bit alone in that regard in terms of how to navigate through being a woman, having children and just progressing in general even just where to go as a faculty member let alone a woman in medicine. They really became my lifeline. I learned just so much on how to negotiate, how to stand for myself, how to carry myself, how to move forward in the career . . . in my career. (Participant L)

### Facilitating Institutional Advancement

Members discussed formal initiatives promoted by the organization that helped career advancement and promotion: national awards, sponsorship for promotions through a letter-writing bureau, and national leadership experience.

### Enhanced Opportunities for Awards and Recognition.

Receiving an award or getting recognition for innovative or notable work in academic emergency medicine can not only bolster confidence and encourage a faculty member to continue in the field, but is also important for advancement and promotion within their institution. However, there continue to be gender disparities in national award winners.<sup>12,13</sup> Women-focused professional organizations serve the role of creating opportunities for awards, and cultivating networks to facilitate nominations.

We wanted to have a space where we recognized impactful women...this way we can recognize people that would otherwise be overshadowed by or might be overlooked because of unconscious

bias in the selection process of other national awards. (Participant A)

Many women are reticent to apply for such awards citing a variety of reasons, including imposter syndrome or a sense of inadequacy. As one respondent noted,

Women need to be recognized for all this wonderful work they're doing, and they're not always their own greatest cheerleaders. They might not step up to the plate and nominate themselves. (Participant C)

Another participant stated:

Through this . . . award process, there's a lot of means for others to nominate you. I think it's really important when it comes to promotion, and to the others knowing your worth, that you receive these types of awards from a national organization. (Participant C)

### Leadership Opportunities and Experience, Including Speaking.

Women faculty have not achieved leadership roles within their institutions at the same level as men, often because of a relative lack of opportunities to acquire leadership experience (the "pipeline" problem), and not necessarily because of lack of ambition.<sup>14,15</sup> Woman-focused organizations provide the opportunity to hold national leadership roles that they otherwise may not have had. One past president stated:

Managing all those people . . . from a point of view of running a company or running an organization that is a pretty big deal. That skill set of leadership is something that you don't have necessarily have the opportunity to get if you were not part of an organization like [this]. (Participant A)

These roles allow for enhanced networking and leadership practice.

Past leaders of the organization reported acquiring leadership positions and experiences in the women-focused national organization at an earlier stage of their career than they would have expected in a non-woman-focused national organization. Many women reported that they felt unready, unprepared, or too junior to pursue such leadership opportunities but

were encouraged, mentored, and supported by other leaders in the women-focused professional organization to pursue these opportunities.

I felt very not ready for the role initially and then, with their mentorship and guidance and encouragement, I stepped up to the presidency really not having had a national leadership role before. (Participant D)

All past presidents reported the benefit of a national leadership role specifically in the context of promotion:

I don't know of an institution that doesn't look at leadership for one of the criteria for promotion, particularly as you advance to a full professor leader . . . This is an opportunity for national involvement that is now available to women in academic emergency medicine that did not exist before. It's structured. It provides the opportunities for us to tap into those speakers because we know each other. We know who has expertise. We also promote each other, so that the opportunities come to us instead of us having to seek them. (Participant G)

Another past president stated:

I was able to go up for promotion at the earliest time frame that they allowed. There was really no problem with my promotion at all. It wasn't questioned a whole lot and I think a large part of that was because of my substantial leaderships through [the organization] demonstrated national leadership roles in various ways. (Participant L)

**Sponsorship for Promotions.** Another barrier to women's academic promotion and leadership attainment is a lack of sponsorship, including reference letters from full and associate professor faculty, which are often required for academic promotions. Participants highlighted how the organization facilitated sponsorship and a network of more senior women to write letters of support for academic promotion:

I think the fact that we promote each other, we provide awards that people can rightfully post into their CVs really helps women to advance . . . the fact that we are able to provide letters for promotion because

we know each other. We network within the group, so when you need a letter for promotion, and it's outside your institution, where do you go? Now there's a place to go. (Participant G)

### **Organizational Initiatives Improve Systemic Inequities and Persistent Challenges**

Participants identified several ways in which women-focused professional organizations were able to develop formal and informal initiatives to target systemic gender-based inequities, by promoting awareness of inequities and advocating for policies supporting organizational change. While the organization has enabled progress in some domains, participants noted persistent challenges for the organization to target in future efforts.

### **Facilitating Data and Research to Drive Change.**

The first step in problem-solving is often defining the problem; thus, with respect to gender equity, women-focused professional organizations can serve as a platform for creating and disseminating research and data to reduce disparities and improve equity:

We've started [getting more data so that we can create better policies] . . . I think continuing to really try to get data. . . that will help us advance. (Participant I)

Another participant described the results of scholarship driven by the women-focused professional organization to advance evidence-based research in clinically relevant topics.

[It] has led to some significant scholarship [in unconscious bias] that . . . has helped move the needle in our specialty." (Participant P)

The organization

. . . used the . . . forum to recruit, to [create] awareness, we put a series of didactics, a series of lectures, manuscripts, both to inform and then to study. (Participant R)

**Enhancing Negotiating Skills.** Gender differences in negotiation have been cited as one explanation for pay and promotion inequity. Women have been described as "poor negotiators" who don't



achieve parity because they “don’t ask for it.”<sup>16,17</sup> Interview participants described formal and informal initiatives designed to improve members’ negotiation skills. Participant A stated,

Because of the didactics that this [women-focused professional organization] has done at [national conferences] and negotiation didactics and talking to women that are chairs that are willing to share their secrets—whenever I go in to talk to my chair or any boss . . . I go in with data. I learned that because of [this organization].

**Navigating Bias and Harassment.** Participants described how the organization allowed them to recognize situations when their gender bias may have adversely impacted their careers and provided formal and informal guidance on how to navigate these situations. One participant stated:

It was sitting on a committee when my values weren’t recognized, and somebody else stole them, and claimed them as their own. Many of us have had that experience. All of a sudden I realized, this is real, and who do I reach out to? (Participant G)

Participants described feeling empowered and able to self-advocate through circumstances of bias because of their interactions with other women in the group.

My gender was affecting my ability to do my work and be compensated fairly for it. That was when [this group] took me under their wings and really opened my eyes to some of the other things that I have sort of brushed off as not being a big deal. (Participant F)

**Navigating Competing Work–Life Competing Demands.** Balancing professional and nonprofessional duties can be more challenging for women practicing emergency medicine, particularly those aspiring to advance in academia. Women-focused professional organizations provide a supportive network of women and mentors facing similar challenges at different stages of their career. Several participants emphasized the positive

. . . impact of knowing that there’s a community of women who have my back, and who I can go to

with honesty, about whatever challenges I’m facing and get honest feedback . . . [I] started to learn from the women ahead of me how they’ve managed their career, some of them took me under their wing, which was wonderful. (Participant E)

One participant also spoke to how the organization acted as a constant in her career path. This allowed her to move fluidly in and out of varying roles, depending on her particular work–life demands at different times:

That constant ability to step out and step back in as life ebbs and flows with you has been important for moving my career forward. (Participant B)

**Advocating for Family-friendly Workplace Policies.** More attention to culture and the working environment are needed to achieve full parity for women in academic medicine, but the presence of these policies alone is likely insufficient to provide the desired family-friendly workplace since they do not address stereotype threat and implicit bias.<sup>18,19</sup> Multiple women discussed the organization as a platform to advocate for basic changes to accommodate life phases, including parenthood:

We can’t pretend like we have a good working environment for parents of any kind unless first we make sure that women can come back from maternity leave and have a decent physical workplace. (Participant D)

The organization is committed to taking on issues that impact the recruitment and retention of women in EM and developing innovative solutions and best practices to address these issues.<sup>5</sup>

The door is starting to creep open . . . I think it took women, and enough women advanced in their careers to say yes, I went through that. I’m going to make sure somebody else doesn’t. (Participant B)

As the number of women in EM and this organization continues to grow, there will be greater power in that collective voice.

**Advocating for Institutional Policies Supporting Equity.** Participants described how

concepts from the organization were translated into initiatives supporting gender equity within their own departments. One participant stated she felt more empowered to help

... make sure that the salaries are on an equal scale to the male salaries and the maternity policies, we've had a couple of female residents who have had babies during residency ... [My involvement] opened my eyes and given me a little more resolve to make those things happen in our program. (Participant M)

Another woman stated:

Having so many women who are faculty involved with [this women-focused professional organization] has really made [our chair] be forward thinking about how to embrace women in the workplace. We've recently created a salary equity task force, and started to ask some tough questions surrounding how our department is run, and questions about physicians' salaries. (Participant C)

**Promoting Equity and Inclusion of Other Underrepresented Groups.** The women-focused professional organization has provided a framework for other groups to promote diversity and inclusion in emergency medicine. Initiatives designed to support women can be translated or replicated to support other underrepresented minorities or members of the LGBT community:

In looking at [the women-focused organization's] foundation and the people who started it, I was very enamored by the intent, the excellence the focus and the ability for [it] to serve as a foundational place for other academies to come. (Participant N)

As the organization has effectively fostered a community of support and empowerment for women, study participants noted that the organization could expand their role to promote better inclusion of women from differing backgrounds.

In the next 10 years, [this organization] will have to continue to expand its focus on diversity and inclusion, and intersectionality in every way, and

I think that's a really important thing for the organization to do going forward. We've been good, but we can be better, we all can be better in recognizing all the ways in which we have implicit biases. (Participant E)

## DISCUSSION

Our qualitative study of members of a woman-focused professional organization demonstrates several impactful and tangible benefits across multiple domains, including facilitating academic advancement, mentorship and sponsorship, peer support and collaborations, reduced professional isolation, and initiatives to address systemic gender inequities and challenges. To our knowledge, this is one of the first scientific studies to describe the impact of women-focused professional organizations in medicine and underscores both the achievements to date—and future potential—for such organizations to improve gender equity in medicine.

A recurring theme was the organization's direct impact on members' career advancement and promotion, by creating opportunities (for leadership, awards, collaborations, etc.) and cultivating networks of peers, mentors, and sponsors to ensure that women would feel empowered to succeed when undertaking those opportunities.

In particular, multiple participants described leadership experiences, awards, and promotions they either would not have achieved or would have achieved later in their career, if not for the opportunities and relationships cultivated in the women-focused professional organization. In many instances, participants were nominated by more senior members, consistent with traditional descriptions of "sponsorship"; however, in multiple other instances, participants described the critical role of peer encouragement, both in identifying opportunities suited to a participant's expertise and in affirming the participants' self-confidence. The importance of nomination from peers, mentors, and sponsors is consistent with prior literature documenting the lower likelihood of women to nominate themselves for leadership and promotions. Self-nomination has previously been described as a predictor of rapid career advancement and award achievement; thus, women's lower propensity to self-nominate can be one barrier to gender equity in leadership attainment.<sup>20</sup> Nomination stemming from networks cultivated in women-focused professional organizations helps overcome the limitations of self-nomination, through sponsors and

peer nominators, in addition laying the foundation for women to acquire confidence to self-nominate in the future.

Our findings extend upon prior literature demonstrating enhanced academic productivity as a result of peer mentorship groups in academic medicine.<sup>8</sup> The organization studied differs from these programs because it includes women of varying stages in their careers, who can serve as peers, mentors, mentees, and sponsors. The wide range in career attainment facilitates informal and formal scholarly collaborations and programs to identify reference letter writers for promotion. Formal programs for references are not only critical to increase the proportion of women who are promoted, but also acknowledge and attempt to alleviate (or at least evenly distribute) the work requested from the handful of available senior women sponsors.<sup>3</sup>

Participants also described the role of women-focused professional organizations in advancing the science of gender equity: by facilitating collaborations for scholarly work; aggregating and prioritizing persistent inequities and best practices; and providing an organizational structure for the development, data collection, analysis, and dissemination of scholarly work products highlighting gender equity and best practices.<sup>21</sup> These work products serve the dual purpose of advocating for improved equity and augmenting scholarly productivity for participants' advancement and promotion.

Every participant reinforced that the organization was critical in developing peer and mentor networks that provided a sense of belonging. Reducing professional isolation has been previously identified as a key facilitator of faculty retention among women in academia.<sup>22,23</sup> Emergency medicine, especially the upper ranks of academic emergency medicine, continues to be majority male; thus, women-focused professional organizations can provide a support network for women with few institutional peers—particularly at a similar rank or within a specific area of academic expertise. Participants repeatedly emphasized the importance of general affirmations (“you’re not alone”) in addition to specific examples, such as informally shared time management tips for working mothers, and an outlet to share frustrations about inadequate lactation facilities or ways to navigate gender bias and harassment. Professional organizations provide recognition, education, a place for advocacy but more so a “professional home.”<sup>21</sup> Respondents used the analogy of the “patient-centered medical home” to describe a

“career home” with support systems that mitigated professional isolation and a reaffirmation of their sense of belonging and worth that provided the confidence to succeed and an outlet for peer guidance.

Finally, the informal and formal benefits of membership in a women-focused professional organization can serve as a model to promote equity and inclusion of other underrepresented groups in medicine. The need to promote a sense of belonging and provide networks for mentorship, collaboration, and promotion are not unique to women and can be translated to best practices to create a broadly inclusive workforce in medicine and academia. Participants' comments on the need for women-focused professional organizations to align their efforts with other professional organizations for underrepresented groups in medicine, in addition to providing more support for women of diverse backgrounds and family structures, with a particular focus on women from underrepresented groups in medicine.

Our study was limited by the potential for selection bias—for example, past leaders of the organization may be positive deviants and more likely to report benefits to membership; however, we also sampled members of diverse backgrounds and career experience. Our study is limited to members of a woman-focused professional networking organization intended for academic emergency physicians; thus, our findings may be less generalizable to other professions, specialties, or nonacademic settings. While we employed a rigorous qualitative approach, further quantitative study is needed to examine the impact of women-focused professional organizations on leadership attainment and salary equity.

## CONCLUSIONS

Engagement in women-focused professional networking organizations produces tangible benefits across multiple domains critical to the retention and advancement of women physicians—most notably through opportunities and sponsorship to pursue leadership experiences that facilitate promotion, advocating for gender equity through scholarly productivity, and developing a “professional home” to cultivate a sense of belonging. These positive impacts of women-focused professional organizations are an important foundation for sustained efforts to improve equity in compensation and leadership attainment for women and other underrepresented groups in academia and medicine.



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## Supporting Information

The following supporting information is available in the online version of this paper available at <http://onlinelibrary.wiley.com/doi/10.1111/acem.13699/full>

**Data Supplement S1.** Interview Guide.