



Review

Supporting underrepresented minority women in academic dermatology[☆]

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ABSTRACT

The lack of underrepresented minorities in medicine (UIM) in dermatology has been well established, but the challenges faced by UIM women in dermatology have not yet been explored. UIM women belong simultaneously to more than one underrepresented group and therefore face complex challenges that are common to women and underrepresented minorities. Yet, the literature that focuses explicitly on UIM women as a group is scarce. This commentary provides insight into some of the challenges faced by UIM women in academic dermatology and provides specific recommendations to support these women through mentorship, professional development, and legitimization of their contributions to institutional diversity and service efforts.

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Introduction

The dearth of underrepresented minorities in medicine (UIM) in dermatology has been well established (Feng et al., 2019; Hinojosa and Pandya, 2016; Pandya et al., 2016). This lack of racial/ethnic

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diversity in dermatology is especially evident in the academic setting, where the lack of underrepresented minority female physicians (henceforth referred to as UIM women) is staggering. At U.S. medical schools in 2018, 1.9% of dermatology faculty identified as African-American women (1 instructor, 19 assistant professors, 6 associate professors, 2 full professors) and 1.3% identified as Hispanic women (1 instructor, 10 assistant professors, 3 associate professors, 5 full professors). There are currently no female dermatology faculty who identify as American Indian/Alaskan Native, Native Hawaiian, or Pacific Islander (AAMC, 2018).

UIM women belong simultaneously to more than one underrepresented group and therefore face complex challenges that are common to women and to underrepresented minorities. Yet, literature that focuses explicitly on UIM women as a group is scarce. Wong et al. (2001) astutely describe this group as having “little visibility and few advocates.” For the purpose of this paper, the concerns of UIM women as a group will be extrapolated from the literature that exists separately for UIM physicians and female physicians.

This lack of representation of UIM women in academic dermatology has far-reaching consequences. The impact of shared life experiences between patients and their providers is crucial to the patient experience, and data suggest that increased diversity and physician-patient racial/ethnic concordance are associated with better patient-doctor communication, increased patient participation in medical decision-making, and improved adherence to medical advice (Alsan et al., 2019; Harvey et al., 2016; Shen et al., 2018). Furthermore, UIM dermatology faculty can serve as role models and mentors for UIM students and residents and champion more inclusive resident and faculty selection strategies (Oyesanya et al., 2018).

Studies have demonstrated that UIM women bring different perspectives to patient care and research and are more likely to work on gender and racial disparities in health care (Calder, 1997). UIM faculty may also be more likely to advocate for culturally competent curricula and can disrupt stereotypes by bridging cross-cultural communication barriers that may exist between non-UIM faculty and UIM trainees, staff, and patients. Yet, UIM women in academia encounter significant challenges. These challenges are bravely shouldered and have been normalized due to their pervasiveness. However, they contribute to burnout and career dissatisfaction and reduce the chances of retaining this important part of our workforce.

Challenges encountered by UIM women in academic dermatology

Clinical demands

Female physicians are more likely to care for patients with complex psychosocial issues, spend more time with patients, and provide more preventive services (Henderson and Weisman, 2001; McMurray et al., 2000). UIM physicians are more likely to care for patients from racial/ethnic minority groups, those of lower socioeconomic status, and non-English-speaking patients and are more likely to treat patients covered by Medicaid and those who are uninsured (Komaromy et al., 1996; Marrast et al., 2014; Silver et al., 2019). Despite the personal fulfillment gained from treating these underserved patients, the financial impact is significant. No-show rates are known to be higher in this patient population (Lee et al., 2018; Mieloszyk et al., 2019), and Medicaid reimbursements are lower compared with commercial insurance payors (Payette, 2017). Consequently, compared with their majority colleagues, UIM women in academia are at risk for lower financial productivity despite a higher clinical burden.

Additionally, physicians who work in clinical environments that serve underserved populations have described their work environment as challenging and chaotic, with fewer resources, less control, and less job satisfaction (Varkey et al., 2009). Research and other scholarly activity can suffer under the weight of these clinical burdens, with UIM faculty spending more time on clinical care and having less protected time for research (Palepu et al., 2000). UIM physicians are therefore faced with balancing the competing demands of their academic ambitions with service to the community.

Cultural taxation

In addition to their clinical, research, and teaching duties, UIM female faculty often undertake extra work to support the diversity mission of their institution or department (i.e., cultural tax). They may serve as mentors to multiple underrepresented minority students and trainees, who far outnumber the number of available UIM female faculty. They may provide cultural expertise or context to their department or institution through participation on committees. They may also represent the department, institution, and specialty in the community through community service projects and outreach programs. Although UIM women enthusiastically support and willingly participate in these diversity efforts, they do so at the cost of scholarly productivity, which is the primary metric used when faculty are evaluated for promotion.

Barriers to academic promotion

It is well established that women and UIM faculty are less likely to progress to senior ranks in academia and are more likely to leave academic medicine in 5 years, regardless of academic productivity (Fang et al., 2000; Lewis-Stevenson et al., 2001; Marbella et al., 2002; Nunez-Smith et al., 2012; Palepu et al., 1998). Contributing factors include lack of protected research time, lack of mentorship, fewer opportunities for professional development and networking, and diversity pressures (Palepu et al., 1998; Price et al., 2009; Rodriguez et al., 2014).

Additionally, subtle and likely unintentional microaggressions and bias are a pervasive and constant threat to UIM and female physicians in academia and have been shown to affect crucial aspects of the promotion process, including letters of recommendation, evaluations, and grant reviews (Choo, 2017; Guglielmi, 2018; Madera et al., 2009).

Supporting underrepresented women in academic dermatology

Based on the literature that exists for UIM physicians and women in medicine, as well as anecdotal evidence from the experiences of UIM women in dermatology, I propose a number of specific recommendations to support the academic careers of UIM women in dermatology.

Recommendation 1: Prioritize mentorship

It is well known that mentorship is vital to a successful academic career. Studies have demonstrated that, for UIM and female physicians, mentorship plays a critical role in the decision to pursue academic medicine, academic productivity, and job satisfaction (Dixon et al., 2019; Yehia et al., 2014). Yet, underrepresented minorities and women in academia are less likely to have mentors than their majority peers, and this disparity contributes to inequities in grant funding and promotion (Beech et al., 2013; Dawson, 1999; National Institutes of Health, 2012).

According to [Yehia et al. \(2014\)](#), African-American, Hispanic, and female residents actively seek out mentors of the same race/ethnicity and gender in an attempt to avoid the difficulties of explaining the “context and nuances of their perspectives and situations to non-minority mentors.” Certainly, there are not enough race and gender-concordant senior faculty in dermatology to mentor every UIM woman in academia. Indeed, this should not necessarily be our goal. Our goal should be to identify senior faculty mentors who can bridge the cultural divide and mentor junior faculty from all backgrounds.

In addition to having successful scholarly track records, mentors for UIM women should be equipped with the cultural competency and coaching skills needed to guide UIM faculty through the mire of academia. They should be familiar with the historical context that created the framework for their mentees’ upbringing and current environment and be willing to learn more about their lived experiences and perspectives. They should take the time to get to know their mentees to identify their career goals and strengths, as well as the factors that could impede their personal and professional development. This information can then be used to develop a personalized mentoring and professional development plan to help mentees achieve their scholarly goals while meeting clinical and service responsibilities.

Undoubtedly, good mentorship is time-consuming. However, mentorship can be quite rewarding and can advance the mentor’s career. Departmental leaders should build a culture of mentorship and information sharing and reward good mentors, especially those who make the effort to cross the gender and race/ethnicity divide. Departments should consider having a formal process for ensuring that UIM women have mentors within and/or outside their institution and incorporate an evaluation system to assess the success of these relationships ([Wong et al., 2001](#)).

Peer mentorship can be an effective adjunct to traditional junior–senior faculty mentorship. Peer mentorship has been shown to improve academic productivity and advancement ([Prendergast et al., 2019](#)). It may be particularly helpful for UIM women because this type of mentorship can ameliorate isolation and facilitate the development of collegial relationships with peers for academic and emotional support, feedback, and information sharing ([Prendergast et al., 2019](#)).

Recommendation 2: Professional development

Individualized professional development opportunities would go a long way in retaining UIM women in dermatology. For example, formal training in research methodology, scientific writing, and grant writing for early-career UIM women could provide an important foundation for their scholarly pursuits. UIM women should be encouraged (and given protected time) to participate in faculty development programs that teach institutional culture. These programs have been shown to improve recruitment and retention of UIM and female faculty and can be a way for UIM women to find mentors ([Beech et al., 2013](#); [Daley et al., 2006](#)).

Institution and specialty-wide leadership development programs are additional options for mentorship, networking, and acquisition of leadership skills. Participation in these programs may require an adjustment in the faculty’s clinical schedule or a temporary decrease in clinical responsibilities, but in the long term it may contribute to a departmental culture where UIM women feel valued and invested in. This may in turn improve job satisfaction and retention.

Recommendation 3: Incentivize clinical care of the underserved

For any given academic dermatologist, the patient population, insurance payor mix, service location, and complexity of subspe-

cialty patients can significantly affect financial productivity. There are financial implications for UIM and female faculty, who disproportionately provide care to underserved patients and/or practice in settings with less clinical support. For these faculty, productivity metrics that rely solely on billing collections may not adequately convey the extent of their clinical productivity.

Relative Value Units and/or billing charges should also be taken into consideration to obtain an accurate representation of the clinical work performed. Departmental leadership should guard against designing a system in which caring for underserved patients comes at a personal financial cost to faculty who are willing to do this important work. In fact, given the importance of caring for the underserved and improving workforce diversity in dermatology, departmental leadership should consider incentivizing all faculty to care for the underserved, especially UIM and female faculty who may already be contributing in this manner. This incentivization could be in the form of a service subsidy that buffers the potential for lower collections based on the insurance payor mix. Protected time for research or protected time to catch up on clinical documentation could also be provided, or additional clinical support staff could be provided to faculty to decrease the burden of caring for patients with more complex medical and psychosocial needs. Finally, ensuring that all clinical locations are efficiently run and adequately staffed regardless of that location’s patient population will decrease the burden of caring for underserved patients.

Recommendation 4: Legitimize diversity work and community service

To provide support for the academic promotion of UIM women, departmental leadership should consider designing a faculty evaluation system that legitimizes work that advances the diversity mission of the institution (e.g., committee work, community outreach, and mentorship of students, trainees, and peers). The time and effort required for this type of work in academia should be recognized and considered alongside publications, grants, invited lectures, and other metrics for scholarly achievement.

Conclusion

This paper discusses only some of the challenges faced by UIM women in academic dermatology. The challenges faced by UIM women in the pharmaceutical industry and private sector, as well as the lack of UIM men in dermatology, deserve further attention.

More research is needed to fully describe the experiences and challenges of underrepresented women in medicine, and more creative solutions are needed to aid our efforts to recruit and retain UIM women in academic dermatology. Their visibility and mentorship efforts aid in the recruitment of more diverse trainees, and they are more likely to provide high-quality care to the underserved. They are also more likely to conduct research in subject matters that affect vulnerable populations. Personalized mentorship and professional development and a supportive departmental structure that values the contributions of UIM women will produce long-term benefits to our specialty, including building a more representative workforce, building connections with diverse communities, and progressing toward our society’s goal to achieve health equity and eliminate health care disparities.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Conflict of Interest

None.

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Study Approval

NA.

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