A Qualitative Study of Faculty Members' Views of Women Chairs

Carol Isaac, Ph.D., P.T.,^{1,2,*} Lindsay Griffin, B.S.^{1,*} and Molly Carnes, M.D., M.S.^{1,2,3}

Abstract

Background: Concurrent with the evolving role of the department chair in academic medicine is the entry of women physicians into chair positions. Because implicit biases that stereotypically masculine behaviors are required for effective leadership remain strong, examining faculty members' perceptions of their chair's leadership in medical school departments with women chairs can provide insight into the views of women leaders in academic medicine and the complex ways in which gender may impact these chairs' leadership style and actions.

Methods: We conducted semistructured interviews with 13 male and 15 female faculty members representing all faculty tracks in three clinical departments chaired by women. Inductive, qualitative analysis of the subsequent text allowed themes to emerge across interviews.

Results: Four themes emerged regarding departmental leadership. One dealt with the leadership of the previous chair. The other three described the current chair's characteristics (tough, direct, and transparent), her use of communal actions to help support and mentor her faculty, and her ability to build power through consensus. Because all three chairs were early in their tenure, a wait and see attitude was frequently expressed. Faculty generally viewed having a woman chair as an indication of positive change, with potential individual and institutional advantages.

Conclusions: This exploratory study suggests that the culture of academic medicine has moved beyond questioning women physicians' competence to lead once they are in top organizational leadership positions. The findings are also consonant with experimental research indicating that women leaders are most successful when they pair stereotypic male (agentic) behaviors with stereotypic female (communal) behaviors. All three chairs exhibited features of a transformational leadership style and characteristics deemed essential for effective leadership in academic medicine.

Introduction

THE SKILLS REQUIRED of department chairs in academic medicine have evolved tremendously.¹⁻⁵ In the past, the chair was an honorary position given to a talented, revered physician who was strong in the three missions of clinical practice, education, and research. Today, the chair must be a department head with complex leadership skills, including protean communication abilities, an understanding of funds flow from various sources, the ability to inspire multiple stakeholders toward a collective vision, and the flexibility to adapt to the changing and frequently unpredictable environment of academic medicine.¹⁻⁵ Concurrent with the evolving role of the department chair is the entry for the first time of women physicians in substantial numbers into chair

positions.^{6,7} According to the Association of American Medical Colleges (AAMC), in 2007–2008, women accounted for 34% of all medical faculty and 17% of full professors. Although women have comprised >30% of medical students for nearly three decades⁸ and much has been written on the disproportionate lack of advancement of women physicians into senior and leadership positions,⁹⁻¹² the AAMC data indicate that women are achieving leadership positions in the top echelons of academic medicine in unprecedented numbers. Of all departments in academic medical centers (AMCs) 12% are now led by women (vs. 6% in 1998) and only 6 of 126 AMCs remain with no women chairs.⁸

Implicit biases that stereotypically masculine behaviors are required for effective leadership remain strong.¹³⁻¹⁵ Examining faculty members' perceptions of their chair's leadership in

¹School of Medicine and Public Health and ²Center for Women's Health Research, University of Wisconsin-Madison, Madison, Wisconsin.

³ William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin.

*Authors contributed equally.

medical school departments chaired by women can provide insight into the evolving views of women leaders in academic medicine and the complex ways in which gender may impact these chairs' leadership style and actions. Qualitative methods are ideally suited to probe this issue because they allow exploration of real life behavior.¹⁶ These methods enable research participants to speak for themselves, with the underlying belief that perceived reality is constructed by the social, historical, and individual contexts in which it is lived.¹⁷ This stands in contrast to quantitative research, which generally works from the assumption that there is an absolute true reality that can be discovered. We chose to use the qualitative method of grounded theory, which is widely used in the study of social phenomena to explain processes or generate theories that are derived from (i.e., grounded in) systematic analysis of the rich data collected by interviewing participants.^{18–20} Unlike quantitative research where the goal is to select participants randomly, participants in a study using grounded theory methods are chosen because the investigators believe they will represent the range of beliefs and experiences relevant to the issue being studied. This is referred to as "theoretical" or "purposive" sampling.^{21,22} The unit of analysis in grounded theory is the incident or condition and not the person or patient as in quantitative research. In this study, we interviewed faculty members in three clinical departments with women chairs. We explored issues of leadership and interpreted the findings in the context of socialized gender roles, research on leadership, and the prevailing views of requisite skills for chairs in the current academic medicine environment.

Materials and Methods

Participants

Participants were faculty members who had served under at least one previous chair at the University of Wisconsin School of Medicine and Public Health and who were currently in one of the three clinical departments (out of 16) with a woman chair. The study was approved by the Institutional Review Board, and all participants gave written informed consent. Using a theoretical sampling strategy, the senior author (M.C.) identified cases expected to have the desired range of experiences from lists of all faculty members in targeted departments. She sent email invitations for an interview to those selected, including physicians at all ranks (assistant, associate, and full professor) and in three faculty tracks: tenure (clinician-researcher), clinical health sciences (clinician-educator), and clinical (clinician-practitioner). Invitations stated that the study was investigating leadership in clinical departments, without mention of gender or which departments were being studied. Of the 65 faculty members contacted, 30 did not respond after two follow-up email invitations. Of the 35 who responded, 1 declined, 1 was ineligible (service under only current chair), 33 were scheduled for interview, 29 were interviewed, and 1 withdrew after interview. Three departments were represented in the sample with the following responses: department A, 11 (5 male, 6 female); department B, 10 (5 male, 5 female); and department C, 7 (3 male, 4 female) faculty participants. Table 1 lists the interview questions. The first author (L.G.) performed all interviews at sites convenient to participants during the summer of 2008; the interview lengths ranged from 15 to 35

TABLE 1. QUESTIONS POSED TO FACULTY MEMBERS FROM THREE CLINICAL DEPARTMENTS IN SEMISTRUCTURED INTERVIEWS

Tell me a little about your background and role in the department.
How does your department develop its goals?
What are your perceptions of the leadership style and decision making in your department?
Can you talk about a specific instance?
What do you think are your co-workers' views of the leadership style and decision making in your department?
How did the new chair establish her role as leader of the department? Can you give a specific example?
You have served under more than one chair. If there are any differences in their leadership styles, can you describe them?
Do you have anything to add?

minutes. L.G. digitally audiorecorded, transcribed verbatim, and removed all identifying information from the interviews. Pseudonyms were assigned to the interviews for tracking. Participants reviewed and verified transcripts (sometimes referred to as "member checking").²³

Inductive data analysis

We followed Strauss and Corbin's steps²⁰ for sequentially coding data and grouping subsequent codes. First, each interview transcript was examined line by line or sentence identifying initial concepts (codes) in what is referred to as "open coding." Next, codes that were viewed as conceptually linked were grouped together (axial coding). Finally, these concepts were integrated and synthesized into categories (selective or theoretical coding) to identify the core categories to which other categories relate.²⁰ We adhered to the central principle of data analysis in grounded theory research, which is an iterative cycle of data collection, analysis, and comparison with previously collected data looking for coherence until unifying and recurrent themes emerge from the data itself and no new codes occur.^{19,20}

NVivo, a computer software program for managing qualitative analysis, facilitated data organization, coding, and retrieval.²⁴ L.G. defined the set of initial codes in the open coding process (Fig. 1). The second author (C.I.) reviewed and verified these initial codes in the first five transcripts. Examples from this open coding were "action," "being decisive," "change," "closed door," and "difference." Axial codes were developed from the initial open codes in weekly meetings of the research team, linking like concepts around the axis of a category. Examples of the axial codes were "damage," "direct," "support through recognition of value," "actions for faculty," and "power in consensus." From selective coding of the axial codes, core categories were identified and synthesized into final themes and a theoretical model grounded in the data (i.e., a grounded theory) (Fig. 2). C.I. verified the final selective coding by independently categorizing the data derived from L.G.'s initial codes. The intercoder agreement ranged between 82% and 100%, with an average of 89%. As commonly occurs in qualitative analysis of text, double coding could occur (e.g., a statement could contribute conceptually to two categories of codes).

FIG. 1. Coding progression from development of initial coding to emergence of four themes illustrating theoretical coding reached after 29 interviews through researcher consensus and data saturation.

All codes were continually compared within their conceptual categories as new data were collected. Discrepancies in coding or categorization were resolved by discussion until consensus was reached. Data saturation²⁵ in which no new data codes, categories, or themes emerged occurred after 19 interviews. Validity of the results in grounded theory is judged by the degree to which they present a consistent and coherent story line.¹⁹ In discussing qualitative research data, Koro-Ljungberg²⁶ prefers the term "validation" to "validity." In this study, validation of the emerging themes was enhanced by the presence on the research team of an experienced qualitative researcher with a background in educational leadership (C.I.) and an investigator (M.C.) with extensive knowledge of the extant research on implicit gender stereotypes. Because coding is not preliminary to analysis but an integral part of the interpretation of the social condition under investigation, the req-

uisite assumptions for the application of statistical tests (confirmatory analyses) in grounded theory (exploratory analyses) are not met.

Results

Open coding identified 34 initial codes, which were integrated into 8 axial codes, each containing 2–5 codes. These were ultimately synthesized into four major themes that comprehensively defined all codes regarding departmental leadership (Tables 2A, 2B, 2C, and 2D). One dealt with the leadership of the previous chair. The other three described the current chair's characteristics (tough, direct, and transparent), her use of communal actions to help support and mentor her faculty, and her ability to build power through consensus.

FIG. 2. The proposed theoretical model of this study in which the new chair's tough, direct, and transparent characteristics (Theme II, Table 2B), use of communal actions (Theme III, Table 2C), and ability to build power through consensus (Theme IV, Table 2D) surround and are informed by faculty's perceptions of the prior environment (Theme I, Table 2A) and the new chair's desire to lead.

Theme I: Prior environment

Because each chair began within the previous 36 months (6–36 months), the prior environment was frequently mentioned in the interviews (Table 2A). In addition to noting frequent absences, one faculty member explained, "His office was a corner office far on the edge of one of the hallways which almost no one ever went down... it was literally as far away from the center of activity as possible." Some embraced this absence as "complete autonomy—as complete as you can [get]." Other faculty members found that "different silos just popped up where you would have somebody who was powerful, influential, or just had vision... [who] would then build a program within the department that was strong... but never with any overarching goal of the department." Faculty described departmental processes as "paddling with our oars not quite all the way in" and lacking follow-through. Another explained, "Number one is to... pick up from all of the neglect of 10 years prior to her arrival." Although some experienced success with autonomy, others described "neglect" and "damage" in conjunction with "lost opportunity" and "lack of recognition."

Participants reluctantly criticized the "weighed down" and "tired" previous chairs but reported, "We all liked him—he just wasn't ever here." They also described the former chair as not being "open to other perspectives." One woman reported, "I remember raising my hand and saying... can't we just keep [program] anyway? And he just looked at me and said, 'No. Next question.'" Faculty members thought that the former chair "really wanted some individuals to succeed" but with others "distanced himself" when there was conflict.

Some interviewees reflected gratitude to the current chair for taking on the position: "God bless her... I wouldn't want to do that, but she does." "I know that she loves being a leader." "She wanted to be a chair in the true sense of the word." Yet another wondered, "I've always been amazed that there aren't more people vying for this type of position... There really weren't that many highly qualified candidates applying."

Theme II: Characteristics of the current chair: Tough, direct, transparent

Each of the three chairs was seen as exceptionally qualified. The faculty members spoke admiringly of her national prominence, her ability to understand both research and clinical practice, and her personal expertise. Although each current chair was described with unique personality attributes ranging from "soft spoken" to "energetic," three qualities—toughness, directness, and transparency—emerged as common to all (Table 2B). Interviewees contrasted the "leadership void" of the previous chairs with the transparent, direct, and authoritative leadership of the current chairs. One faculty member in describing the chair explained, "The leader really has to make decisions... Communication couched within a strong style is important... There's not going to be consensus on many issues, but I think just keeping everyone informed about decisions that are happening and why is probably the most important thing." One participant praised the chair's transparency as an important factor in allowing her to make tough decisions palatable, stressing that if major changes are made without transparency, faculty respond by "hunkering down." Although the transparency of the chairs' style was uniformly praised, the tough and direct behavior of their chair was not always described positively. One senior female faculty member stated, "She doesn't have all the interpersonal skills to make you feel warm and fuzzy... Our department chair is very abrupt and sometimes isn't schmoozie enough."

Theme III: Using communal actions to "shepherd one's vision into reality"

Interviewees readily identified relationship-building activities by the new chair and noted her consistent focus on development of faculty and staff (Tables 2C and 2D), exemplified by the quote in the theme title. A clear sense emerged that the chairs wanted "each individual, whether it be faculty or staff or resident... to succeed and then, the logical consequence of that is that the department succeeds as a whole... I see her really caring about individuals... but I see no ego involved." A male faculty member described this as "facilitation of others' excellence." Key factors for creating a communal atmosphere identified by male and female faculty included providing connections, preventing faculty from feeling "lost," and listening to faculty. Examples of statements in this category were: "Her style is one of careful listening and weighing in at appropriate times," and she has found the balance "to be flexible enough that [she's] not telling everybody else what they need to be doing."

It was frequently noted that the chairs took time to know faculty personally—mentoring, offering connections, and soliciting advice on certain issues (Table 2C). One faculty member described a subtle style in facilitating faculty development: "She has a mentoring style that is just inserted into

TABLE 2A. REPRESENTATIVE SAMPLING OF FACULTY'S DESCRIPTIONS OF THEME I—THE PRIOR ENVIRONMENT

<i>Department A</i> (2 Assistant, 8 Associate, 1 Full Professor)	<i>Department B</i> (3 Assistant, 3 Associate, 4 Full Professor)	<i>Department C</i> (2 Assistant, 3 Associate, 2 Full Professors)
<ul style="list-style-type: none"> • The decisions were pretty much always let's do more, but never a real prioritization... it was more pie in the sky and nebulous and frustrating. • Nobody really could figure out how decisions were being made and who was in charge and why they were in charge... [he] wasn't particularly collaborative... is a brilliant person but wasn't great at communicating to groups and tended to alienate people who disagreed with him... • Absolutely no support... It was like if I don't see you for like 13, 14 years, I'll be okay. He didn't collaborate with anybody [within department].... It's like what are we? Chopped liver here? • I just think he became a little paralyzed at times about how to deal with conflict. • He did not do as well with conflict and was not as open to other perspectives and came up with some ideas, didn't have a lot of buy in, but just stayed with it because that's what he wanted to do. • We've had several years of a chair whose leadership style was relatively distant from the day to day workings of most of clinicians and researchers.... I don't know if that's an absence of leadership or a hands-off style of leadership... • Decisions were perceived to be made in dark rooms or in the background so that people didn't understand.... 	<ul style="list-style-type: none"> • [He] had been chair for awhile, and I think you get tired and just let things happen. He was involved in lots of external activities that were very time consuming so... [he] shied away from tough stuff, just didn't make a decision. • It was a very comfortable place to work, but it lacked some of that edge where I felt like I needed to do more and do it better because somebody was expecting that. • ...I did not get a sense of true commitment to building, establishing a mission for the department. It just wasn't on his radar, or if it was, it was not conveyed effectively to the faculty members. So it was just sort of like commitment to mediocrity or commitment to status quo. • Our previous chair had been here a long time... and there was the perception I think that things were not going to change.... There was a stagnancy.... Also, the chair... would make decisions without involving those affected. • [He] was at the end of a 10-year tenure, and I think at that point, most people just naturally become less energetic and less enthusiastic and less effective. • We were really lacking direction for a long time.... The chair before [was a] great guy, amicable, very collegial, but the details of running the department were let go.... • I hardly ever met with him. Most of my interactions were in the hallway and were just kind of informal.... When I did meet with him..., the responsibility was always on me to fix a problem.... 	<ul style="list-style-type: none"> • There was basically a void, a leadership void.... It was a completely hands off, laissez faire, no vision, no unification.... • There's a lot of things that were left undone that really should have been done.... The department really had been drifting fairly rudderless for 10 years. • He did little when he was here.... When he was here, he was working for national organizations and not for us. • We were a department that had been doing fine, but benignly neglected... • I think he's a nonconfrontational person.... Unfortunately, that led to disagreements when everybody left the room and they all thought different things were happening because he agreed with all of them. • A down sloping in terms of the visible and proactive leadership.... We'll deal with problems as they come along, not really create new projects.... • There was no leadership. Very simple.... We were so lost. The former chair of the department really did not guide the department at all and we were floundering, struggling for guidance.... • We really had no direction... basically the previous chair, he doesn't have any leadership skills... so that's why our department has kind of just faltered and lingered because... there hasn't been anyone representing us that has had any interest in moving us forward.

TABLE 2B. REPRESENTATIVE SAMPLING OF FACULTY'S DESCRIPTIONS
OF THEME II—CHARACTERISTICS OF THE CURRENT CHAIR

<i>Department A</i>	<i>Department B</i>	<i>Department C</i>
Faculty perspectives on tough, direct, and decisive characteristics of the chair		
<ul style="list-style-type: none"> • Coming in she's made some decisions, she's gathered data... but also clearly establishing "I get to call these shots and here's what's going to happen. I'm open to feedback, but here's what's going to happen." • She addresses issues head on and doesn't shy away from conflict or issues that are difficult or touchy. 	<ul style="list-style-type: none"> • She is much more assertive and focused and less nurturing than the stereotype of a woman in her situation.... She seems to not shy away from hard decisions. • She's sort of a "shipshape" kind of leadership style. I think she's very crisp and very precise. 	<ul style="list-style-type: none"> • Although she's a better listener, she's also much tougher and has an edge that makes you listen more.... She's tough but tries to build consensus.
<ul style="list-style-type: none"> • I think she's direct... not afraid to make decisions and... not afraid to tell people things they don't necessarily want to hear.... She really likes direct communication so you can say, I think you're screwing up here and... in that one instance she listened and was appreciative and not at all offended... • I think the thing she said that everyone remembered was "I'm not afraid of conflict and I like direct communication" and I think those were things that people really wanted, that they knew when they were told something they could trust that. • More than all the other chairs we've had, she seems to be a concrete decision maker. 	<ul style="list-style-type: none"> • I think that people know that she's very direct.... You have to have some faith that what you're doing, you've gone through the process, you've made the right decision, and it's time to act on it. I think she's done very well with that. • She also is able to balance [fairness] with the demonstration to be able to make a decision.... She was very firm and she was very direct.... She doesn't back down. • So she doesn't sugar coat things. She's very direct... and is able to get problems solved in a productive way. 	<ul style="list-style-type: none"> • She is willing to make a decision even though that may not be a popular decision.... If you had told me that anyone in this department would be able to get everyone to... show up.... I would have told you, you were crazy.... • When she calls a meeting, you show up.... I think she's established herself as a serious, tough person willing to make difficult decisions quite quickly just like any man would have and she has pretty instantly garnered the respect of the faculty.
<ul style="list-style-type: none"> • She'll solicit lots of input, lots of ideas and then actively make a choice that is her responsibility and her vision and leadership. 	<ul style="list-style-type: none"> • I see her taking charge by making some decisions,... that needed to be done.... Very directly she has said if we're going to continue..., we need to do these things. • There's quite a few people who are just excited that there's fresh blood in here that's willing to sort of challenge the status quo and shake things up.... • She may push people to do better than they're doing or push people to do more than they're doing,... because she wants those people to succeed.... 	<ul style="list-style-type: none"> • It's very clear that you have to meet her expectations or else you're liable to be history. • She communicates exactly what she wants and she sends out emails.... There's no guessing.... She came in and had meetings right away about new structure, how she was going to run things, how things were going to change right off the bat. • When she came in... right away she actually started meeting with people and identifying that she understood that we did not have very strong leadership,... that it was something that was necessary.

(continued)

TABLE 2B. CONTINUED

<i>Department A</i>	<i>Department B</i>	<i>Department C</i>
Faculty perspectives on the transparency of the chair		
<ul style="list-style-type: none"> • She has definitely expressed a desire to be transparent in her decisions . . . so that everybody knows what's happening and why it's happening and who decided that it was going to happen. • I think she's transparent which is good . . . I think what you see is what you get. 	<ul style="list-style-type: none"> • When there's something going on that she feels is inappropriate or must be changed, she's very clear . . . • You want someone that is—you want two-way communication so you know how they feel about what your issues are, you don't have to guess at it. You want to see some agreement between what happens in private meetings and the ultimate actions so you're not surprised by things and feel that people are trying to fool you about something. I think she's very straightforward. 	<ul style="list-style-type: none"> • Fairness and being above board and not having hidden agendas are important. • The dollar amount we all make and how we come to that amount has become transparent so I can . . . look at what all my colleagues do and how they get to where they are . . . It just really relieves a lot of anxiety . . . So I think that transparency . . . is really helpful and just developing trust.
<ul style="list-style-type: none"> • She is being transparent, very clear about her thoughts and ideas and in her interactions with faculty. 		<ul style="list-style-type: none"> • She wants to be transparent . . .

conversations that she'll have, saying things like, 'that would be really cool to write about.'" One male faculty member thought the chair's kind of mentoring provided a "role model for young faculty," and a junior female faculty member noted that her chair " . . . is somebody who could be a real mentor, an academic mentor for me, which has been lacking in our department" and acknowledged that "for me, being a female, it's a wonderful role model to have."

The chair's communal actions were also revealed through her advocacy within the institution for her department and its faculty: "She's willing to get out there and shake the trees and garner support outside the department." Another woman faculty member echoed praise for such departmental advocacy, noting that her chair is one " . . . who's not afraid to go to the medical school and say, we generate a lot of income, we do a huge service to the community, we generate . . . referrals to this medical school, and you better start listening to us and not treating us like the second cousin . . ." Faculty members in all three departments saw their current chairs as visionary, although many also expressed a wait and see attitude about the chair's long-term leadership capabilities, as exemplified by the statement of this male faculty member: " . . . she is very energetic and well meaning, but it's too early to say how she will do. Even bad marriages start with honeymoons, okay?" Another male tenured professor said, "I think time will still tell."

In line by line coding for overtly negative and positive statements, most related to the previous chair. Of 123 pages of transcription, we identified 18 statements about the current chairs that were coded as overtly negative and 35 coded as clearly positive. Male interviewees accounted for 81% of the text coded negative, and female interviewees accounted for 86% of the text coded positive. Those with negative statements also had positive statements, except for two senior male faculty members whose text accounted for 13 of the 18 negative statements.

Theme IV: Building power through consensus

Although the description of the chair's power (Table 2D) bifurcated from "no power" to "absolute power," interviewees most often described the new chairs as building power through consensus and presence: "She has power because . . . she has consensus . . . She's built up respect and consensus and people listen to her. And so if you go up against her, you're probably going to lose . . . She used the power to pull together the department." Faculty members indicated that they listen to their chair because she listened to them as individuals, and they approve of her because "she understood the department, she was willing to be flexible and understood the different needs of different sectors." One female faculty member described how, "She's been doing a lot of information . . . [gathering] and developing rather than making significant changes so far." Another summarized that, "She's been meeting with all of us individually, which I think has really helped see . . . what our needs are, what our thoughts are . . . It's much more subtle—I can't say there's been any big announcements."

One tenured male faculty member implied that the chair's position is easy and suggested, "She doesn't really have to exert much authority at this point to get cooperation in most venues—everybody is trying to make things work for her . . ." Another male faculty member joked that she has power simply because "the Dean made her chair." One interviewee noted, however, that his chair does not intend to collect the most "popular" opinions, and that "power is power and she will have to exert some." Another described his chair's power as getting "people to work together . . . without stepping on toes" and "getting consensus so that she doesn't have to make decisions on her own . . ."

Not all faculty thought that communication had improved nor felt included in decision making in the department. One

TABLE 2C. SAMPLING OF FACULTY'S DESCRIPTIONS OF THEME III—USING COMMUNAL ACTIONS TO "SHEPHERD ONE'S VISION INTO REALITY"

<i>Department A</i>	<i>Department B</i>	<i>Department C</i>
<ul style="list-style-type: none"> • She'll meet for coffee and just to get to know people on a more personal level . . . I really value that warmth and that really wanting to connect with people because I never had that feeling before . . . And I think she's pretty good about acknowledging people's accomplishments. • With the project I'm working on, right away, she saw that "Wow, this is a really innovative project . . ." So right off the bat, she's basically resonated with the vision and been willing to get together. • She really made an effort to meet with people individually or in small groups and I think that was really appreciated to have one-on-one interaction. • She's done a great job of . . . supporting all the talented people . . . When I've proposed new projects, she's been very supportive and has given me not only the go ahead to proceed but also supported me. She helped realize the projects and lent expertise. • She's really trying to make sure that everyone's getting valued for what they do . . . that just because this person's not in clinic doesn't mean that they're not valuable or this person does more clinic, they're just as valuable. • I think that she rightfully has spent a lot of time getting to understand . . . Her style is one of careful listening and weighing in at appropriate times. • Personally, she has a lot of similar academic interests to me . . . She understands what I'm talking about. She has good ideas, is somebody who could be a real mentor 	<ul style="list-style-type: none"> • [I] had a request for some additional laboratory space and she was very supportive with that . . . When I go to talk to her, I think she listens, she offers feedback, she doesn't always agree with you, but she's very honest with you. • Very early on she seemed quickly to know everyone's name so even though I was part time . . . she very quickly knew who I was, which made me feel valued. • My interactions with her were positive . . . She immediately . . . assured me . . . and she has been very even-handed in her dealing with the situation, listening very carefully to both sides and very emotionally supportive of me . . . • She wanted to hold people accountable, but she also genuinely wanted to know what people were up to and . . . make it possible for every person in the department to do and be as much as they can be. • She mostly wants to know . . . that people are doing good things. She's really incredibly supportive. She's interested in what I'm doing. I get the sense she's actually proud of the things I do . . . • She asked me . . . to be on a grant that she was submitting . . . I've met with her maybe one or two times to talk about my own personal goals, but clearly she remembered those things and then offered this opportunity. • Her approach, I think, was to collect all the data from the relevant people and then to get all those people together to discuss that face to face, so I respected that . . . 	<ul style="list-style-type: none"> • So, in general, that's the underlying theme is that I feel like I have a lot of support which I never had before . . . The only time we could meet was 6 o'clock in the morning and we met . . . and we sat in a quiet place and we spent an hour . . . and she focused on me and my issues and moved ahead from there. So, I felt very heard. • I think she's very supportive of me personally and my role in the department . . . My sense is that it's genuine. So I would say that . . . while I am generally a very skeptical person within the academic environment, I am inclined to trust her . . . I feel supported and fairly trusting of her as a leader. • She is trying to be very thoughtful about the decisions that she makes involving key players. I think she is investing a lot of personal energy and time into just being involved in aspects of the department that the chair didn't previously get involved in . . . When she first got here she made an effort to meet everyone individually within the department. • Had a very candid conversation with her . . . She assumed an appropriate role as someone who really wants to help and develop somebody. And, she came across very genuine . . . I really appreciate about a chair like we now have is that ultimately your job is to really develop people under you and she's doing a damn good job, I think. • She's incredibly supportive of the area in which I work, of being proactive and making some needed changes in that area, and I know that she's personally very committed and kind of constantly thinking and focusing about it. • She is very good about communicating through email and communicating with everybody, being inclusive.

(continued)

TABLE 2C. CONTINUED

Department A	Department B	Department C
	<ul style="list-style-type: none"> • So we're working on a project together and . . . [she] made me feel like it was my project, which was good even though it's her name that's gotten us the project. And is very much a give and take. • The priority is research and there's a lot of support . . . a lot of concern and a lot of mentorship that goes on with them. 	

senior male faculty member noted feeling outside of the sphere of influence: "I don't feel a part of [the] mission because I haven't been included in [forming] it and nobody's come and asked for my input." Another senior male in a different department said, "There are only a couple of people from whom she seeks much advice." These are both examples of statements coded as negative.

Significance of having a woman chair

We examined statements in which gender and being a chair were mentioned. None of these statements linked being a woman with any doubt in competency to fulfill the chair's duties. One male interviewee did observe that, "The big time guys that came through here took one look at the chair position [and] had little interest." Having a woman as the chair was generally seen as an indicator of positive change in the department (Table 3). Multiple statements from both male and female faculty members suggested that rather than a hindrance, having a woman chair is seen as a source of pride: making colleagues at other institutions "jealous," a confirmation that "we're not stuck in the Dark Ages," and a boon to recruitment. One female faculty member reported, "There's not a more natural department to fill with a woman chair than this department." Women seemed particularly energized to have a female role model, as exemplified by statements in Table 3.

Discussion

We discuss our findings in the context of socialized gender roles, research on leadership, and the qualities deemed desirable for future leaders in academic medicine, concluding that the three women chairs in our study appear to evince all these qualities.

Socialized gender roles and the "think-manager-think-male" phenomenon

A large body of research confirms a deep-seated bias in the assumption that men will be more competent leaders than women, especially in positions historically occupied by men.^{14,27-33} Rooted in the different social roles traditionally occupied by men and women is the implicit assumption that women will exhibit more behaviors and traits that fall under the rubric of "communal" and reflect primarily concern for others' welfare (e.g., kind, sympathetic, nurturing, and gentle), whereas men will exhibit more action-oriented "agentic"

behaviors and traits (assertive, ambitious, forceful, and independent)^{29,34-36} As most leadership positions are also viewed as requiring agentic behaviors, this can lead to what Schein has termed the "think-manager-think-male" phenomenon^{30,37,38} and what Eagly and Karau¹⁴ have termed "role congruity" for men in leadership. These implicit assumptions result in more positive ratings of men being considered for or functioning in leadership positions^{27,39,40} and simultaneously lower ratings of women (because of their role incongruity), even when accomplishments and credentials are identical.⁴¹ These phenomena have been documented with attitudinal questionnaires^{30,42} and in controlled experiments.^{39,43} A meta-analysis⁴⁴ of 94 studies in which male and female leaders were evaluated found a tendency to favor men over women for competency, especially in male-dominated fields. In the context of this large body of research, it is heartening that competence of the three women chairs in our study never surfaced as a concern in any of the interviews.

In addition to the attribution of less leadership competence to women from the lack of alignment of implicit gender and implicit leadership norms, Heilman et al.^{39,43} have repeatedly documented experimentally that when women demonstrate agentic competence in traditionally male leadership positions they may trigger additional negative responses by violating socialized gender norms. Eagly et al.⁴⁴ similarly found that women who adopted an authoritarian (i.e., more stereotypically masculine) style were less favorably rated than those who used a more democratic or interpersonal (i.e., more stereotypically feminine) style. In our study, one senior woman faculty member criticized her chair as not being "schmoozie enough" and not "making you feel warm and fuzzy." Such criticisms of agentic women in male-dominated positions are fully consonant with the extant research, which would also predict that similar criticisms would not be leveled at men in the same leadership positions. Perhaps more revealing in terms of the changing views of women's leadership, however, is that the tough, direct, agentic actions of our women chairs were generally not criticized but seen as welcome and effective, even when they were specifically acknowledged to be counterstereotypic (e.g., first statement for Department B in Table 2B).

Several studies provide evidence that clearly competent women leaders in historically male fields can avoid or mitigate negative responses elicited by gender role violation if they also exhibit communal actions, particularly in the professional setting.^{28,45} Our findings are fully congruent with

TABLE 2D. SAMPLING OF FACULTY DESCRIPTIONS OF THEME IV—POWER THROUGH CONSENSUS

<i>Department A</i>	<i>Department B</i>	<i>Department C</i>
<ul style="list-style-type: none"> I have no sense that she's in it for her own ego or self-gratification or because she wants to have power over others. I see no ego involved and, in fact, I know that she had to be very, very heavily recruited here—like she did not necessarily want the job. I believe she was the first choice of both the department and the Dean so that's very nice, for future buy-in on biggish projects, administrative changes, startup packages for the chair, all those things are very valuable. We're a department of the University so the chair only has the power that's delegated by the University, which is really only at the consensus of the faculty. But since everyone thinks the chair has ultimate power, then she does through their belief systems. Early on, she met with a lot of people individually, attended meetings and traveled around the state and to different clinics, listening to people. She made people feel like she cared and understood their situations and I think won the trust of people early. [She] tries to find a plan that's collaborative, that everyone can agree with. So I think she's not one who's going to try to push something down, if people are not agreeable to it. 	<ul style="list-style-type: none"> You are expected to be a citizen within the department and to participate in certain activities and that was made clear from the very beginning... to get as much opinion from people as she could.... That was the first signs to me that there really was a new sheriff in town. She's very prominent and she's the sort of chair that gets things done by talking to people and by walking around and seeing what's going on. She has a combination of a consensus style so she does get input from everyone, but she definitely has her own ideas and so she'll act on it even if she doesn't think it may be perceived as being popular. I think she's got a very good mix of gathering consensus but also having a backbone and deciding what's right.... As things have come up that have either been issues that she identified or were brought to her attention, rather than just sort of making a decision and saying this is what we're going to do about it. She's been much more democratic about gathering opinions.... The leadership of the department is a mix of democratically decided actions that are moved ahead.... We go around the table and let each one of us raise issues that we want to make sure the others know about, get some feedback on... It works very well. 	<ul style="list-style-type: none"> Very selfless, sort of sacrificial position where your own fame and advancement really play second fiddle to having the good of the whole in mind of the department, the medical school, the institution. She has power because... she has consensus—she's built up respect and consensus and people listen to her. So if you go up against her, you're probably going to lose.... She's not a power hungry sort of individual. She's very democratic so I'm sure she has powers that I'm unaware of, but in terms of functioning with the members of the department, of the clinical staff, it's been a fairly decent democracy. The authority is really by virtue of providing an exemplary leadership... through that process, she would earn a moral authority to make certain decisions. She knows where she wants things to go, she's trying to get them there, yet she's trying to get the whole department together to make what they want as their goals. Everybody was involved on all the aspects of who we are as a department.... I think she's somewhat struggling with some things that are traditional models.... And so I think her style is much more democratic than any other chair I have been with.

this research in that the perceived effectiveness of our three women chairs was attributed to their ability to be both agentic (e.g., "tough," "direct," and "willing to get out there") and communal (e.g., "really caring about individuals," and "supporting all the talented people"). Our three chairs were further able to establish through their words and actions their communal motivation for becoming leaders, thus avoiding the perception of being self-promoting. Research from controlled experiments concludes that it is particularly important for women leaders not to appear to be self-promoting. Ridgeway,⁴⁶ for example, found that proof of group-oriented rather than self-oriented motivation was a prerequisite for effective leadership by women (but not men) in small groups. In dif-

ferent experimental paradigms, Rudman^{47,48} has shown that women (but not men) who are perceived as self-promoting suffer social penalties. This research would predict that the effectiveness of our chairs is enhanced by (or even predicated on) the view by their faculty that they are motivated to help others and benefit the department and that they are not self-promoting.

Although negative responses triggered by women leaders can be subtle,^{49,50} the tone used and statements made by the faculty regarding their chair seemed overall to be genuinely positive. This perception is confirmed by finding twice as many statements that could be coded as overtly positive vs. overtly negative. Women offered a larger percent of state-

TABLE 3. REPRESENTATIVE SAMPLING OF FACULTY'S PERSPECTIVES ON SIGNIFICANCE OF THE APPOINTMENT OF A WOMAN CHAIR, SEPARATED BY GENDER

<i>Responses from female faculty members (4 Assistant, 9 Associate, 2 Full Professors)</i>	<i>Responses from male faculty members (2 Assistant, 6 Associate, 5 Full Professors)</i>
<p>We've never had a woman chair or interim chair, and so I think the time was ripe for there to be a woman chair, but also that there should be a chair of the caliber of this chair available For me, I certainly didn't want the same old, same old, patriarchal, stifling [Laugh] environment So it feels good.</p> <p>Being a woman in a position that is very rare for women to hold, she's an amazing role model.</p> <p>It is wonderful to see her consider women faculty, recruit women faculty. People are interested in coming here because there's a woman chair.</p> <p>I know that I have colleagues at other institutions who are jealous that I have a strong female chair</p> <p>I think more of that she can do the job just as well as a male could do the job. But, I think as a role model, it's a very nice role model to have.</p> <p>We're very happy to have a female in leadership We have not had one in our history. And there are many, many young women faculty who are in that sort of family stage and we wanted someone who would really get that piece and . . . realize how valuable we all were.</p>	<p>I'm very glad we have a woman as a chair It's helpful for role models and getting medical students . . . to see people in positions. We've now had I think over a decade where the medical schools are half women, half men, but the leadership is 90% men</p> <p>Given the "glass ceilings" you see in this specialty and many organizations, it's exciting to have a woman as a chair.</p> <p>I think it's good for us to have a woman as chair I'm not sure it does anything for the prestige up or down, but it does confirm that at least we're not stuck in the Dark Ages.</p> <p>I think for the University to have more women in leadership positions is good for very many reasons. Not the least of which that there are more and more women in medicine and it's bad if from the top down things look different than from the bottom up. I'm quite proud that we're making a dent in fixing that existing . . . inequity She's chosen because she's a very strong candidate.</p> <p>I actually like working with women in leadership roles They get the importance of the emotional piece a little bit more sometimes than men do, and I think that really helps build trust because what really makes things work is to recognize those nonphysical aspects of the system I particularly in this specialty that requires that we use all aspects of our brain in leadership, not just the analytical side.</p>

ments coded positive, and the only faculty members who were consistently negative were two senior men whose statements involved feeling left out of decision-making channels or referred to some specific personal negative interaction with the chair. We cannot explicitly invoke gender in their negative perceptions. However, the higher status accorded to men in socialized gender roles^{51,52} would predict that senior, experienced male faculty members would feel more negative toward a female chair than a male chair. This is consistent, again, with Eagly's work,⁴⁴ in which women in leadership were evaluated more harshly by male than female evaluators. Perhaps these faculty members had a closer relationship with the previous chair or had unfulfilled expectations of having greater influence with the new chair because of their long tenure in the department. For whatever reason, their statements run counter to those of most of the participants interviewed, including other senior male faculty.

Effective leadership

In spite of the persistent mental model of leaders as male, research on gender and leadership indicates only small

effect sizes in differences in effectiveness of male and female leaders.⁵³⁻⁵⁵ Differences in effectiveness are also found to be influenced by the degree to which the role is gender typed (i.e., male leaders are viewed as more effective in male-dominated fields). Similarly, differences in leadership style between men and women are small. In one meta-analysis of 162 wide-ranging studies on leadership style, the strongest evidence for gender difference in style was a tendency for women to adopt a more democratic or participative style and for men to adopt a more autocratic or directive style (although this difference was less in male-dominated fields).⁵⁶ The recurring description of each of our chairs as "collaborative" and "democratic" is consistent with this previous research.

Considerable research on leadership describes three general styles of leaders: transformational leaders who inspire and mentor their subordinates, transactional leaders who largely reinforce the rules of the organization, and laissez faire leaders who are essentially absent when decisions need to be made.^{57,58} Transformational leaders are found to be the most effective across multiple fields,⁵⁸ including academic department chairs⁵⁹ and physicians.⁶⁰ Eagly et al.⁵⁴ performed a meta-analysis of 45 studies that measured gender differences

in these three categories of leadership. The effect sizes were small but consistent in finding that women in leadership were more likely than men to exhibit more features of a transformational style. In an academic setting, Rosser⁶¹ examined the leadership effectiveness of 22 deans and also found that women were more likely than men to be viewed as effective and to exhibit qualities consistent with transformational leadership. The descriptions of the behaviors of our three women chairs are consistent with transformational leadership: listening to all departmental stakeholders, developing and exciting constituents toward a common vision, instilling a sense of pride, and nurturing and mentoring subordinates. Congruent with Eagly et al.'s findings,⁵⁴ our women chairs were also comfortable with the transactional activities of management (e.g., a "ship-shape" leadership style, willing to make unpopular decisions). In contrast to the numerous statements consistent with a laissez faire leadership style of the previous chairs, no statements suggested this view of the current chairs.

Eagly and Carli⁶² note that historically appointing women to leadership positions often signifies a change in values, direction, and goals. Our interviewees frequently express this sense of their new chairs. Ryan and Haslam⁶³ referred to a "glass cliff" phenomenon whereby women may be appointed to high status positions historically occupied by men when circumstances make the position precarious or less attractive. Some element of this is reflected in the recurrent description of departmental "damage," "neglect," and the chair's need to "clean house" and also in the observation by one faculty member that prominent male candidates for the position showed little interest. Overall, however, there was no sense that the department had lowered its standards in recruiting a woman chair.

Desirable qualities for leaders in academic medicine

Much has been written on the need for a new style of leader in academic medicine,^{1-3,64-67} calling for the future-oriented department chair to have strong communication skills, to be a good listener, to possess teamwork skills, to effectively develop others through mentorship and coaching, and to be able to articulate a shared vision. Souba^{2,65} stresses that leaders in the current and future climate of academic medicine must be skilled at building relationships, enhancing networking, and fostering human connectivity. Many of these are transformational leadership qualities, and all are consistent with descriptions of our three department chairs by members of their respective faculties. Souba further states that academic medicine needs leaders who have "softer and more qualitative than quantitative" characteristics than past leaders. Given this emphasis on the importance of stereotypically female skills and traits, the invisibility of women in the multiple articles on leadership in academic medicine is striking, as is the absence of any reference to the extensive experimental, field, and theoretical research examining gender and leadership.^{1-3,66} Nevertheless, our three women chairs appear to have met all Souba's criteria for desirable physician leaders in academic medicine.^{2,65,68-72}

Limitations

The findings of our study are limited in generalizability by the nature of qualitative research, which is highly dependent on context (e.g., time in history, nature of the AMC, unique features of the departments studied, and short tenure

of the current chairs vs former chairs). The generalizability of the themes that emerged from our analysis will be tested in how well they resonate with the lived experiences of others in similar situations and by future research. However, this work stands as an exploratory investigation into the relatively new phenomena of clinical departments in AMCs chaired by women. Qualitative research paradigms believe that the researcher is an important part of the research and that analysis is invariably and directly influenced by the researchers' perspectives. This is openly acknowledged as "researcher bias."²³ In this tradition, we acknowledge that we, the researchers, are all white women raised in the United States who are at different career stages in academic medicine (medical student, postdoctoral fellow, and tenured professor). None of us are members of the departments studied, but we are all affiliated with the institution where the research took place.

Conclusions

This exploratory study suggests that the culture of academic medicine has moved beyond questioning women physicians' competence to lead once they are in top organizational leadership positions. The findings are consonant with experimental research indicating that women leaders are most successful when they pair stereotypic male (agentic) behaviors with stereotypic female (communal) behaviors. All three women chairs in this study are exhibiting behaviors and traits characteristic of transformational leaders that are heralded as desirable for current and future leaders in academic medicine. Our findings underscore the ability of women physicians to succeed in negotiating the complexities of gender to become and function as effective department chairs. This work also suggests that continued silence on gender issues in projecting the future leadership of academic medicine could cause the unaffordable loss of many potentially transformational leaders.

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Address correspondence to:

Molly Carnes, M.D., M.S.

Center for Women's Health Research

University of Wisconsin-Madison

700 Regent Street, Suite 301

Madison, WI 53715

E-mail: mlcarnes@wisc.edu