

Work-Life Policies for Faculty at the Top Ten Medical Schools

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Abstract

Purpose: There exists a growing consensus that career flexibility is critical to recruiting and retaining talented faculty, especially women faculty. This study was designed to determine both accessibility and content of work-life policies for faculty at leading medical schools in the United States.

Methods: The sample includes the top ten medical schools in the United States published by *U.S. News and World Report* in August 2006. We followed a standardized protocol to collect seven work-life policies at each school: maternity leave, paternity leave, adoption leave, extension of the probationary period for family responsibilities, part-time faculty appointments, job sharing, and child care. A review of information provided on school websites was followed by e-mail or phone contact if needed. A rating system of 0–3 (low to high flexibility) developed by the authors was applied to these policies. Rating reflected flexibility and existing opinions in published literature.

Results: Policies were often difficult to access. Individual scores ranged from 7 to 15 out of a possible 21 points. Extension of the probationary period received the highest cumulative score across schools, and job sharing received the lowest cumulative score. For each policy, there were important differences among schools.

Conclusions: Work-life policies showed considerable variation across schools. Policy information is difficult to access, often requiring multiple sources. Institutions that develop flexible work-life policies that are widely promoted, implemented, monitored, and reassessed are likely at an advantage in attracting and retaining faculty while advancing institutional excellence.

Introduction

THERE ARE MOUNTING EVIDENCE and a growing consensus that career flexibility is a critical component to recruiting and retaining the most qualified faculty.^{1–6} In fact, both higher education institutions and corporations are beginning to appreciate the strong business case for providing flexibility as a tool to attract the best talent and remain competitive while reducing the enormous costs of turnover.^{7–10} Although women are the traditional focus within work-life balance studies, the concern about “either work or family” choices and the need for flexibility is not limited to women.¹¹ A sur-

vey on job satisfaction of medical faculty showed feelings of a hindered ability to advance within the medical school and intentions to leave academic medicine within both male and female primary and specialty care physicians.¹² It has also been suggested that as medical faculty positions are increasingly filled by members of Generation X, who weigh family concerns more heavily than did preceding generations, there will be an even greater need for work-life policies.⁴ Work-family conflict in academic medicine may be most significant for dual-career couples, where both parents often are working 55–65 hours/week. In a medical faculty work-climate study done at the University of Pennsylvania

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in 2003, it was found that of assistant professors with spouses or partners, 95% of women and 51% of men were coupled with a full-time working spouse or partner.¹³ Women reported working 61 hours/week, and men reported working 65 hours/week.¹³ Other studies report the mean work week for full-time medicine faculty to be 58 hours/week, with 47% of full-time medical school faculty working >60 hours/week.¹⁴ The rise of the combined working time of married couples is a key component of understanding the growing time pressures for both men and women faculty.¹⁵

In addition to the need for continued improvement of policy, there exists the need to ensure that policies are clearly stated and accessible to current and potential medical faculty members. Many issues arise from the lack of access to enacted policy. Faculty cannot take advantage of policies that they do not know exist. When existing work-life policies are not used by faculty, there are several possible negative repercussions. If policies are not widely used, stigma may surround their use by those who do access these policies. This may further discourage faculty from using work-life policies because of concerns of appearing to be less committed to work than others who do not take advantage of these policies. This is an example of a bias avoidance strategy as described by Drago et al.¹⁶—behaviors designed to escape the potential career penalties associated with caregiving commitments. For example, a survey of 300 pediatric faculty members showed that up to 46% of them agreed that division chiefs or colleagues considered part-time faculty less committed to their work than full-time faculty.¹⁷ When existing policies are not used, there may be a perception at the institutional level that faculty do not have an interest in or need for advancement in work-life policies. This could cause a disconnect between institutional policymakers who see faculty not taking advantage of existing policies and medical faculty members who are in fact looking for a more friendly work-life environment and are unaware of current policies. This study examines both the accessibility and the available content of work-life policies at leading medical schools in the United States during a 2-month period in 2006. The top ten medical schools are at the leading edge of medical education and research and are not intended to represent all medical schools. The top ten medical schools were chosen as a sample group for this study to highlight the possible forced choice medical faculty face between a healthy work-life balance and career opportunities.

Materials and Methods

In August 2006, we accessed the online list of the top ten medical schools in the United States, published by *U.S. News and World Report*.¹⁸ During August and September of 2006, we researched available work-life policies for faculty at these top ten medical schools. The work-life policies included in our analysis were maternity leave, paternity leave, adoption leave, extension of the (prepromotion) probationary period for family responsibilities (e.g., birth, illness), part-time faculty appointments, job sharing, and child care. Policies were accessed using a set procedure for all ten universities.

First, the link to each of the top ten medical schools was followed to the medical school homepage posted on the *U.S. News and World Report* website. Once at the medical school homepage, a search was conducted to locate links to the of-

fices of Human Resources, Work/Family, Women's Affairs, Faculty Affairs, Faculty Policies, and the Faculty Handbook to locate medical faculty policies. Links were visited in the order in which they were located. All relevant policy information was recorded as it was discovered, along with documentation of the ease of locating, reading, and understanding the policies, relevant contact information, and information about to which schools' faculty (medical vs. liberal arts and sciences faculty) the policy was applicable. We sought to identify any differences in policies between the medical school and other schools within the university. When there was limited information available on whether a policy was specifically applicable to medical school faculty, we noted for later clarification.

For medical schools where some or all policy information was not available through the website, we attempted to gather information via e-mail and phone contact. When policies were available on the web, we did not seek further confirmation or update from other sources. When all policies were not available on the web, further efforts were made to contact those institutions. The first round of contact consisted of sending out a contact script (preapproved by our institution's IRB) by e-mail to contacts from the offices noted found on the website. If no reply was received within a week, the person was contacted by phone, following the same script. If we were unable to contact the first person, we repeated the process with the next contact person obtained from the internet search. Follow-up contact, both by e-mail and phone, was conducted as needed to clearly identify and define the work-life policies at each medical school.

Once policy data were collected for all ten medical schools, we developed a rating system for the policies. The rating system was based on both existing and more optimal policies. Those policies covered under the Family Medical Leave Act (FMLA) were designated a minimum standard to create the baseline. Others used no policy or no flexibility as the baseline. Baseline policies were scored as 0, and increasingly more flexible policies were scored as 1, 2, and 3, with 3 being either the most flexible policy seen across institutions or the policy that would embody flexibility (e.g., part-time appointments without time limit). The scores were based on optimal situations determined by the personal experience of the authors and existing opinions in the field of work-life policies. The scoring process was a collaborative process of all the authors, with several revisions and edits of scores to insure a fair and unbiased scoring system.

The FMLA of 1993 set some minimal standards in the area of work-life policies for "all private, state and local government employees, and some federal employees" and, therefore, as mentioned, was set as the baseline (0) for included policies.¹⁹ Generally, FMLA entitles all eligible employees to up to 12 weeks unpaid leave during any 12-month period for the reasons of childbirth, adoption, serious illness within the immediate family, or personal serious illness. For policies that are not covered under the FMLA, the baseline was usually set as the lack of policy. Examples of these baselines include "no direct affiliation with child care centers" for child care options, "not available" for job sharing, and "no part-time" for part-time appointments. With the baseline set, the scoring scale was then collaboratively worked out by all authors, designed to represent the next three stages of policy flexibly for each individual policy. The details of score mean-

ing were catered to each policy, but the overall aim was to design a fair range between the established baseline (0) and what was agreed to be an optimal policy (3). The rating system was a relative system within the ten medical schools and cannot be used to judge the policies outside of this relative comparison.

Results

In the online search of policies, several obstacles were encountered to accessing work-life policies. Two medical schools had links to pages that would not load; the Faculty Affairs webpage of one medical school would not open on numerous occasions, and the faculty handbook web link on the webpage of another medical school would not load. Contacts at these two medical schools were notified of these problems and asked when they might be repaired. Two medical schools had restricted access to parts of their websites: at one, the Human Resources department page was restricted to in-network users, and another restricted two of three sections of its faculty handbook to in-network users.

Of the ten medical schools, only one had all policy information accessible online. One of the ten schools did not have any of the policy information online, and another school's information was too vague to permit interpretation of the specifics of the policies. The average number of policies available online was four out of seven. The policy most commonly accessible online was for child care options and facilities. The least commonly found policy concerned job sharing. One school consistently listed alternate written policies for the Medical School and the School of Arts and Sciences; however, the written policies were essentially equivalent. During the course of phone and e-mail contact, we were referred to a number of different offices across the schools. Contacts included people from the offices of Work and Family, Faculty Development and Equity, Faculty Affairs, Academic Affairs, Human Resources, Faculty Appointments, and Employee Relations and Regulatory Compliance. Table 1 summarizes policy details, policy ratings, sources of policy, and notes for each medical school, and Table 2 summarizes the policy rating key.

The cumulative scores across all schools for each policy range from a low of 10 (job sharing), indicating an average score of 1.0, to a high of 19 (child care options), indicating an average score of 1.9. For each policy, there are important differences among the schools, with no policy having a uniform score across all the schools and a spread in the range of each policy score. The highest score received for best work-life policies was an overall score of 15 out of 21 possible points, with an average score of 2.1. The lowest score was 7 points, with an average score of 1.0.

Discussion

We report important differences in the accessibility and content of the major work-life policies at ten leading U.S. medical schools. Total scores ranged from a high of 15 to a low of 7 out of a possible 21, showing a wide range of available work-life policies for medical faculty and opportunities for improvement in all the surveyed medical schools. With women representing 50% of medical students and a new generation of men and women junior faculty who appear to value a healthy balance of work and life commitments more

heavily than preceding generations, there is every reason to believe that the institutions that provide the most flexible policies will have a competitive edge in attracting and retaining the best talent.^{4,5} It is worth noting that one of the top work-life ranked schools within this study has the highest percent of full professors who are women (26%) and the second highest percent of full-time professors (38%) and tenured professors (22%) who are women among the top ten medical schools (AAMC benchmarking data 2006).²⁰ The sample size in this study is small and not necessarily generalizable; therefore, there is not a conclusive correlation shown between our data and the numbers of women faculty at the top ten medical schools. However, there is enough of a trend to suggest tracking the correlation between better work-life options and the recruitment and hiring of women faculty.

Dual-career couples may look carefully at family-friendly policies when they attempt to navigate the difficult challenge of simultaneous tenure and biological clocks that reflects the traditional one-career family of a previous generation. Creative work-life policies provide the necessary flexibility for career success and send a resounding message to all faculty and trainees about the values of the institution and the culture of the workplace.

Accessibility to policy information was generally inconsistent and unclear, and only 39% of the policies were available to the public online. There was no standardization of a single office or department across medical schools that provided information about work-life policies. When policy information was not available online, we were directed to offices of seven different departments, policies were not consistently listed in faculty handbooks, and often policies were determined within individual departments or divisions of the medical school and were not publicly listed in any form. Work-life policies and resources should be as easy to locate as other information within medical schools, given their importance to faculty recruitment, retention, and satisfaction.^{4,12,21-25} When work-life policies are not readily available, potential or current faculty must specifically inquire about these policies, a conversation that most junior faculty would rather avoid because of fear concerns of encountering conscious or unconscious bias.

There is a concern that a push for greater transparency of work-life policies can cause a loss of flexibility.²⁶ This can be the case when outdated policies are clarified with no attempt to update the policy to the current cultural needs of medical faculty. Many policies that could be labeled as "vague" are also considered more flexible. They have been used to provide more flexibility when original policies were developed in a more rigid institutional culture. Institutions must keep in mind the aim of updating the culture of academic medicine to meet the demands of faculty members when making work-life policies more transparent; otherwise, the concern about a loss of flexibility could become a threat.

This study is as much about access to medical school policies and transparency of these policies as it is about the policies themselves. Although it was a limitation of our study that policy data were collected through different means for different schools (some schools having all policies listed online and others not), in this case we found it acceptable specifically because of our aim to assess accessibility of the policies. We could have sent a formal letter or survey to collect the

TABLE 1. WORK-LIFE POLICIES AT THE TOP TEN MEDICAL SCHOOL – 2006

<i>School (US News & World Report Rank)</i>	<i>Policy</i>	<i>Policy details</i>	<i>Policy rating</i>	<i>Source of policy</i>
Harvard University (1st) <i>Note:</i> Very difficult to access. Faculty policies and HR pages not accessible to the public. University employment page without policy detail.	Maternity Leave	4 weeks maternity leave, 4 weeks parental leave, to total 8 weeks paid leave	2	Office of Work and Family
	Paternity Leave	4 weeks paid parental leave if primary caregiver; 1 week paid leave if secondary caregiver	2	Office of Work and Family
	Adoption Leave	4 weeks paid parental leave	2	Office of Work and Family
	Extension of Probationary Period	When a faculty member takes leave or relief in connection with a birth/adoption, there is an automatic extension of contract and review period, which they may waive.	2	Office of Work and Family, and Academic Affairs
Johns Hopkins University (2nd) <i>Note:</i> Pages navigate sufficiently. Policy on flexible work options and extension of probationary period were not available online.	Part-time appointment	Part-time appointments of unspecified duration (OUD) with reviews of continuing contributions every 5 years. No limit to the number of reappointments in any rank. For OUD there is no commitment for continuous institutional support.	2	Office of Work and Family, Harvard Medical School, Faculty Handbook
	Job sharing	Case-by-case basis	2	Office of Work and Family
	Childcare option	Affiliated centers on and off campus. Need-based scholarships. Back-up care options. Discount agreement with American Nanny Company	2	Online, and Office of Work and Family
	Maternity Leave	Option 8 weeks paid parental leave; additional 4 weeks paid parental leave is recommended upon medical complications.	2	Online—Faculty Information
University of Pennsylvania (3rd) <i>Note:</i> Faculty page and resources easy to locate. Policies online easy to read.	Paternity Leave	Option 8 weeks paid parental leave if primary caregiver, 4 weeks parental leave if secondary caregiver.	3	Online—Faculty Information
	Adoption Leave	Option of 8 weeks paid parental leave if primary caregiver; 4 weeks paid leave if secondary caregiver.	2	Online—Faculty Information
	Extension of Probationary period	No probationary period, replaced with a merit-based criterion instituted as of 2006.	3	Assistant Dean of Faculty Development and Equity, SOM
	Part-time appointment	Available at any rank, valid for 1 year, and should be renewed annually. Faculty members who resign from a full-time position are not entitled to a part-time appointment.	2	Online—Faculty Handbook
University of Pennsylvania (3rd) <i>Note:</i> Faculty page and resources easy to locate. Policies online easy to read.	Job sharing	No formal policy.	1	Online—Faculty Handbook
	Child care option	On and off campus-affiliated centers. Financial aid for those who qualify.	2	Online—Work-life
	Maternity Leave	Normally entitled to 8 weeks paid leave under disability/sick leave.	2	Online—Faculty Handbook
University of Pennsylvania (3rd) <i>Note:</i> Faculty page and resources easy to locate. Policies online easy to read.	Paternity leave	Sick time may substitute for unpaid FMLA leave, and must substitute any unused paid time off.	1	Online—Faculty Handbook
	Adoption leave	Sick time may substitute for unpaid FMLA leave, and must substitute unused paid time off.	1	Online—Faculty Handbook

Extension of probationary period	Eligibility in accordance with FMLA and that a child is born, adopted, or placed in foster care (given the child has not reached his or her 2nd birthday). Extension is 1 year on request unless faculty requests one semester instead.	1	Online—Faculty Handbook
Part-time appointment Job sharing	No part-time appointment. Only reduction of duties limited to 6 years. No formal policy. Has occurred in relation to reduction in duties.	0 1	Online and Vice Dean of Faculty Affairs, SOM Vice Dean of Faculty Affairs, SOM Online
Child care option	On campus center, discounted tuition, limited financial assistance available.		
Maternity leave	6 weeks paid leave for after birth; 4 months disability leave for pregnancy disability without pay or with pay based on accrued sick and disability time, guaranteed under California FEHA.	2	Online—Faculty Handbook
Paternity leave	Up to 6 weeks leave for child care of newborns, may be eligible for pay. Up to 1 year unpaid leave.	2	Online—Faculty Handbook
Adoption leave	Up to 6 weeks leave for child care of newly adopted child under the age of 5 years, may be eligible for pay. Up to 1 year unpaid leave.	3	Online—Faculty Handbook
Extension of probationary period	Eligible upon leave of absence. Maternity or prenatal leave equal to or in excess of one semester will automatically be excluded from the 8-year rule, unless otherwise requested. Any maternity or childbearing/rearing leaves taken for newborns will automatically stop tenure clock. The tenure clock may be stopped up to 1 year for each event of birth or placement (no more than 2 years). Individuals are eligible to stop the tenure clock even if no leave or modification in duties is taken.	2	Online—Faculty Handbook
Part-time appointment	May be eligible for part-time appointment. Appointments are approved based on needs, for a specific period, or permanently	3	Vice Dean of Academic Affairs, SOM, and Online—Faculty Handbook
Job sharing	No formal policy.	1	Vice Dean of Academic Affairs, SOM
Child care option	First enrollment options at on and off campus-affiliated center. Some financial assistance available.	2	Online—University Campus Life Services webpage
Maternity leave Paternity Adoption leave Extension of probationary period Part-time appointment	FMLA. Pay based on sick/vacation accruals. Any additional time needed is up to discretion of the department. Anytime that faculty spend on family/parental leave will not count toward probationary period. If time is taken off as an approved leave, tenure clock is extended by the equal amount. Tenure obtained only by full-time appointments. Faculty can apply for part-time leave of absence for child rearing and family problems.	1 1 1 0 1	SPHR School of Medicine SPHR School of Medicine SPHR School of Medicine SPHR School of Medicine Online—Office of Faculty Affairs, Policies and Procedures

University of California, San Francisco (4th tied)
Note: University HR sufficiently able to navigate, policies not always clear. Faculty Handbook link would not open.

Washington University in St. Louis (4th tied)
Note: According to SOM HR most policy information for medical faculty is available online at the Faculty Affairs webpage. However, this webpage would not open after numerous attempts on different days. Because the site would not open, there was limited information on medical faculty policy. Policy was not easy to locate on either web page.

(continued)

TABLE 1. WORK-LIFE POLICIES AT THE TOP TEN MEDICAL SCHOOL – 2006 (CONT'D)

<i>School (US News & World Report Rank)</i>	<i>Policy</i>	<i>Policy details</i>	<i>Policy rating</i>	<i>Source of policy</i>
Duke University (6th) <i>Note:</i> University HR webpage very accessible. SOM webpage contained no real policy information.	Job sharing	No formal policy.	1	SPHR School of Medicine
	Child care option	Resources and referrals available. Childhood development center offered to employees of SOM.	2	Online
	Maternity Leave	Up to 3 months leave with pay for regular rank faculty. Nonregular rank faculty 3 weeks leave with pay.	3	Associate Dean of Faculty and Academic Affairs
	Paternity Leave	Up to 3 months leave with pay for regular rank faculty. Nonregular rank faculty 3 weeks leave with pay.	3	Associate Dean of Faculty and Academic Affairs
	Adoption Leave	Up to 3 months leave with pay for regular rank faculty. Nonregular rank faculty 3 weeks leave with pay. Child must be under 6 years of age.	3	Associate Dean of Faculty and Academic Affairs
	Extension of Probationary Period	Automatic 1-year extension upon granting of parental leave. Extension also granted for other family/life events. No limit for number of childbirths or adoptions. If both parents are nontenured, they are both eligible for one semester (or 6 months) relief, or one parent can take the 1 year.	2	Associate Dean of Faculty and Academic Affairs, and Online—Faculty Information—School of Medicine
	Part-time appointment	Not offered at this time, but a study is underway to examine this possibility.	0	Associate Dean of Faculty and Academic Affairs
	Job sharing	Not offered to faculty.	0	Associate Dean of Faculty and Academic Affairs
	Childcare option	On campus facility offers financial assistance. Off campus referrals.	2	Associate Dean of Faculty and Academic Affairs, and Online—Faculty HR Benefits
	Stanford University (7th tied) <i>Note:</i> There are discussions underway surrounding the issues of flexible work options, which may ultimately change current policies. Policies that are online are very accessible.	Maternity Leave	Full salary leave under short-term disability.	1
Paternity Leave		Up to 1 year unpaid child care leave for infant up to 1 year old.	0	Online—SOM Faculty Affairs, Faculty Handbook
Adoption Leave		Up to 1 year unpaid child care leave for infant up to 1 year old.	0	Online—SOM Faculty Affairs, Faculty Handbook
Extension of Probationary period		Eligible for 1 year extension upon birth or adoption; no limit if appointed after 1996.	1	Online—SOM Faculty Affairs, Faculty Handbook
Part-time appointment		Appointments available at any rank. Accrue time toward tenure at prorated basis.	3	Assistant Dean for Academic Affairs
Job sharing		Case-by-case basis.	2	Assistant Dean for Academic Affairs
Child care option		Referrals and resources available for on campus and off. Financial assistance available.	2	Online—SOM Family Resources Center
Maternity Leave		FMLA with pay-based accrued sick/vacation/medical leave.	1	Online—Academic Affairs Policies and Procedures
Paternity leave		FMLA with pay-based accrued sick/vacation/medical leave.	1	Office of Faculty Appointments, SOM, and online—Academic Affairs Policies and Procedures
University of Washington (7th tied) <i>Note:</i> Easy to locate faculty Handbook. HR policies were not detailed.				

Adoption Leave	FMLA with pay-based accrued sick/vacation/medical leave.	1	Office of Faculty Appointments, SOM, and online—Academic Affairs Policies and Procedures
Extension of Probationary Period	Leave is taken for less than 6 months, then faculty member may request a 1-year extension. When medical or family leave is taken for 6 months or longer, there is an automatic 1 year extension of probationary period.	1	Online—Academic Affairs, Policies and Procedures
Part-time appointment	Available based on the needs of departments, circumstances treated on case-by-case basis. The 1st appointment of 50% or greater shall be for 3 years.	2	Office of Faculty Appointments, SOM, and online—Human resources
Job sharing	No formal policy.	1	Office of Faculty Appointments, SOM
Childcare option	On-site and community referral services. Preference given to need ranking. Tuition based on pay scale.	2	Online—University HR: Office of Work/Life
Maternity Leave	Up to a total of 6 months (paid + unpaid) leave available. Short-term disability covers medical issues in relation to pregnancy.	3	Online, SOM—Faculty Affairs
Paternity Leave	Up to 16 weeks unpaid leave in the first year of life.	2	Online, SOM—Faculty Affairs
Adoption Leave	Up to 16 weeks unpaid leave in the first year of life.	3	Online, SOM—Faculty Affairs
Extension of Probationary period	Child rearing or care giving leave of 6 weeks or more, may request a 2 semester/1 year extension. Nontenure appointment extension available for 6 months.	1	Online—SOM Faculty Affairs
Part-time appointment	Only in exceptional circumstances for limited amount of time.	1	Online—University Faculty Handbook
Job sharing	No formal policy.	1	Online—University Faculty Handbook
Child care option	Affiliated centers on campus. Some financial aid available.	2	Online—Work/Life Program
Maternity Leave	FMLA + salary continuation based on years of service.	1	Employee Relations and Regulatory Compliance
Paternity leave	FMLA, must use vacation accruals during this time.	1	Employee Relations and Regulatory Compliance
Adoption leave	FMLA + salary continuation based on years of service.	1	Employee Relations and Regulatory Compliance
Extension of probationary period	Has no probationary period.	3	Employee Relations and Regulatory Compliance
Part-time appointment	Available for faculty, negotiated through department.	3	Employee Relations and Regulatory Compliance
Job sharing	Not available for faculty.	0	Employee Relations and Regulatory Compliance
Child care option	Sick-child facility, no financial aid.	0	Employee Relations and Regulatory Compliance

Yale University (9th)

Note: Very accessible website. Links to faculty handbook easy to locate. Policies very easy to read and understand. All needed policy information found online.

Baylor College of Medicine (10th)

Note: Webpage provided no information on faculty affairs or policies. There was no Human Resources link or information.

TABLE 2. POLICY RATING KEY: WORK-LIFE POLICIES FOR FACULTY AT TOP TEN MEDICAL SCHOOL, 2006

<i>Rating</i>	<i>Definition</i>
Maternity leave	
0	FMLA
1	FMLA and accrued sick/disability payment, and/or pay dependent on years of service
2	6–8 weeks paid leave
3	> 8 weeks paid leave
Paternity leave	
0	FMLA
1	FMLA and accrued sick/vacation payment, and/or pay dependent on years of service
2	< 4 weeks paid leave + additional leave if primary caregiver
3	≥ 4 paid leave + additional leave if primary caregiver
Adoption leave	
0	FMLA
1	FMLA and accrued sick/vacation payment, and/or pay dependent on years of service
2	3–8 weeks paid leave
3	> 8 paid leave as primary caregiver
Extension of probationary period for birth or adoption	
0	< 1 year
1	1 year extension upon request
2	1 year automatic extension
3	No probationary period
Part-time appointments	
0	No part-time
1	Exceptional circumstances
2	Available with time limit
3	Available without time limit
Job sharing	
0	Not available
1	No formal policy but does occur
2	Case-by-case basis
3	Available to all
Child care options	
0	No direct affiliation with child care centers
1	Off campus affiliations and referrals, some financial aid available
2	Off and on campus affiliation and referrals, some financial aid available
3	Guaranteed discount at on campus facility

data, but, it was our goal to investigate the methods reflective of how one might proceed if looking at policies at a current or potential place of employment. It is possible that the specific policies we were able to locate represent the minimum acceptable policy and do not reflect the institutional policies in practice. Furthermore, because the searches were done within a specific 2-month framework in 2006, it is expected that some of the policies have changed (and would be expected to change toward improvement) at one or more of the institutions since our data collection, as several institutions stated that their current policies were under review. All of this suggests gradual progress in academic medicine to respond to the significant changes in the work-family culture of our physician workforce that have been visible for the past 15–20 years.

Our study has several other limitations. We are unaware of any existing, validated scoring system to measure the flexibility of work-life policies. As part of our goal was to access, evaluate, and compare the work-life policies at the top ten medical schools, we developed our own pol-

icy rating scale (Table 2) after a careful review of the range of options at the schools, with increasing flexibility as the major determinant of each increase in score. For three of the policies, increasing flexibility is synonymous with increasing time allowed (maternity, paternity, adoption); for the four other policies, the ratings are unique to the purpose of the policy but follow a commonsense approach that includes availability and ease of access. This is clearly an unvalidated tool, but we submit that it is a reasonable first attempt at an objective rating scale for work-life policies. In a few cases, assignment of a score to a specific policy was difficult because of the wording of the policy and the uniqueness of the policy terms, and we assigned the score that represented the best fit.

We used a standardized and uniformly applied procedure for accessing each institution's policies to avoid bias resulting from greater knowledge of specific institutions. We recognize that our data collection procedure leaves policies open to misinterpretation; however, our goal was not to misrepresent any school or policy but rather to highlight the need for greater transparency regarding work-life policies.

Our own institution is included in the study, and was not excluded from the data collection procedure, reflecting our own weaknesses in policy accessibility and transparency. For example, at our own institution, the retrieved policy on part-time appointments received a score of 0 (defined as no part-time appointments). It is true that there are no "part-time" appointments offered within the University of Pennsylvania School of Medicine policy. Our institution offers a "reduction of duties" rather than a "part-time" appointment. This reduction of duties is limited to 6 years and must be granted by departmental approval. Although this language difference was implemented in order to help faculty maintain job classification and benefits, the lack of transparency and accessibility of this policy could confuse prospective or current faculty members who are seeking part-time work. This is both an example of how lack of transparency can lead to policy misinterpretation and an example of how a policy was intentionally kept vague to provide more flexibility within a rigid system. Since we obtained these results, our institution has taken concrete steps to improve policies in the School of Medicine at the University of Pennsylvania and to make them more available to the Penn community and the public. It is our hope that these data will encourage other institutions to do so as well if they are not already engaged in these processes.

Conclusions

Work-life policies play an important and growing role in the ability of medical schools to recruit and retain the highest caliber faculty, especially women faculty. Across the top rated medical schools in the United States, wide variation exists in the accessibility and content of work-life benefits available to faculty members. These differences indicate significant opportunities for improvement at all schools to further develop creative, flexible policies that can be widely promoted, implemented, monitored, and reassessed. Institutions that lead the way in developing effective work-life policies are likely to be in a better position to attract and retain a talented and diverse faculty, ensuring the viability of academic careers for the current generation of medical school graduates and ultimately maintaining the talent pool for the future of academic medicine.

Disclosure Statement

No sponsors were involved in the design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript.

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