#SheForShe: Increasing Nominations Significantly Increased Institutional Awards for Deserving Academic Women

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Background. The majority of academic award recipients across medical specialties have been men.^{1–4} Over a decade ago, women received 28%, 29%, and 10% of research, teaching, and clinical awards respectively at one institution.⁵ Since award recognition can be important for promotion, funding, and status at institutional, regional, and national levels, we deployed and evaluated a pilot award nomination intervention aiming to increase the proportion of deserving female award recipients by increasing the number of nominations of deserving women faculty at the University of Chicago.

Methods. This was a pre/post evaluation of a pilot program within our institution's Department of Medicine (DOM; current faculty; $n = 319$, women = 139/319; 43%) and Biological Sciences Division (BSD; current faculty; $n = 981$, women = 394/981; 40%). We developed a sub-committee of 3–4 members within our DOM Women's Committee (DOM-WC) through a volunteer process. Next, we obtained historical lists of recipients of local awards to examine gender distribution and identify previous awardees. We then piloted our nomination intervention: (1) identifying eligible female award nominees using a multi-modal approach including suggestions from the DOM-WC members (representing DOM sections), systematically reviewing section faculty lists, and DOM section leaders; (2) notifying worthy nominees of our intent to facilitate their nomination; and (3) shepherding the nominations through to submission, including composing nomination letters and/or seeking qualified letter writers and ensuring that materials (e.g., letters of support, curriculum vitae) were submitted on time. We nominated one woman for each available local award per year. Each nomination typically took less than 3 h for nominator identification, letter writing, and submission; approximately one-third to one-half of letters were written/edited by our committee. We determined the average

percentage of women award recipients across all available pre-intervention and post-intervention years and determined whether there was a significant change in the gender distribution using chi-square tests. Award types included clinical, educational, research, and other (diversity, leadership, community service). To account for national trends that may have led to decreasing gender disparities, we conducted a sensitivity analysis limiting our pre-intervention period to the same number of years as the post-intervention period for both DOM (2 years) and BSD (3 years).

Results. Historical awardee lists were available from 2006 to 2016 (DOM) and 2011 to 2017 (BSD). Pre-intervention, 36% (range = 25–50%; $n = 79/217$) and 27% (range = 18–57%; $n = 28/102$) of awardees were women in the DOM and BSD, respectively (Table 1). The intervention was implemented in 2018 (DOM) and 2017 (BSD). The percent of women awardees significantly increased to 56% (range = 48–65%; $n = 23/41$; $p = 0.02$) and 59% (range = 55–65%; $n = 33/56$; $p = 0.00001$), in the DOM and BSD post-intervention, respectively. The sensitivity analysis found that results remained significant when restricting to similar pre- and post-number of years (DOM pre-intervention: 35%, range 33–37%, $n = 14/40$, $p = 0.06$) (BSD pre-intervention: 34%, range = 18–43%, $n = 13/38$, $p = 0.02$). Increases in the proportion of female awardees were seen across all award types (educational, clinical, research, and other (Table 2)).

Conclusions. We found that a simple low-resource intervention significantly increased the proportion of women receiving local awards at our institution. Because we did not implement interventions regarding the decision process, it is possible that pre-intervention, qualified women were being overlooked. It is important to note that implicit bias could still impede deserving women from receiving recognition for awards, for instance among trainee evaluations of faculty.⁶ Future work should establish whether interventions can reduce these additional biases. This study had limitations. For instance, our institutional initiative was quite simple; a more complex initiative to increase nominations for regional and national awards may be more difficult but have a greater impact on promotion. Furthermore, our study was only done at one institution limiting generalizability. Evaluating this simple institutional intervention across multiple institutions would allow more robust data as to the effect of

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Table 1 Changes in Percentages of Women Receiving Awards in our Department of Medicine (DOM) and Biological Sciences Division (BSD) after a Pilot Intervention to Increase Nominations of Female Faculty

	Post-intervention, mean (range of percent in each year)	Extended pre-intervention, mean (range of percent in each year)	<i>p</i> value	Match pre-intervention, mean (range of percent in each year)	<i>p</i> value
DOM	2018–2019 56% (48–65%), 23/41	2006–2017 36% (25–50), 79/217	0.02	2016–2017 35% (33–37%), 14/40	0.06
BSD	2017–2019 59% (55–65%), 33/56	2011–2016 27% (18–57%), 28/102	0.0001	2013–2016 34% (18–43%), 13/38	0.02

“Extended” pre-intervention represents data from all years of the awards; the “Match” pre-intervention represents the 3 or 2 years of pre-intervention data matched to the 3 2 years of post-intervention data representing the sensitivity analysis

Table 2 Proportion of Female Awardees by Award Type

Award	DOM-post (2018–2019)	DOM-extended pre (2006–2017)	DOM-matched pre (2016–2017)	BSD-post	BSD-extended pre	BSD-matched pre
Educational	42% (8/19)	33% (37/111)	39% (7/18)	57% (8/14)	35% (7/20)	44% (4/9)
Clinical*	67% (10/15)	37% (28/76)	19% (3/16)	58% (11/19)	37% (10/27)	36% (5/14)
Research	60% (3/5)	48% (12/25)	75% (3/4)	42% (5/12)	20% (3/15)	0% (0/8)
Other^	100% (2/2)	63% (5/8)	50% (1/2)	75% (9/12)	73% (8/11)	67% (4/6)

*Many of the DOM clinical awards were not nomination based (primarily based on productivity) while all of the BSD awards were nomination based

^Other awards included diversity, community engagement, and leadership awards

the intervention. Finally, our initiative focused on women nominating women. Ideally, equitable nominations would not rely only on women nominating women (i.e., DOM-WC). Furthermore, this initiative could expand beyond increasing female nominations to including other underrepresented populations. Therefore, the next steps include formalizing widespread support for institutional leadership to be more thoughtful in their approach to equitable nominations for awards. In sum, nomination bias is likely pervasive and other programs, sections, departments, and/or divisions could easily develop low-resource, feasible nominating processes at their institutions.

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