

Moving Millennials to Leadership: A Study of Young Women Graduates in Health Careers

A report to the J. Seward Johnson Sr. 1963 Charitable Trust from the Institute for Women's Leadership Rutgers, The State University of New Jersey

“At Rutgers the science department is huge – I was lost as biology major – I was swimming in science, and it was nice to think outside molecules. RU is huge...If it weren't for the IWL, I would not have had an 'authentic college experience' – it made the college experience worthwhile. If I had only done a Biology major, it would have just been science, a focus on taking exams...a microscopic view...the LSCP helped broaden my perspective, I gained a social and global context. It forced me to ask, how can I use my skills and knowledge? How can I apply what I know to help the community?”

Leadership Scholars Certificate Program: Structure of the Program

Leadership Scholars Certificate Program (LSCP) is a two-year nineteen-credit, interdisciplinary program for undergraduate women. Launched by the IWL in 1998, the LSCP combines classroom learning, an internship, and an independent capstone project to address a social problem or policy issue. 215 women ages 22-34 years have completed the program. 40% of the Leadership Scholars are women of color, with many students either first generation college students or first or second generation immigrants. Their college majors are diverse, including: anthropology, biology, neuroscience, communications, criminal justice, dance, English, genetics, history, information technology, marketing, Middle Eastern studies, philosophy, political science, psychology, public health, and women's and gender studies, among others. The students participating in the LSCP are required to:

1. complete five women's and gender studies classes including a seminar on women and leadership;
2. participate in service learning through internships to bridge the gap between university and community;
3. develop a Social Action Project that requires students to practice leadership by transforming knowledge into action;
4. conduct interviews with diverse women leaders, thus placing women at the center of inquiry on leadership and denaturalizing leadership as an exclusively male activity.

Students typically apply for the Leadership Scholars Program in their second year at Rutgers and applicants are selected based on GPA, resume and personal essays. To focus their learning experience and develop expertise, students select a policy area to focus on while in the program. Policy area choices include: Public Health and Medicine; Arts and Literature; Law and Advocacy; Politics and Government; Media and Communication; Human Rights; Science, Engineering and Technology; Work; Education; Grassroots Organizing and Activism; and Immigration and Globalization.

Study: LSP Graduates in Health-Related Careers

The research conducted for this study is part of a broader longitudinal analysis of the IWL Leadership Scholar Program and its graduates. Specifically our research seeks to identify the curricular, pedagogical, and institutional practices that shape career choices and lead to active and sustained commitment to civic leadership and community engagement after graduation. The present study focuses on graduates in health related careers to understand the long range benefits of the LSCP program of the IWL. Each year many Leadership Scholars who are concerned with women's health issues identify

health and health policy as career choices. Currently 17 percent of LSCP graduates are pursuing careers in medicine, health policy and health advocacy.

In the first phase of the study, we collected quantitative and qualitative data through a survey questionnaire with 68 respondents. In the second phase we conducted 10 in-depth key informant interviews with Leadership Scholar graduates pursuing careers in healthcare, including medical and nursing school, public health, and mental health. The research generated substantive qualitative data including extensive textual responses to survey questions and transcripts from semi-structured interviews. The survey questionnaire was comprised of 71 questions in five main sections: (1) background; (2) education; (3) leadership; (4) work and life; and (5) civic and political engagement. Of the 68 alumnae who completed the survey 23 respondents stated that they were working in (or working towards) a health related career.¹ The health related career fields represented by the LSCP alumnae included:

Physicians	3
Nursing	1
Medical Students	3
Health Research and Communications	4
Public Health	4
Mental Health	3
Social Work	5

The semi-structured key informant interviews focused on alumni working in health-related careers. The 10 semi-structured interviews lasted approximately 35 - 70 minutes each, during which time informants were asked to reflect upon their personal, civic and work lives and the role and value of the Leadership Scholars program. These interviews deepened our understanding of the survey results and added insight in key areas.

Summary of Findings

According to respondents, LSCP improved the career readiness of alumnae in health related careers by establishing a women-centered, supportive, close knit, and inspiring community of learning during their tenure in a large public university. Survey results and interviews also confirmed that the LSCP provided critical mentorship, imparted practical skills and equipped women in health-related careers with strategic decision-making capacities that helped them find work-life balance while also considering the broader social context of health care and disparities. It is important to note that student

¹ Institutional affiliations include: Private Practice, Medicare / Medicaid, Center for Disease Control and Prevention, NYS Dept. of Health, Kean University School of Nursing, Tufts University, BioScience Communications, Catholic Charities, New York Medical College, UMass Memorial Worcester Family Medicine Program, Middle Peninsula Northern Neck Community Services Board, Lincoln Hospital, and Montefiore Medical Center.

interest in a health-related careers in nearly all cases predated application to the Leadership Scholars Certificate Program. In other words, ambitions to pursue a health career did not stem from the LSCP. However, alumnae of the LSCP described the program as essential to their preparedness, as women, for continued civic leadership, and professional development in the health field after graduation from Rutgers University. As one graduate currently working as a doctor noted: “At the time, the LSCP was kind of an ‘add on’ experience [to a pre-med degree] but now I see it as completely essential.” The following section elaborates on what made the LSCP essential for students, with particular emphasis on those in health related fields, through four general themes: 1) Young Women Learning to Lead; 2) Peer and Faculty Mentorship; 3) Challenging and Engaged Learning Experiences; and, 4) Navigating Obstacles at Work and in Life.

1. Young Women Learning to Lead

It was evident from the general survey that participation in the IWL Leadership Scholars Certificate Program had a significant influence on alumni’s understanding of leadership and their potential as leaders in their post-graduation lives. The LSCP was designed to reflect the IWL’s commitment to redefining leadership as an inclusive and participatory process that is explicitly linked to affecting positive social transformation. Based on the premise that ‘leaders are *made*, not born,’ the program curriculum takes a holistic approach that blends both practical and theoretical training to accelerate young women to leadership. The LSCP takes young women and their potential for leadership seriously. It is no surprise then that alumnae overwhelmingly view themselves as leaders. 92% of survey respondents self-identified as such. When asked to describe where they performed leadership they responded: within their families (68%), workplaces (58%), professions or fields (38%), and communities (36%). 70% of alumnae identified their experience as an IWL Leadership Scholar as foundational for learning to lead. Alumnae’s sense of leadership reflected a commitment to social transformation. When asked which leadership approaches they regarded as most important, 80% of the respondents selected collaborative leadership, 54% indicated leadership linked to social change and 46% selected transformative leadership.

Respondents’ top five selections (See Figure 1) are all conceptual and practical approaches to feminist leadership emphasized in the LSCP. Feminist leadership emphasizes ‘gender’ as an important category through which to examine the unequal and unjust distribution of power and resources in society with the ultimate goal of affecting change. Interview responses and open-ended survey questions confirmed a consistent pattern - alumnae embrace and attempt to exercise leadership that is attuned to the unequal distribution of power and which is aimed at positive change for those around them or more broadly within society. It is also noteworthy that relatively fewer respondents (28%) marked power and influence in an organization as an important form of leadership. For alumni in health related careers, a sense of leadership linked to social change very directly informed how they envisioned the purpose of their work.

Figure 1: Personal Approaches to Leadership Selected by Survey Respondents

Leadership Approaches	Response	%
Collective/collaborative approach	59	80%

Linked to social change	40	54%
Transformative	34	46%
Involving connection and ethic of care	27	36%
Feminist	25	34%
Linked to holding power and influence in an organization	21	28%
Contextual	14	19%
Individual approach	9	12%
Intergenerational	8	11%

1.a. Leadership During Undergraduate and Post-Graduate Training in Health-Related Careers

In the semi-structured interviews, alumnae working in health-related careers all self-identified as leaders. They also described experiences in which other people identified them as leaders. One graduate described being “identified by other students as a leader” on campus and another relayed an experience from her residency in which her attending physician identified her as a leader because she “always spoke up.”

My supervisors recognized me as a leader. I got great evaluations from the attending physicians because I had taken initiative. This was how I was raised, and then the IWL confirmed and solidified that quality. In the LSCP I learned that leaders are made, not born. The IWL and CWGL (Center for Women’s Global Leadership) provided the time and space to develop as a leader.

For many of the LSCP alumnae in health related careers, their sense of leadership was directly linked to creating change and being civically engaged. For medical students, this included institutional activism to improve the educational experience.

...the second year of medical school was very hard, so I organized students to address some of the issues that made it difficult, including a specific problem with the curriculum. I was proactive and brought the issue to the Faculty Curriculum Committee and the Dean.”

This level of engagement, the alumna described, was enabled by her experience with the LSCP,

I did a lot of extracurricular work during medical school. I knew how to manage a lot of different things. I could juggle everything. That started with the LSCP. For example, during the LSCP we had to create our own social action projects...and I was doing that *while* also taking organic chemistry and physics! It prepared me to juggle early on and helped me to evolve as a leader.

LSCP thus directly fostered and encouraged students’ sense of leadership in addition to informing their particular approaches to leadership. The majority identified leadership as intimately linked to affecting change. Interviews confirmed this trend since most explanations of why alumnae identified themselves as leaders involved situations in which they were taking action to improve a situation for themselves and others.

1.b.Social Justice Leadership in Health-Related Careers

The LSCP curriculum places great emphasis on social justice. While the majority of graduates in health related careers had an interest in health prior to participating in the LSCP, many also indicated that the IWL played in critical role in fostering a broader understanding of health, health care and the social context within which they practice.

I was a pre-med student who majored in science. It was a very different path than the IWL. But, the IWL helped me to understand how science functions in a broader social sphere.

...the LSCP helped solidify my focus on women's health. I was always interested in these issues, but I developed a better understanding of gender and health disparities through the LSCP.

The LSCP provided me with an opportunity to explore the relationship between race, gender and disparities in health. I did a lot of projects that helped me to understand why these disparities existed.

In addition to describing an increase in awareness and critical perspective on health and inequality, informants also described a growing sense of conviction to apply themselves to improve the situation of others.

My passion is making sure patients have a voice – making sure they have time and room to express themselves to a physician. Where I work, patients use the ER as primary care. But they don't get the appropriate care that way. Most doctors in the ER are operating under huge time constraints, so they can't talk to their patients. As a student, I have more time and I try whenever I can to talk with and listen to the patients.

Science is about concrete evidence and few physicians see themselves as a voice of the patients. But, women's leadership is historically about social change. Within medicine, women's leadership becomes about more than just taking care of patients. It also requires attending to the structural issues, the larger social environment within which the needs arise. It requires looking at the bigger picture and breaking it down. This is something you learn through the LSCP.

While I was part of the LSCP, I wrote a paper on health as a human right. I am still trying to implement that into my work in medical school. I also learned a great deal about sensitivity...the IWL prepared me to think seriously about race, class, sexuality, etc.

I see a lot of racism. 100% of our patients are African-American. The physicians can have stereotypes; a lot are from white suburbia and uneducated about social issues. But, I try to understand why our sickest patients are African American. Especially when they are non-compliant, I ask them questions and try to understand where they are coming from. I understand the importance of doing this because of LSCP... It is critical to understand the social context of medicine.

The above listed quotes illustrate how alumnae think about the broader context of the work within which they are engaged. Indeed, none of the informants were satisfied with mastering the science of medicine. All of them sought to better understand the social context within which they were learning about and practicing medicine. Often, this related to the patients themselves. Alumnae sought to be better listeners, to withhold judgement, improve the quality of care and to understand how forms of inequality structured the need for care and access to services.

2. Peer and Faculty Mentoring

Given the IWL's belief that leaders are cultivated rather than born as such, the LSCP puts great value on learning from others. One of the core pedagogical goals of the LSCP is to establish a learning environment focused on mentorship and to foster an understanding of its central role in promoting women's success. In both survey and interview responses, informants noted the tremendous value of peer mentoring and the vital role of LSCP faculty, staff and internship supervisors during their time in the LSCP. Informants described mentoring in formal and informal settings, highlighting the centrality of highly personalized and intimate relationships developed through the LSCP. In other words, the forms of mentorship described by the survey and interview informants suggests that the LSCP provided an innovative space that enabled high quality mentoring relationships. The relations were valued deeply by the undergraduate women, and they viewed them as an essential part of their college and career success.

2.a. Peer Mentoring - "It's so important to be surrounded by like-minded people who are working hard to achieve their dreams."

The LSCP creates a unique environment that fosters peer mentoring relationships between diverse women students from multiple disciplinary and social backgrounds at Rutgers University. As one graduate remarked: "Never before or since have had I had the privilege of round table discussions with women from all backgrounds. Our experience was truly intersectional and everyone's opinions and beliefs remain with me." The LSCP is designed to deliver high-impact mentoring in one-on-one and group settings, via peers and faculty. 66% (39) of the survey responses described the importance of peer mentoring relationships established through the LSCP. These responses highlighted the strong bonds developed through the LSCP that helped them achieve success in their undergraduate studies and which lasted well beyond their undergraduate degree. Indeed, a significant finding is that personal relationships established during the LSCP continue to play a role in alumnae's lives and decision-making. Respondents described these relationships as high-quality and enduring. Other descriptors of these relationships between LSCP students included "close", "wonderful," "strong," "special," "inspiring" and "lifelong." As one informant wrote: "I have formed lifelong friendships with incredible women. They have always remained special relationships due to our shared experiences at the Institute for Women's Leadership." As described in this response, a key characteristic of these relationships is that they continued to sustain the growth of alumnae beyond the LSCP. As a graduate from one of the earliest cohorts described:

For me, the IWL fostered a small group of women that I know I can reach out to and they would take my call because of our affiliation...One of my classmates helped me find my first job, another one helped me navigate motherhood when I found out I was expecting, others have helped keep me in the feminist loop. It is a circle of women I know I can rely on...

Another graduate highlighted the ongoing role of her LSCP peer network in both her professional and private life.

The relationship with my fellow classmates was the most formative. I still keep in contact with the majority of the women from my class, and continue the same discussions of steering through our professional lives and building our personal lives and how we juggle both.

2.b. Faculty Mentoring - "Their support and encouragement was key in my development as a professional."

Over half of the responses 55.9% (33) indicated that mentoring relationships with LSCP faculty and staff were central to their success in college and in pursuing their careers. Again, like their peer relationships formed through the LSCP, the impact of these mentoring relationships extended well into their lives post-graduation. It is important to note that mentoring relationships with faculty and staff were initially fostered through a discussion-based classroom within a large university context but ultimately led to subsequent direct advising about the development and exploration of their intellectual and career interests. As one informant described, the personalized attention and recognition gave meaning to her hard work and opened up unique opportunities to enhance her educational experience.

My relationship with the directors/professors was extremely meaningful. I felt they noticed how hard I worked and how deeply I cared about women's leadership and in return gave me very unique opportunities (e.g. going to the Women's World Conference in Ottawa in 2011 and attending the Making a Difference for Women Awards in 2012). My personal relationships with directors and professors was a huge part in shaping my college experience and always encouraged me to work and study harder.

Many graduates described individual faculty and staff mentors, highlighting the scope and depth of the mentoring relationships established.² The mentoring attributes exuded by faculty and staff included being a positive role model, committing time and showing dedication to mentoring individual students, being supportive, providing constructive feedback, ensuring regularity of contact and feedback, and creating the space for exploration and intellectual growth. Again, this characterized their experiences while students in the LSCP, in addition to their lives after graduating. Several noteworthy responses reflecting on the value and role of faculty/staff mentorship reinforce these sentiments.

Her positivity, her encouragement, and her commitment to honest and constructive feedback informed where I headed post-graduation.

...she was authentically invested in my academic, professional, and socio-emotional growth; it was very moving. I deeply appreciated it, and continue to, and felt lucky to be a recipient of the personalized attention.

IWL accommodated me throughout a transitional (roller-coaster) period of my life without losing faith in me. My teachers did not give up on me while I dealt with the transitions and the inevitable disappointments that accompanied them.

...these women were and continue to be excellent role models. They are well-rounded and successful women leaders.

2.c. The IWL Community

It is clear from both the survey and interview data the IWL created the possibility for strong bonds to form within and across generations. While the majority of respondents highlighted specific relationships

² It is noteworthy that 27% of the responses (16 of 59) described the influential role that Dr. Mary Trigg (an individual mentor) played in their IWL experience.

with peers and faculty mentors, several notable responses described the IWL itself as a unique community and the distinctiveness of the connections it fostered. Put differently, they described having a relationship to ‘the IWL’ as a community or network.

I've remained in touch with many of my IWL friends. I'm always inspired by their courage and ambition. I ... appreciate the feeling that I am still part of this network, almost 10 years on.

My relationship to my classmates, of course, is one that remains strong. ... But **my relationship to the IWL itself - to the idea of it - is probably the strongest**. Women's leadership is paramount in my life because of my experience in the LSCP.

3. Engaged Learning Experiences

3.a. Skills Training

The LSCP is designed to be an intellectually rigorous academic experience coupled with skills based training. These components are integrated and applied through a series of engaged learning experiences including an internship, designing and implementing a social action project and several oral and visual presentations to the public. Students are guided and mentored throughout this process by faculty, staff, internship supervisors and each other. In the survey and during interviews, alumni described the skills attained through the LSCP as critical to their undergraduate experience and key factors in their lives post-graduation.

The LSCP set me up to do what I wanted – the resume writing and conflict negotiation workshops, for example, helped me get into medical school.

On the survey, when asked about the most valuable part of the LSCP, 21 respondents identified “building leadership skills” as the most valuable aspect of the LSCP. Data from the open ended question [“which lessons have drawn upon since graduating?”] suggests that skills based training was critical to an even higher number of graduates. Leadership and professional skills appeared 61 times in the open ended responses. Among these responses, graduates made reference to 23 different types of leadership and professional skills. The most frequently cited skills were public speaking, networking, project design and implementation, and salary negotiation. Graduates also mentioned things such as ‘building community,’ ‘disagreeing cordially,’ and ‘knowing how to pursue excellence’ as important skills. Graduates identified these skills as critical to their success post-graduation - as “absolutely invaluable in my career” and that they “continue to give me confidence on a daily basis.” This skills development extended beyond formal workshops to the pedagogical structure of the program. For example, one response highlighted the skills acquired from leading class discussions:

I didn't realize while in the program just how many skills we were developing when we were called upon to lead discussions in seminars. I've been blown away after graduation by how valuable that skill has been and how the ability to create space in a conversation for others' voices to be heard can be a subtle but extremely effective way to bring more underrepresented voices to the table.

This post-graduation appreciation for skills acquired through LSCP included the critical focus on the gendered dynamics of the workplace. This intellectual awareness fostered an ability to make strategic

choices and proactively seek a desired outcome. In many instances, LSCP alumnae did not appreciate the value of these skills until long after graduation. For example, course topics, such as work-life balance, did not always seem pertinent during their time in the LSCP, but as one scholar explained it “speaks volumes to me now.” Indeed, many of the comments suggest that the readings and discussions from the LSCP remain with them and continue to shape how they think about their lives. “...Many of the readings about women in the workplace and women's equality ...still come up in conversation with friends and at work...”

For alumni in medical school, time management, including self-care, was a critical skill for succeeding:

We [medical students] all want more time –but, I learned how to squeeze juice out of every moment. Time management skills help, but I also know how to include reflection and time to myself.

Another alumna, who is currently a physician and residency program director, noted during an interview that mentors from the LSCP encouraged her to see the many possibilities she had after graduation, while the program itself “fostered skills and tools for the future.” One important skill was understanding “how to develop a program.” She used these skills later on to create a residency program that is “social justice focused” and which meets the needs of underserved populations.

Informants identified the IWL as enabling growth in their confidence as undergraduate students and later as graduate students and working professionals. Survey respondents and informants identified LSCP skills workshops, discussions, projects and public speaking opportunities as pivotal to fostering a sense of confidence in their abilities.

3.b. Learning through Challenge

To several respondents, it was important that their experiences of success in the LSCP required hard work, perseverance and pushing themselves to meet high expectations. As one student who is currently in medical school described,

I really value how the LSCP held us to the expectations of being leader, we were held to a high standard. And, we really believed we were leaders. We were surrounded by high achieving women and we supported each other. When you are forced to meet such standards, you start believing in yourself. This was the overall feeling of the LSCP and it has helped me to navigate difficult situations.

Rising to high standards and meeting challenges often produced a profound sense of accomplishment, most often described in relation to social action projects.

After months of hard work, some failure, and change of direction (not to mention all of us learning to be comfortable with public speaking), it was wonderful to see all of our hard work and accomplishments pay off. I could not have been prouder of my classmates or more inspired than I was that day [during the SAP presentations]. Often, as I contemplate what my next career move might be, I think back to that memory, that feeling like I can accomplish so much and really make

a difference to change this world. This was a lesson that the IWL pushed all of us to figure out through the development of our social action project

While many students described successes as critical learning moments in the LSCP, it is notable that several respondents described the importance of overcoming hardships and learning how to deal with disappointment. During these difficult moments, the supportive environment of the LSCP proved critical. As one survey respondent described,

When I learned I didn't get into my graduate program of choice, the amount of compassion [my professor] demonstrated touched me in such meaningful and long-lasting ways. That very cutting blow to my ego and my plans for my professional future was softened tremendously by the support I received from her.

The supportive environment was essential to reframe student's perceptions of these events from discouragement to valuable lessons. Several respondents highlighted how much they learned when they thought they 'failed' or 'made mistakes':

I was very ill my 4th year of college and had difficulty completing my social action project. At that time, I had an understanding from [my professor] that I will remember for a long time. I was so hard on myself for not completing my project. She reminded me that life happens and that was okay.

One of the moments that sticks with me most is the speech I gave at our LSP graduation ceremony. I had a difficult time writing it and was not able to vet it with Susan Monogan at our public speaking workshop prior to the event. I wrote it the night before and as I was presenting it I knew that I had missed the mark. My idea of what the speech should be and how it should sound to the funders and other supporters of the LSP in the room took over the content and tone of the speech, and I didn't allow my authentic voice to come through. This may sound like a strange example to give, but it was actually a really valuable experience for me, because *it's an example of how the IWL provided a forum not only for success and achievement, but also the best type of learning--that which comes from being allowed to make mistakes on one's own, and then continuing to be part of a community which supports you and encourages you on your learning curve.*

3.c. Building Confidence

17 respondents identified the most salient features of their LSCP experience as those that fostered self-confidence, personal empowerment, learning how to advocate for oneself and taking initiative.

During my first class in the LSCP, I realized that someone believed in me; they saw something in me...The IWL has the confidence to let student 'hit the ground and run.' The class was challenging but it made everyone stronger...It's a positive thing to look back on - how I persevered and got through the process.

The LSP was an intense two years; it gave me a lot of tools and responsibility. The program prepared me for life, I was able to take initiative, speak up, and I knew how to seek out what I needed to succeed...

During the interview, alumnae were asked to describe their career trajectories and major milestones. When describing pivotal decisions, many referred back to the skills and confidence fostered while at the IWL. Indeed, the combination of real skills and confidence emboldened many alumni. For example, one interviewee described how she was undaunted by being exceptionally young in her field:

“I always knew I wanted to be a psychologist. When I graduated with my Psy.D., there was a natural transition to private practice. I was the youngest possible age you can be to have a private practice! But, I had the confidence from my IWL experience and I knew the importance of seeking out support from others in the field. Before college I had avoided ‘schmoozing’ but I learned a lot about networking from the IWL and this support was critical to my success as a young psychologist in solo practice. So, I was more successful after the IWL.”

As the above quote suggests, having confidence in personal skills and ability enabled some alumni to make bold decisions. This confidence also defined relationships within the family, including emboldening students to engage with and resist familial and cultural expectations they found limiting. One student who is a now physician and residency director explained that her family and culture “did not promote women’s advancement.” Being within the LSCP community enabled her to learn from women who had balanced family responsibilities with pursuing careers. As she explained, this exposure “gave me the self-confidence to tell my parents that I don’t need to do things in a traditional way. I could tell them, ‘look, others are doing it, it’s not such a crazy idea.’ It was not easy but I was better able to talk to my parents.”

The combination of skills, confidence in their abilities and fortitude under difficult circumstances prepared students to deal with a broad range of obstacles and situations as they pursued their goals post-graduation.

4) Balancing Work and Life

4.a. Community and Civic Engagement

IWL LSCP alumnae remain actively engaged in their post-graduation lives, contributing to a number of social, political and educational sectors. Their engagement takes a variety of forms, ranging from formal and organized activities to spontaneous actions taken in day-to-day life. The following section provides some specific information about the issue areas that motivate LSCP alumnae’s engagement as well as the types of engagement they identify as important in their lives.

A total of 50 respondents indicated that they regularly participate in community and civic engagement. When asked about organizational membership or volunteer activities, the highest percentage of respondents indicated involvement in a professional or educational organization (56%), followed by a

social or community organization (46%), a social change organization (28%), a religious-based organization (18%) and lastly, a political organization (12%).

A higher number of respondents (66 out of 68) indicated less formal types of engagement within the past year (see Figure 2). Respondents were given a list of actions that include grassroots political activity, community building, and a variety of socially responsible daily behavior. 50% or more indicated they raised their voice about an issue to another party (the media, a politician), confronted someone about a sexist action, kept themselves informed about women’s issues, and spoke with someone to influence their attitude. Between 30-40% reported participating in formal political activities and organizations.

Figure 2. Engagement within the Past Year

Type of Action	# of Responses	%
Contributed time to women’s rights causes	23	35%
Attended a meeting for women’s rights	23	35%
Other activism for women’s rights	24	36%
Participated in protests/demonstration/rallies	26	39%
Other activism for other causes	32	48%
Voiced your opinion on an issue to an interested party (e.g. politician, media outlet, etc.)	36	55%
Confronted someone about sexist practices	39	59%
Kept informed of women’s rights issues	50	76%
Talked with others to influence their attitudes	60	91%

Survey responses indicate that the majority of alumnae take action in diverse and spontaneous ways to engage with issues of importance to them, in addition to more formal or established forms of community and civic engagement. This is significant because even those with little ‘extra time’ to commit outside of work and family obligations still find opportunities to makes a difference.

When asked to rank the topics that are most important in terms of civic and political participation, the highest number of survey respondents ranked women’s and gender issues (87%), economic justice (57%) and racial injustice (56%). (See Figure 3)

Figure 3: Issues that motivate civic and political participation

Issue Areas of Concern	# of Responses	%
Women's and gender issues	59	87%
Economic justice	39	57%
Racial justice issues	38	56%
Health Advocacy	29	43%
Immigrant rights	22	32%
Environmentalism	17	25%
Housing Rights	14	21%
Other	12	18%

Among the overall survey pool, 29 (43%) indicated that health advocacy was the most important issue motivating their civic or political engagement. Since alumnae working in health related fields generally identified time constraints as the major obstacle to greater civic and political engagement, it is significant that such a high number of alumnae report that their engagement takes place outside formal channels. Despite demanding schedules and family commitments, those in health related careers still found ways to remain engaged and “make a difference” (For further discussion see *Social Justice Leadership in Health-Related Careers*).

4.b. Navigating Obstacles to Creating Work - Life Balance

A thematic area in the LSCP curriculum and program design examines issues related to women and work. Students are introduced to workplace issues during their first semester through a survey course on Women and Leadership. This is followed by an internship during the second semester and a seminar that is dedicated entirely to women and work issues. By coupling an internship with a seminar, student have a unique opportunity to theoretically explore the gendered dynamics of work while gaining practical experience in a professional setting. It should be noted that an important component of the seminar examines feminist solutions to the gendered obstacles women confront.

A portion of the survey and interview protocol inquired about workplace issues and work-life balance. When asked about which obstacles alumnae confronted in the workplace, 58% of survey respondents selected excessive work hours, 53% selected an ‘old-boys network’ and 49% indicated that their field was ‘male-dominated’. The combination of these obstacles reflects very specific gendered dynamics and obstacles in the workplace. Nearly half of survey respondents selected male dominance in their fields of professions, indicating the noticeably larger presence of men when compared to women. As feminist scholarship indicates, the higher number of men is not an issue of numbers alone, but is reflective of a work culture in which the ideal worker is a masculine subject. This includes reward systems that make opportunities for advancement more accessible to men (or women who perform in a typically masculine way). One informant described how this played out in terms of assumed medical authority and expertise,

In Medical schools there are an increasing number of women. But people still ask me if I am a nurse. At the same time, more men are becoming nurses and people assume they are in medical school. Medical expertise is still linked to gender.

To another respondent, the link between authority and gender was not just a perception but a tangible obstacle. Over half of respondents identified the selective network of an ‘old boys club’ as a challenge or prohibition, suggesting that it is predominately men that have advanced ‘up the ladder’ and continue to hold decision-making positions. These networks make it harder for women to ascend to the higher ranks. One informant described how the old-boys network made certain fields of medicine less appealing to women, which then reinforced pay disparities between specialties dominated by women.

There is a noticeable wage gap by specialty. Pediatrics and family medicine are paid less, surgery is more ‘rigorous’ and more money. But, surgery is defined by an old boys club. When I was on my surgical rotation, there was a sexist attending physician that called me “baby” during a procedure. I wanted to speak out but in medical school you have to know your place. It is very hierarchical...

Explicit sexism, such as referring to a female medical student as “baby,” reinforces sex-segregation among medical specialties. Women are made to feel uncomfortable or ‘out of place’ in specific settings. Nor is it coincidental that the exchange described above took place in a rigorous, prestigious specialty – presumably the domain of men. Further, as the informant described, abiding by institutional norms means not challenging the sexism.

Sexism can also be harder to detect and function in subtler ways. Another informant described how women can be discouraged from succeeding because of “subtle sexism,”

“There are many obstacles for women, but they are not always obvious. Rarely are things said outright, so it is hard to tell. For example, if the attending physician has a favorite student, is it because of their personality or because men are respected more? Sometimes, it is hard to know if there is even an issue to fight against. But, women blame themselves for not being good enough, so they stay quiet; they become intimidated by men. The problem is that we are always competing for a grade, so the quiet students will never reach the same level as an outspoken person. This is the subtle sexism.”

Informants that worked in health related careers in which women outnumbered men depicted a different dynamic but one that is still defined by gender hierarchies.

“Nursing is women-centered and it is important to get men into the field. The reality is that having more men in the field increases its legitimacy. I think this reflects a broader gender hierarchy and a specific dynamic between doctors (historically men) and nurses (historically women). Interestingly, the increase in female physicians has had a positive effect on nursing. Female physicians tend to have a better understanding of collaborating *with* nurses and this ultimately improves patient outcomes. So, we are moving in the right direction.”

The informant above suggests that more female physicians will increase the level of collaboration. It is important to note however that informants working in female dominated areas had mixed experiences. Some described an abundance of role models and mentors but others confronted an ‘old women’s network’ and ageism. In other words, having more women did not necessarily translate into a supportive and encouraging work environment. This suggests that having more women in leadership positions is important, but cannot be the only goal. Rather, it adds urgency to the need for feminist leadership – leadership that carries a mandate for social transformation, in this case, within workplace culture.

Critically examining the structure of the workday is another important dimension of the gendered obstacles in career advancement. As scholars have argued, the ideal worker is a subject who is

unencumbered by life outside of ‘the office.’ It is no surprise that highest percentages of survey respondents identified excessive work hours as a major obstacle. This has very specific ramifications for women who tend to be, or are expected to be, primary caregivers in their immediate or extended families.³

The gendered division of labor is a major focal point of the LSCP seminar, which explores the masculine attributes of the ‘ideal worker’ and women’s disproportionate responsibility for child and domestic labor. This tension is evident in the survey and interviews. While there are many structural obstacles to the advancement of women in health related fields, a key trend in the interviews was the degree to which agency-based decisions-making enables individual women to navigate around some of these structural obstacles. More specifically, in describing their career paths and decisions, LSCP alumnae in health related careers describe the LSCP as providing a critical space to become knowledgeable about the challenges of work-life balance. Many expressed ambivalence towards the issue while at the IWL, but described the importance of this subject in their lives post-graduation.

In college, I had no concept of marriage and family. Nothing can prepare you for parenthood. It is very complicated and kids have a lot of needs. The IWL did a lot to prepare us. But, I did not really understand until I had my kids. Since we were exposed to these issues through the IWL, I had a lot more awareness.

In reflecting on career paths, informants describe how the increased awareness fostered by LSCP better equipped them to navigate some of the challenges to achieve both a fulfilling career and family life. This was partly a result of their ability to recognize and circumvent obstacles, for example, by making choices about where to live to maximize support networks, selecting family-friendly specialties, seeking out supportive role models, and when possible, making their own positions more flexible. As one graduate described,

I think my work-life is balanced and integrated. I made it that way – I have three kids who are young and I want to spend time with them...I enjoy that and I don’t work myself into the ground....

The IWL was very supportive of family balance – we read a book which everyone hated at the time– ‘How She Does It’ – but now, our class is starting to confront those issues...to juggle everything...and we have a new-found appreciation. The IWL prepared us early on to think through and tackle these issues. I never thought I would consider family such a huge factor in my decision about a career... I don’t feel like I need kids to ‘complete me,’ but I would love to be an amazing mom like my own. Now I want to work toward a specialty that allows for family. The ER is unpredictable but it is a better lifestyle because it is shift work, which allows time for family and kids.

³ A very small number of alumnae who filled out the survey have or are responsible for caring for children. 31% were single or widowed (1%), 34% were in relationships, and 34% were in domestic partnership or married. Only 10 (out of 62) indicated they had any responsibility for caring for children (fully, mostly or jointly) while 52 indicated that they were not responsible for caring for children. Two out of 10 alumnae who were interviewed have children.

In this sense, the IWL training played a critical role in shaping how alumnae made strategic decisions about their careers, including the kinds of specialties to pursue.

At the IWL we watched a film about how “you can’t have it all at the same time.” I recall being “crushed” and crying a lot...because I knew I wanted to go to [graduate] school, have a career and kids...so I decided not to have kids. Later, my husband and I decided to have kids. I did not realize it, but the awareness fostered by the IWL prepared me at every turn. I knew we needed to live near family (we turned down a job offer in California to stay in NJ) and I went into private practice...Now I work two days a week and spend the rest with my kids. I am happy with the balance that I struck.

Even for those who did not plan on starting a family in the near future, alumnae describe their mindfulness of these issues. Several described how they were already considering the implications of their decisions so they would not foreclose opportunities in the long term.

I don’t have much of a home life now...I am struggling to hang out with friends. That is okay for now, but in the future I want it to be different. I think I will pursue the primary care option because it provides more balance that enables raising a family.

I have not kids and I am not married, but I think about how my decisions now will affect my future. I look to other women... how do they do it? Sometimes, I feel like the critical time for these decisions is right now because in DC there is no balance, work culture dominates. So far, I have been selective, I have found jobs where people are not expected to work around the clock. Some places have formal policies that are flexible, but the work culture really discourages it. I find places that are genuinely flexible, where women do have families.

The informants in female dominated health sectors reported slightly more supportive environments and positive role models. However it is important to note that in the larger survey, and in the interviews, several described the challenge of ‘an old women’s network’ and the problem of ageism. In other words, women were not always more supportive of other women, especially younger women.

All informants described the importance of finding mentors yet this proved challenging for those in medical or graduate school. One informant was very direct on this issue,

Students don’t talk about it, but graduate students in the sciences get shit on a lot by faculty. It is not a supportive environment. And for women, child rearing is perceived to be weak.

Others described the hierarchical nature of medical school and the intense rivalry. Several informants described their desire for mentors but the difficulties in identifying them because of the male domination in their field and the lack of time to mentor.

The biggest problem is the lack of mentors; I love the IWL because you got a mentor. Now I am constantly on the look out for role models, any friendly people. This is a challenging type of work because it is transitory and the attendings are so busy. I would like a female mentor but there are mostly men in my field.

In summary, LSCP alumnae in health related careers self-identified critical barriers to women's advancement in their fields including a lack of mentors, male domination, and sexism with higher education and the workplace. It is important to note that alumnae were aware of these obstacles, in part because of the critical awareness fostered through the LSCP. Alumnae stated that the LSCP enabled them to intentionally navigate or challenge these obstacles. In the case of work-family life balance, alumnae were able to anticipate and make strategic decisions to maximize their own satisfaction with work-life balance.

CONCLUSION

Our study illustrates how the LSCP improved the career readiness of alumnae in health related careers by establishing a women-centered, supportive, close knit, and inspiring community of learning during students' tenure in a large public university. The LSCP provided critical mentorship, imparted practical skills and equipped women in health-related careers with strategic decision-making capacities that helped them find work-life balance while also considering the broader social context of health care and disparities. As a whole, alumnae remain civically and politically engaged in variety of arenas. As the interviews demonstrated, those in health related careers approached their studies and work with a social justice lens, taking seriously the systems of inequality within which their work was embedded but also envisioning themselves as agents of change. This attitude was engendered while at the IWL and sustained through the networks established during their time at the IWL. Indeed, the LSCP continued to influence alumnae's lives after graduating. Alumnae attribute their career success to skills that were developed in the program and to the supportive networks that grew from peer and faculty mentoring while in the LSCP. Fellow alumnae and IWL faculty and staff helped alumnae navigate career choices and life changes, such as graduate school, marriage and motherhood.

It is clear that many obstacles still remain to young women's advancement in health related fields. These obstacles are not insurmountable and the alumnae in this study provide clear examples of how women are tackling these obstacles and trying to blaze a trail that enables greater access for those that follow. Programs such as the LSCP provide support, encouragement and training at a critical juncture in young women's lives. It is easy to get lost or discouraged in a large research institution whereby students are not challenged to meet their latent potential. The LSCP creates a unique environment that takes young women and their potential for leadership seriously. By holding students to a high standard, creating the space for them to succeed and to learn from setbacks, programs such as the LSCP create opportunities to nurture and sustain future leaders. Importantly, these future leaders do not seek power and position for its own sake, but rather with the intention to help make the world a more just place.