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# Ideal Worker and Academic Professional Identity: Perspectives from a Career Flexibility Educational Intervention



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**KEYWORDS:** Career flexibility; Faculty satisfaction; Professional identity; Work–life balance

### INTRODUCTION

There is ongoing concern about the adequacy of the physician workforce and its effect on the future of academic medicine, as emphasized in a recent Alliance of Academic Internal Medicine Perspectives article by Coleman and Johnson.<sup>1</sup> Workplace culture is a key predictor of medical faculty satisfaction and is important in attracting and retaining talent to the academic

medicine workforce.<sup>2</sup> As a result, many medical schools have implemented career flexibility policies to support faculty work–life integration and build a culture that facilitates recruitment and retention. These policies include childbearing and family care leaves, tenure clock extensions, alternative work schedules, and part-time work.<sup>3–6</sup> Yet career flexibility has remained elusive in academic medicine, including at our own school. We have shown that few faculty at the University of California Davis School of Medicine (UCDSOM) access our school's flexibility policies.<sup>7</sup> The high level of faculty turnover in academic medicine nationwide<sup>8</sup> suggests that flexibility policies have not been effective and prompted the American Council on Education (ACE) and the Sloan Foundation to fund awards to 7 medical schools in 2012, including the UCDSOM, to investigate the structural and cultural changes necessary to better balance faculty professional and personal lives.<sup>9</sup>

Importantly, flexibility policies may challenge medicine's elite professional identity built on the “ideal worker” norm. The ideal worker is characterized by long work hours and devotion to employer, attributes that are rewarded by promotion and which became a norm since the 1950s.<sup>10</sup> In medicine the ideal worker devotes long hours to patient care and is frequently portrayed in movies and television, shaping expectations

All of the authors listed above had access to the data and a role in writing the manuscript.

**Funding:** This work was supported by National Institutes of Health award GM 088336—in partnership with the Office of Women's Health Research—with the goal of supporting “Research on Causal Factors and Interventions that Promote and Support the Careers of Women in Biomedical and Behavioral Science and Engineering.” The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of General Medical Sciences or the National Institutes of Health. This publication was also made possible by an Innovation Award for Faculty Career Flexibility in Medical Schools from the Alfred P. Sloan Foundation in collaboration with the American Council on Education; and the Frances Lazda Endowment in Women's Cardiovascular Medicine to one of the authors (ACV).

**Conflicts of Interest:** None.

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of the public and profession. In academics the ideal worker expectation is even more extreme because medical faculty are expected to demonstrate additional devotions to students and science. Academic biomedical scientists also place work devotions above family, causing the majority to work beyond a 40-hour week.<sup>11</sup> Medical faculty share the expectation that extreme work devotion will be rewarded with advancement to the prestigious title of professor. In fact, extreme work devotion is associated with elite professional identity and has been observed in other highly paid professions.<sup>12-14</sup> As Joan Williams, director of the Center for WorkLife Law at the University of California, has noted, "... elites display their extreme schedules to establish how important they are—how virtuous, given how very, very hard they work."<sup>15</sup> Mandated restrictions in resident duty-hours have precipitated concerns from medical faculty that a blue collar "shift work mentality" now exists, illustrating that elite professional identity is perceived to be threatened if work devotion is not extreme.<sup>6</sup>

In this report we share our perspective that the influence of the ideal worker norm associated with academic medicine's elite professional identity creates conflict with personal identity and work-life satisfaction and presents barriers to the opportunities provided by institutional career flexibility policies. We present survey outcomes before and after a 3-year educational intervention designed to increase awareness and use of career flexibility policies among faculty at UCDSOM. We specifically focus on barriers to policy use and analyze and interpret the findings within the context of the ideal worker and professional identity. Our purpose is to provide a conceptual framework related to professional identity that allows better understanding of barriers to flexibility policies and enables more effective interventions to increase policy use, improve work-life satisfaction and workplace culture, and support recruitment and retention of a talented academic medicine workforce.

## METHODS

### Faculty Surveys

Data were derived from a 53-question survey adapted from University of California, Davis' 2006 ACE-Sloan Foundation survey. A full description of the survey has been

previously published.<sup>16,17</sup> Surveys were performed at baseline (2010) and the final year (2013) of a 4-year National Institutes of Health-funded study to evaluate faculty awareness, knowledge, and current and anticipated use of UCDSOM's career flexibility policies, and barriers to policy use. The UCDSOM's flexibility policies are outlined in **Table 1** and were available throughout the 4-year study. Questions on respondent demographics, such as rank, gender, and age, were included in the survey. The survey was voluntary, confidential, iterative, and administered by e-mail to all UCDSOM faculty using SurveyMonkey (San Mateo, Calif) over 3-week periods in Spring 2010, Fall 2011, and Fall 2013. E-mail was used to invite participation and included 2 e-mail reminders to nonresponders. The study and survey were approved by our institutional review board.

### Intervention

Details of our longitudinal educational intervention to increase awareness and use of flexibility policies has been shared in several previous publications.<sup>16-19</sup> Briefly, our educational intervention promoted a flexible work culture by publicizing flexibility policies to all faculty via grand rounds and formal presentations, as well as a variety of print and electronic communications. Annual surveys allowed an adaptive approach to add or change questions to target specific needs or policies, or explore previous responses.

### Statistical Analysis

Our primary question of interest was whether there were significant changes in policy awareness and reported barriers to use after the educational intervention. Data on survey responses for study year 1 (baseline) and subsequent years were not available for analysis in linked form owing to university restrictions regarding confidentiality, so the data were analyzed as unpaired. The survey coordinator, who had access for e-mail communication, reported a 76% overlap in respondents, so standard errors are likely underestimated. Awareness was scored on a scale of 1 (unaware) to 5 (very familiar) for each policy in **Table 1**; means were compared for the baseline survey and in year 3 by 2-sample *t* test. Policy use was available only for the baseline period and was reported as number and percentage; use by males and females was compared by Fisher's exact test for policies used by 10

## PERSPECTIVE VIEWPOINTS

- Career flexibility policies to support faculty work-life balance are underutilized owing to many perceived barriers.
- Reported barriers to policy use increased after an educational intervention, reflecting conflicts with personal and professional identity and team/peer pressure.
- Creating a culture that increases work-life flexibility and satisfaction requires addressing expectations for extreme work devotion, perhaps best accomplished by faculty roles models who can reshape the "hidden curriculum" of medical education and training.

**Table 1** Summary of the University of California, Davis, School of Medicine’s Flexible Career Policies

Parameter	Childbearing Leave or Adoption	Family and Medical Leave	Parental Leave	Active Service Modified Duties	Part-Time Appointment	Tenure Clock Extension	Deferral of Advancement
Who	Giving birth or adoption parent	1+ y University service, responsible for 50+% childcare	Any faculty member	1+ y University service, responsible for 50+% childcare	At Chair’s discretion, and academic/business needs	Assistant professors with 50+% responsibility for care of child <5 y, or on medical leave	Those who experienced leaves for childbearing, adoption or placement, for medical reasons; or for other significant reasons that impacted productivity
Time and duration	12 wk maximum	Full-time leave for 12 wk maximum	Full-time leave for 1 y maximum (other leaves included)	Negotiated part-time for 12 wk maximum	Negotiated % reduction, renewable at re-appointment time	1-y extension for each event above, up to 2 y maximum extension	Deferrals = 1 y each, can be requested more than once
Salary	Preserved	None	None	Full base, negotiated component reduced proportionate to duty reduction	Base and negotiated component reduced proportionate to duty reduction	Preserved	Preserved
Healthcare benefits	Maintained	Maintained	None	Maintained	Maintained if 50% appointment	Maintained	Maintained

**Table 2** Demographics of Survey Respondents in Baseline and Year-3 Surveys

Parameter	Baseline (2010), Number (Percentage) of Responses	Year 3 (2013), Number (Percentage) of Responses	P Value
Respondents, total	325 (42)	282 (34)	
Gender			
Not stated	10 (3)	14 (5)	.21
Male	195 (60)	157 (56)	
Female	120 (37)	111 (39)	
Age (y)			
Not stated	18 (6)	16 (6)	.11
69-86	11 (3)	8 (3)	
51-68	133 (41)	88 (31)	
≤50	163 (50)	170 (60)	
Ethnicity			
Not stated	37 (11)	27 (10)	.68
Hispanic	13 (4)	9 (3)	
Non-Hispanic	275 (85)	246 (87)	
Race			
Not stated	29 (9)	33 (12)	.53
Caucasian	230 (71)	179 (63)	
African American	4 (1)	4 (1)	
Asian	62 (19)	66 (23)	
Academic rank			
Not stated	10 (3)	12 (4)	.56
Assistant professor	99 (30)	82 (29)	
Associate professor	77 (24)	59 (21)	
Professor	139 (43)	129 (46)	
Marital status			
Not stated	13 (4)	15 (5)	.73
Single	18 (6)	23 (8)	
Married/committed	277 (85)	231 (82)	
Widowed/divorced	17 (5)	13 (5)	
Parental status			
Not stated	16 (5)	14 (5)	.32
No children	69 (21)	64 (23)	
Children, at home	173 (53)	138 (49)	
Children, not at home	67 (21)	66 (23)	

or more individuals. Survey questions on perceived barriers were scored on the number and percentage of faculty respondents answering yes for those reporting having a need for policy use, and analyzed by gender, using either  $\chi^2$  test or Fisher's exact test.

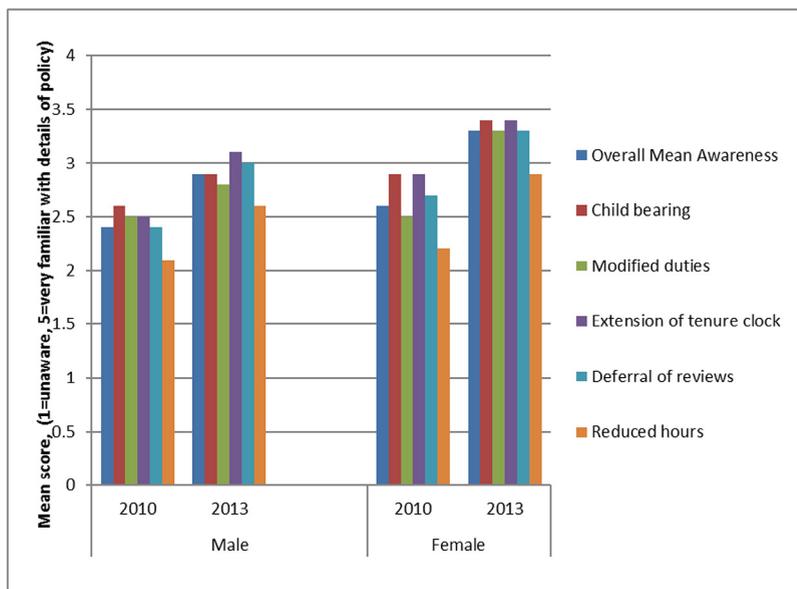
## RESULTS

The 2010 baseline dataset included 325 respondents (42% of total faculty). The 2013 follow-up had 282 respondents (34% of total faculty) (Table 2). Distribution across ranks was similar in both years. Women comprised one-third of respondents. A little more than a quarter of the faculty were assistant professors, less than a quarter associate professors, and slightly more than 40% full professors. Women constituted approximately one-third of the faculty during these years, with a higher proportion at the assistant professor rank.<sup>16</sup> Most faculty had children at home.

The educational intervention increased mean awareness for all flexibility policies for both genders (Figure 1).

At baseline the only statistically significant gender difference in policy awareness was extension of the tenure time-clock ( $P = .035$ ). In 2013, women were significantly more aware of policies for childbearing leave (men 2.9, women 3.4;  $P = .001$ ), modified duties (men 2.8, women 3.3;  $P = .001$ ), extension of tenure clock (men 3.1, women 3.4;  $P = .003$ ), and reduced hours (men 2.6, women 2.9;  $P = .003$ ). Women had higher overall policy awareness (men 2.9, women 3.3;  $P = .003$ ).

The percentage of faculty reporting barriers to policy use increased substantially during the educational intervention. Increases occurred for all barriers and both genders (Figure 2). In the 2010 baseline survey no single barrier dominated. In 2013, significantly more men reported the financial barrier than women (men 56%, women 40%;  $P = .01$ ). Finances were the most frequently reported barrier for men, almost tripling from 21% in 2010 to 56% in 2013. The barrier most frequent among women was concern about perceptions of their commitment to career, more than doubling from 30% in 2010



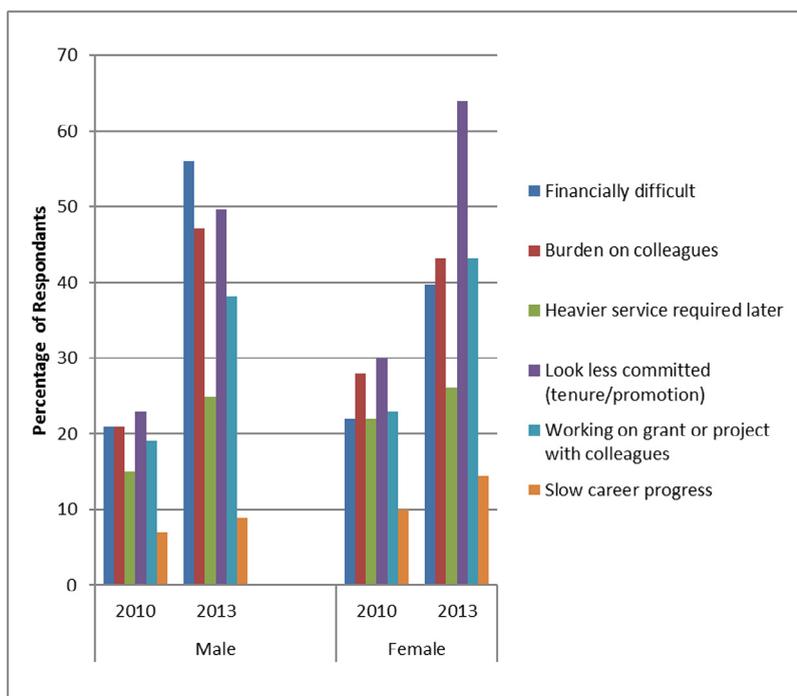
**Figure 1** Mean reported awareness of career flexibility policies before and after an educational intervention.

to 64% in 2013. A statistically significant difference between men and women for career commitment appeared in 2013 (women 64%, men 50%,  $P = .02$ ).

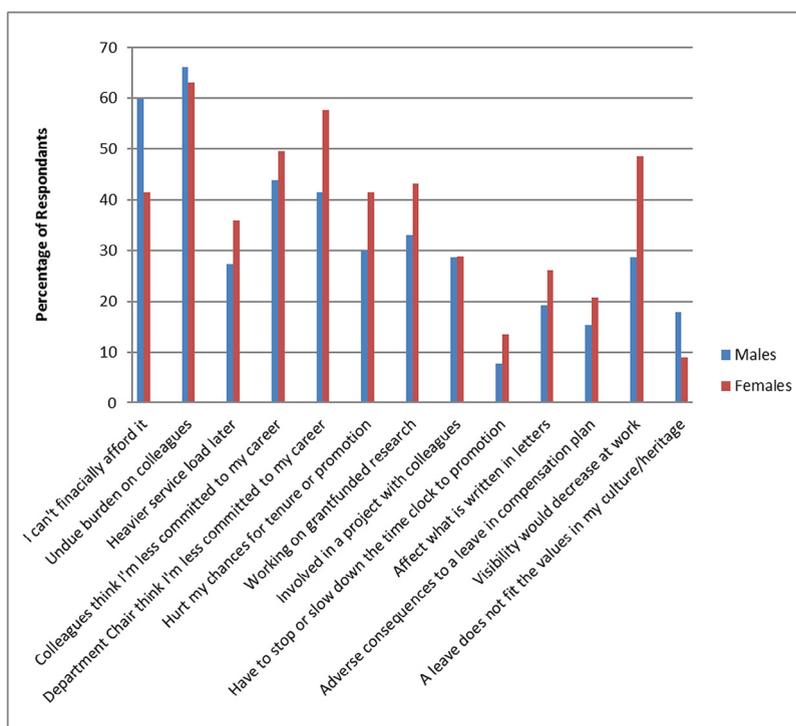
Similar trends were noted in reported barriers that caused faculty to limit the length of a leave for flexibility purposes (Figure 3). Because baseline findings indicated that a substantial percentage of faculty took less time than they would have liked,<sup>17,18</sup> our 2013 survey

asked faculty to indicate reasons for limiting their leave. Financial reasons again emerged as a major barrier, with gender differences (males 60%, females 40%;  $P = .003$ ).

Table 3 summarizes current and future need by faculty for career flexibility policies. Half of the faculty anticipate some future need; one-third (33%) anticipate need for elder care. Few faculty anticipated needing policies



**Figure 2** Reported barriers to using flexibility policies before and after an educational intervention.



**Figure 3** Reasons for limiting length of leave following an educational intervention.

for tenure clock extension or deferrals for academic reviews (9% each).

## DISCUSSION

Though most US medical schools have career flexibility policies to support faculty careers and work–life balance,<sup>3-5</sup> our work at UCDSOM provides a unique perspective because we are the only school that has systematically examined the attitudes, awareness, and use of these policies, implemented an educational intervention to promote policy awareness and use, and studied the outcomes of these interventions. There were 4 main outcomes to our educational intervention: 1) reported barriers grew in frequency; 2) perception of commitment

to career was one of the highest barriers to policy use; 3) gender differences were observed in the reported barriers to use of flexibility policies; and 4) future need for every policy was reported to be greater than current need, especially for elder care.

The increase in perceived barriers to use of flexibility policies following our educational intervention was unexpected. We correctly anticipated that our intervention would raise awareness and knowledge of policies; but because our baseline survey demonstrated that faculty of all generations and genders supported flexibility policies and saw these as important to their own need, as well as for the recruitment and retention of colleagues,<sup>16,17</sup> we anticipated that widely disseminating policy information, along with the faculty's shared values and need for

**Table 3** Frequency of Reported Needs for Flexibility Policies, Year-3 Survey

Parameter	Current Needs		Future Needs	
	No. of Responses	No. (Percentage) of Faculty Reporting Needs	No. of Responses	No. (Percentage) of Faculty Reporting Needs
Child-bearing leave	276	4 (1)	276	33 (12)
Modified duties	276	3 (1)	275	35 (13)
Extension of time clock to promotion	276	8 (3)	276	26 (9)
Deferral of merit or promotion	276	8 (3)	275	25 (9)
Reduction to part-time work	274	30 (11)	274	72 (26)
Leave for care of elder family member	275	22 (8)	275	90 (33)
Paternity leave	274	4 (1)	274	22 (8)
Leave for single parents	275	2 (1)	275	9 (3)
Male or female partners	273	1 (<1)	273	11 (4)
Any needs	282	55 (20)	282	142 (50)

flexibility, would lead to a more supportive workplace culture with fewer barriers to using policies. In the first year following our educational intervention, we observed a decrease in reported barriers,<sup>19</sup> suggesting a positive culture shift, but we were later surprised that reported barriers substantially increased for both men and women by the end of the intervention. The most commonly reported barrier for women and the second most common for men was perception of commitment to career, which more than doubled for both women and men over the intervention period.

We believe that the rise in reported barriers—especially the concern about perceptions of commitment to career—reflects a common conflict between professional versus personal identity experienced by workers in many disciplines. Psychologist Erin Reid describes the conflict between an individual's "experienced identity" (ie, self-perception of lived experiences in personal and professional roles) and "expected professional identity" (ie, the individual's perception of the ideal worker expectation, whereby career is placed above personal commitments).<sup>12</sup> Our faculty's conflicts and concerns may not be unfounded. Many studies have demonstrated that both men and women who access organizational flexibility policies to meet personal or family needs experience negative performance reviews, salary penalties, and slower career advancement.<sup>20-23</sup> We contend that negative experiences associated with utilization of flexibility policies create workplace norms and culture that continue the negative cycle related to policy use, including via peer pressure, concerns about over-burdening colleagues, and perhaps inability to sustain new clinical and educational programs because of staffing shortages. Indeed, our ongoing work demonstrates that these inhibiting aspects of workplace characteristics, including peer pressure, that impact collegial interactions may serve to depress faculty use of flexibility policies both directly and indirectly.<sup>24</sup>

The gender differences in reported barriers following our educational intervention may reflect personal identity related to stereotypic gender roles. The gender-based differences for the financial barrier to policy use likely reflects conflict between the expected identity of the traditional male breadwinner and increasing desire among men to be more involved with family life.<sup>25</sup> This interpretation is supported by our previous report showing that more male faculty have dependent children<sup>26</sup> and that a significant percentage of men would have liked to have taken more time off for family reasons and anticipate the need to do so.<sup>17</sup>

The gender differences in reported barriers to use of flexibility policies is consistent with reported gender-based approaches to managing conflict between experienced and expected professional identities.<sup>12</sup> In a study of consulting firm professionals, Reid noted that mothers gravitated toward formal accommodations. In contrast, fathers often used informal methods to achieve flexibility, perhaps owing to the belief that accommodations were not as

readily available to them.<sup>12</sup> Studies of parental leave among university faculty have shown that men are reluctant to take leaves because of perceptions that men are "caregiving shirkers" who use policies to "milk the system."<sup>27</sup> Reid points out that those who use organizational policies are less likely to "pass" as an ideal worker because policy use clearly reveals a worker's deviation from the expected—and presumed employer-preferred—identity. Many reports demonstrate that women and men who reveal themselves in this way experience lower performance ratings and salaries, less desirable assignments, slower career trajectories, and higher turnover.<sup>12,20-23</sup> Concern regarding these career and promotional penalties may also explain why our faculty infrequently use or anticipate using policies that extend the tenure-clock or allow deferral of merit reviews.

Our survey demonstrates considerable future need for career flexibility. A third of the faculty anticipate flexibility needs for elder-care, reiterating conclusions in our previous report that flexibility policies are not just for young women with child-bearing or child-care needs.<sup>17</sup> Supporting the flexible work environment by addressing issues related to professional and personal identity is therefore important, especially in the educational and training environment, where the ideal worker's career devotion and gender stereotypes are part of the "hidden curriculum" within medical and graduate schools<sup>28-31</sup> and reinforced in media depictions of academic physicians and trainees, greatly influencing development of professional identity.<sup>32</sup> The importance of positive role models and coaching can be effective in the formation of a positive professional identity.<sup>32,33</sup> Such role models may not be frequent but likely exist as "exceptions to the rule" at every school, and should therefore be identified, celebrated, and cultivated to inspire others. Our accelerator intervention included highlighting these exceptional faculty and sharing their career paths, insights, and advice through sponsored workshops and in articles in our faculty development newsletter, and these efforts are ongoing. Our school's Mentoring Academy also serves as a resource for connecting faculty to these role models to enhance the Academy's team mentoring approach. This may help break the cycle of conflict between personal and professional identity and enhance use of flexibility policies, as well as career satisfaction.

Our examination of flexibility through the lens of a faculty member's professional identity and the ideal worker norm is a unique perspective. Others examining work-life balance have focused on modifiable factors extrinsic to the faculty member, such as autonomy of scheduling, hours worked, mentorship, and support from friends and family.<sup>34-37</sup> Likewise, Stanford University's Academic Biomedical Career Customization program addresses extrinsic factors through individualized career plans, with options to flex effort in different mission areas and "earn" credits to buy flexible support services for personal or professional needs.<sup>38</sup> Though these approaches

can be helpful, we believe that focusing on intrinsic factors, such as professional identity, is analogous to addressing root cause and potentially more effective in developing solutions for work–life conflicts and to promote career flexibility.

Limitations of this study include data collection from 1 medical school; however, our faculty’s demographics are similar to those of other schools.<sup>39</sup> The moderate survey response rate is a second limitation and raises the possibility of response bias. Nonetheless, our response rate is similar to ACE’s requirement for their faculty flexibility surveys, so this level of response should be sufficient for meaningful conclusions. Confidentiality restrictions prevented linking individuals from baseline to those at follow-up, but 76% overlap and large differences imply that our conclusions are robust even with unpaired analyses. A third limitation to our study is that we did not measure policy utilization at year 3, after the educational intervention; however, a 3-year follow-up period may not be sufficient to measure change in use because policy use was very low at baseline, and need for family-friendly policy is relatively infrequent and sporadic. Finally, full professors constituted some 40% of our sample at baseline, with more men at the higher ranks. Thus some reported gender differences, such as men’s emphasis on financial barriers, may reflect in part differences in seniority. The distribution of ranks was consistent, however, between baseline and follow-up for both men and women, so our observation of changes would be robust.

In summary, we believe that examining flexibility from the perspective of conflicts related to an ideal worker professional identity is a unique and helpful framework to build effective interventions that enhance career flexibility and improve faculty satisfaction, recruitment, and retention. To paraphrase Joan Williams,<sup>15</sup> we hope that academic medicine will work to reshape core identities of what it means to be a good worker and a good physician and scientist, and reshape the workplace accordingly to support the academic medicine workforce.

## ACKNOWLEDGMENTS

The authors thank Cris Warford, BS, and Hassan Baxi, BS, for technical assistance in the conduct of these studies; Yueju Li, PhD, for assistance with data management and analysis; and the Families and Work Institute, the American Council on Education, and the Alfred P. Sloan Foundation, who developed and prepared the benchmarking report for the UC Davis Faculty Survey.

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