


Strategies for forming effective women's groups

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Abstract

Women are under-represented at the highest levels of leadership in health care, so many institutions have started forming “women in medicine” affinity groups. In this *The Clinical Teacher's Toolbox*, we review the history of women's professional peer-to-peer networking groups in health care, describe the rationale for establishing a women's group, discuss the goals and common content covered by successful women's groups, share best practices on forming and sustaining women's groups, and describe common pitfalls to avoid. When forming a women's group, identifying the group's vision, mission, and primary aim statements are important, and early meetings should deliberately establish a tone of inclusion. We acknowledge that the term “women's groups” implies that gender identity is binary – in reality, these groups are for all who want to combat gender inequities in health care. While early stages of women's groups typically focus on community-building, peer networking, and inviting guest speakers to speak about relevant topics, successful groups often ultimately pivot to advocacy, internal capacity-building, evaluation, and dissemination. To sustain and maintain the group, succession planning, regular opportunities for evaluation, and deliberate planning are essential. Although usual principles of successful small group creation apply, this article outlines unique considerations for how women's groups can advance gender equity.

1 | Introduction

Despite women making up more than half of entering medical students in the United States,¹ they are still under-represented at the highest levels of leadership.² Worldwide, fewer than a third of health-care organizations are led by women: it would take over 50 years to achieve gender parity among top global health leaders.¹ Globally, women are under-represented in the clinician-educator pipeline, especially women with children, who report being less likely to stay in academia.² Among doctors of pharmacy, women are less likely to be in tenured or tenure-track positions, and have received only 10.6% of national achievement awards since 1981.³

Recently, health care institutions are increasingly aware of gender disparities and are supporting the creation of women's affinity groups, where peers can provide networking, mentorship, sponsorship, and

advocacy. In this *Toolbox* article, we review the history of women's professional peer-to-peer networking groups in health care, describe the rationale for establishing a women's group, discuss common content covered by successful women's groups, share best practices on forming and sustaining women's groups, and describe common pitfalls to avoid.

2 | Background

Women's professional peer-to-peer networking groups and other forms of affinity groups have long been employed in the corporate world, in finance, engineering, and law, where they provide peer mentorship and support. In the nineteenth century, women modeled professional societies on existing male membership organizations from which they were traditionally excluded.

Most existing literature on women's affinity groups in health care focuses on the impact of structured professional development programs,⁴ such as the Executive Leadership in Academic Medicine program.⁵ One study found an organization for women academic emergency physicians improved career retention and advancement.⁶ Another program focused on networking, career development, and work/life balance was associated with increasing the number of female faculty and department chairs.⁷ Another university created a professional development group that secured funding for female residents to attend conferences.⁸

In this *Toolbox* article, we provide practical advice on starting, structuring, implementing, and evaluating women's groups in health care, which we have summarized in Table 1.

3 | Forming a Women's Affinity Group

To form a women's affinity group, first, decide on a target audience. While calling our groups "women's groups" is efficient and has clarity of message, it does imply a binary distinction that may ultimately exclude people who either identify as non-binary or want to be advocates for those who do. It is helpful to think broadly about how to incorporate all people who support achieving gender equity, including male allies and those with non-binary gender identities. Some groups include everyone, while others choose to open certain meetings to allies. Think carefully about your target audience— trainees, faculty, staff, or a combination thereof – the audience informs the scope of the content.

TABLE 1 Toolbox to Build and Sustain an Effective Women's Group in Health Care

Forming a Women's Affinity Group

- Decide on the target audience
- Discuss the mission, vision, and primary aim of the group
- Enlist support from leadership and other stakeholders

Early Stages of a Women's Affinity Group

- Establish an inclusive and welcoming culture
- Avoid common pitfalls such as negativity and feelings of powerlessness
- Decide on content produced by the women's affinity group
- Invite expert speakers from within or outside your institution
- Incorporate structured mentorship, sponsorship, and skill-building

Advocating for Institutional Change

- Invite institutional leaders to hear the group's perspective
- Invite male allies to the table and give them concrete ways to get involved
- Collect and disseminate local data on women in health care and national data

Sustaining the Women's Group

- Clearly delineate responsibilities of group leadership
- Take ownership of the work
- Acknowledgement
- stages of change
- Continually readdress and reevaluate outcomes

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The group does not necessarily have to be restricted to a division, department or local community, as broadening the scope can improve cross-pollination of ideas. However, being too broad may make it difficult to define a unifying vision or achieve targeted goals. Respect cultural norms and be cognizant of the society where your women's group is operating.⁹

Having vision, mission, and primary aim statements help identify groups' scope: the vision answers "where do we want to be?" and the mission answers "what do we do?"¹⁰ After thoughtfully determining the vision and mission, proactively delineate one primary aim statement, which could be derived from formal needs assessments, results of institutional or departmental culture surveys, or meetings with relevant stakeholders.

Common aims statements for women's groups and associated events are listed in Box 1. Support from institutional leadership who can enact change is critical to the success of a women's group. Meeting with leadership (division chief, department chair, nursing managers, etc.) to explain the "why" of the women's group is critical and allying with leadership gives the group validity and can assist with resources/administrative support.

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Box 1 Common Aims Statements for Women's Groups and Associated Events

| Aim | Associated Activity |
|--------------------------------|--|
| Community Building | Build a safe space and community of women trainees, faculty, and/or staff for peer support: <ul style="list-style-type: none"> ▪ Social events ▪ Mixers ▪ Networking events ▪ Mentee-mentor pairings ▪ Panel discussions |
| Advocacy | Involve internal leadership to brainstorm avenues for women's success: <ul style="list-style-type: none"> ▪ Advocate for unconscious bias training ▪ Advocate for more flexible work options ▪ Advocate for lactation support ▪ Advocate for childbearing/childrearing leave |
| Culture Change | Include activities to help improve the culture in the division/department: <ul style="list-style-type: none"> ▪ Diversity, equity, & inclusion training ▪ Skill-building to discuss responding to microaggressions |
| Skill Building and Empowerment | Activities to upskill women leaders and empower them: <ul style="list-style-type: none"> ▪ Public speaking ▪ Goal-setting ▪ Time management ▪ Leadership skills |

and allying with leadership gives the group validity and can assist with resources/administrative support.”

Challenges to leadership buy-in include perceived lack of a problem, perceived inequity to men or favoritism to women, or unwillingness to devote financial resources to a “niche” group. To engage unwilling leaders, use local climate, diversity, or faculty/staff experience survey data to highlight gender inequities. Pairing quantitative data with qualitative data from personal anecdotes, experiences, or focus groups can be particularly impactful.

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For women's group members, it is empowering to see suggestions that come from the group being actualized. Once the support of institutional leadership has been garnered, keep open lines of communication with leadership outside of asks for funding: share your successes.

4 | Early Stages of a Women's Affinity Group

At early meetings, facilitate the group to define ground rules for engagement and establish an inclusive and welcoming culture. Reassure group members about the discussions' confidentiality and share strategies to engage more introverted group members. Consider rotating facilitators or moderators. Social media channels may supplement the work of the women's group to communicate, share articles, and build community.¹¹

When women's groups are forming, group members may feel frustrated, helpless, or powerless about previous inequities and microaggressions. It is important to validate experiences that this is normal, healthy, and appropriate, especially in the early stages of the group. However, moving to more constructive, action-oriented discussions can be helpful to ground the group while not invalidating experiences.

Referring to the needs assessment to tailor topics to the group, invite expert speakers. Recruit a broad diversity of speakers across gender, race/ethnicity, sexual orientation, gender identity, ability/disability, and other identities: an inclusive approach to speaker selection increases the diversity and value of perspectives. Use your institution's local data to anchor discussions on salary equity and climate. Consider devoting sessions to feedback from trainees, students, or other vulnerable members. If your institution does not have internal experts, build expertise within the group. Consider having members volunteer to run or co-run sessions with speakers as a capacity-building mechanism to help members envision themselves as leaders and allow opportunities for dissemination within your institution and beyond.

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Once the women's group has developed an identity and built community, devote sessions to skill-building, mentorship, and sponsorship. Dedicated skill-building sessions can equip members with concrete leadership skills such as public speaking, financial planning, and time management. Invite expert speakers to demystify the advancement and promotion process to equip all members with information. Human resources professionals can discuss logistics of parental leave, lactation support, part-time work and other flexible work arrangements when returning to work after birthing and/or rearing a child. Throughout these sessions, organic opportunities for peer mentorship and sponsorship arise as members share their wisdom.

5 | Moving Beyond Guest Speakers: Advocating for Institutional Change

Effective women's groups move beyond simply forums with guest speakers and become vehicles for institutional change. Invite individuals who are leading local advocacy or policy efforts regarding gender equity, as well as institutional leaders who would benefit from hearing the perspective of the women's group. Outline clear goals for meetings with leadership and devote time to 'pre-meet' to maximize productivity during those meetings. Moreover, women's groups can be a powerful way to advocate for concrete requests from a leader. For example, if greater compensation for part-time work is desired, the group can prepare data and share stories with the leader to persuade them to change policy. Salary equity, improved support for parental leave, increased access to lactation resources, and funding for conferences are issues that would benefit from advocacy with local leadership. Women's groups can also advocate for universal unconscious bias training or other activities to mitigate the effects of gender bias.

The women's group can serve as a "bidirectional" mini-focus group: leadership can bring their ideas for feedback, and groups should not be afraid to simply ask open-ended questions of leaders.

This can be especially helpful if there are feelings of tension around gender equity. For example, saying, "We aren't looking for an answer here, but are wondering if you would consider reflecting on the question, 'How might inequity be showing up in the decisions we make in our organization?'"

Engaging male allies in the work of women's groups is critical and will improve the groups' abilities to achieve their goals. While some meetings and topics are best reserved for women-only meetings, other topics could benefit from the presence of engaged male allies, particularly if they have the power to affect structural change. When introducing male allies, set ground rules so women in the group feel comfortable and supported, such as being respectful, avoiding interruptions, assuming good intent, and allowing all participants to engage. Strong moderators and facilitators are helpful to ensure equal "floor time" for different perspectives. Remind male allies of concrete actions they can take, including inviting women speakers, nominating women for awards, interviewing women for open positions, and citing women researchers.¹²

Collecting and sharing local data at the institutional, departmental, or divisional levels can be helpful in mobilizing resources and targeting areas for improvement. Many institutions have culture surveys including net promoter scores or climate surveys that break down data by gender. If your institution does not use these instruments, collect data and compare to national available data on the state of women in health care, and consider publishing to facilitate academic promotion within the group.

6 | Sustaining the Group

To sustain the group long term, we recommend a co-leadership model if possible to promote division of labor among several people as we recognize this is time-consuming and an additional responsibility. Consider allowing as many members of the group to have a leadership role as desired by using term limits, subcommittees, etc. to avoid diffusion of responsibility, even when the work seems daunting. Clear succession plans and organizational structures prevent work from burdening a small group of individuals.

Additionally, members should take ownership of the work by ensuring that leadership titles are captured on CVs under categories of University Service, Mentorship, Creative Work or Contributions to Diversity. Document your efforts and highlight them in annual reviews with your mentor and division chiefs. Consider owning this work as part of your "elevator pitch" or "personal brand," by speaking at campus events, mentioning this work on your website/profile, presenting at regional or national meetings, and publishing data and perspectives, all of which can offer opportunities for networking locally and outside the institution.

It is helpful to acknowledge the classic stages of change for group development: the phases of forming-storming-norming-performing¹³ are equally applicable to women's groups. Initial group formation can be followed by a phase of conflict, and ensuring that dissenting ideas are voiced and discussed is critical to group development. The group

must go through each phase of development in order to perform at a higher level; silent obedience to the leadership does not create lasting partnerships or group loyalty. For example, debates about including versus excluding males at meetings may re-emerge, and important questions should continue to be readdressed as the group's needs change. Sometimes, after significant time spent on this type of work, enthusiasm and energy may lag: leaders should anticipate this natural and expected evolution and guide the group with concrete proposals to keep the work progressing.

Lastly, reassess and re-evaluate the group's outcomes as compared to stated aims, as the group's needs will change over time. Work may shift over time to maintaining a positive environment, advocating for change beyond the local community, or building connections across the university. Have regular annual "taking stock" conversations with members to review your accomplishments, outline goals for the year ahead, and elicit constructive feedback to inform planning.

7 | Conclusions

We have presented strategies and best practices on forming and growing a successful women's group in health care. Although usual principles of successful small group creation apply, we have outlined unique considerations for how women's groups can advance gender equity.

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