Women chairs in academic medicine: engendering strategic intuition

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Abstract

Purpose—Because stereotypically masculine behaviors are required for effective leadership, examining female chairs' leadership in academic medicine can provide insight into the complex ways in which gender impacts on their leadership practices. The paper aims to discuss this issue.

Design/methodology/approach—The author interviewed three female clinical chairs and compared the findings to interviews with 28 of their faculty. Grounded theory analysis of the subsequent text gathered comprehensive, systematic, and in-depth information about this case of interest at a US top-tier academic medical center.

Findings—Four of five themes from the faculty were consistent with the chair's narrative with modifications: Prior Environment (Motivated by Excellence), Tough, Direct, Transparent (Developing Trust), Communal Actions (Creating Diversity of Opinion), and Building Power through Consensus (an "Artful Exercise") with an additional theme, the Significance (and Insignificance) of a Female Chair. While faculty members were acutely aware of the chair's gender, the chairs paradoxically vacillated between gender being a "non-issue" and noting that male chairs "don't do laundry." All three female chairs in this study independently and explicitly stated that gender was not a barrier, yet intuitively used successful strategies derived from the research literature.

Originality/value—This study suggests that while their gender was highlighted by faculty, these women dismissed gender as a "non-issue." The duality of gender for these three female leaders was both minimized and subtly affirmed.

Introduction

Academic medicine in the USA is searching for ways to "reframe the narrative" of diversity and develop a "strategic diversity leadership" approach for selecting students, training culturally competent physicians, engaging in relevant research, and providing quality healthcare (Castillo-Page, 2012). The "bleeding pipeline" that describes women faculty who are slower to earn tenure, be promoted, and have lower salaries than men with comparable backgrounds (Krefting, 2003; Valian, 1998), also typifies academic medicine. According to

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the Association of American Medical Colleges (AAMC), in 2011, women accounted for 47 percent of matriculated students, 36 percent of all medical faculty, and 19.5 percent of full professors (Nivet, 2011). Although much has been written on the disproportionate lack of advancement of female physicians into senior and leadership positions (Carnes *et al.*, 2008; Carr *et al.*, 2003; Tesch *et al.*, 1995), AAMC data indicate that women are slowly assuming leadership positions in the top echelons of academic medicine. Of all clinical departments in academic medical centers (AMCs) only 11 percent are now led by women (AAMC, 2011). The "invisibility" and "disappearance" of women (Fletcher, 1999) in papers on leadership in academic medicine is striking as well as any research examining gender and leadership (Grigsby *et al.*, 2004; McKenna *et al.*, 2004; Souba, 2003; Williams, 2001).

This qualitative study illustrates the complexity and dynamic character of this rare phenomenon of women chairs in academic medicine, and because high-ranking faculty positions are generally held by white men, these women represent the "small wins" (Martin, 1994, p. 426) in a traditionally "hypermasculine" culture (Barrett, 2002). Women in medicine have historically always played a subservient role in a "rigid hierarchy of authority and power" (Hinze, 2004, p. 103). There needs to be challenges to the prevailing academic medical culture with constructive disturbances of new organizational identities (Suchman *et al.*, 2004; Hinze, 2004). We will examine the patterns of gendered discourse, subjectivity, power/knowledge, and resistance (St Pierre and Pillow, 2000; Isaac *et al.*, 2009; Isaac and Franceschi, 2008).

Leadership

Gender differences are constituted through powerful operations of discourse that reflect the symbolic systems of what it means to be female or male (Foucault and Gordon, 1980; Brewis and Linstead, 2009). Because discourse form the object of which they speak, a man or women is subjectified by that discourse (Sarup, 1989). Psychological research demonstrates that implicit biases require stereotypically masculine behaviors for effective leadership (Powell, 2002; Eagly, 2002; Johnson *et al.*, 2008; Dasgupta and Asgari, 2004) summarized by "think manager, think male" (Schein, 2001; Eagly and Karau, 2002). Although leadership psychologists focus on the individual and psychological, a social constructionist perspective complements leadership theory (Fairhurst, 2007) as Fairhurst suggests, "followers construct leaders, just as much as leaders construct followers" (Tourish, 2007, p. 1732).

Through a postmodern lens, gender is a structure of binary opposition that is a powerful symbol of differentiation (Gherardi, 1995). Feminist poststructuralism examines how language constructs understanding, creating a gendered boundary (Calás and Smircich, 1999). Masculinity and femininity symbolize contraries with "one in opposition to the Other" (Brewis *et al.*, p. 67). However, the construction of masculine identities is what is compared and evaluated as competence (Rees and Garnsey, 2003). This binary divide of masculinity and femininity are in "dualistic relation to each other" (Linstead and Brewis, 2004, p. 356). Women leaders symbolically deconstruct gender identities and handle the dual presence of agentic and communal behaviors and blur the boundaries of difference (Linstead and Brewis, 2004; Isaac *et al.*, 2012; Bruni and Gherardi, 2002). As women break

with the traditional "malestream" leadership discourse (Brewis and Linstead, 2009), operating in a plurality of arenas, they negotiate the duality in a practical capacity, and as "the boundaries between symbolic universes of male and female become fluid, negotiable, they intersect and merge" (Bruni and Gherardi, 2002, p. 179).

Research shows that when women demonstrate agentic competence in traditionally male-dominated positions, they may prompt negative responses by violating socialized gender norms (Heilman *et al.*, 2004); women leaders become the "condemned careerist" (Deem, 2003). This "ambivalent sexism" (Glick and Fiske, 2001) puts "likeability and competence in opposition" (Krefting, 2003, p. 262). Competence is ascribed to group status rather than evidence, and likeability is based on cooperation vs competition (Krefting, 2003). There is a double bind for career women in traditionally male occupations that are competent and compete for resources which violate prescriptive norms (Carli and Eagly, 1999). This gendered discourse creates contradictory pressures (Martin, 1994, p. 414). Women leaders are both overburdened and under burdened in terms of relational performances.

As highly agentic women become leaders in positions traditionally filled by men, they face reactive opposition unless they "soften" assertive, competent behaviors to strengthen their influence and mitigate social norm violation (Ridgeway, 2001; Carli, 2001; Heilman and Okimoto, 2007). Research demonstrates that providing clear evidence of communality in the workplace improves women's ratings of likeability (Heilman and Okimoto, 2007). The new emphasis on post-heroic leadership highlights teamwork and collaboration that are communal traits associated with feminism-fluid expertise (Fletcher, 2004, p. 648). However, this type of leadership again creates a double bind as women's achievements may "disappear" under the discourse of communality (Fletcher, 1999).

Leadership is a "performance of power" that signifies male-type or agentic character traits (Isaac *et al.*, 2012, p. 80), and leadership theory has been criticized for gender blindness (Brewis and Linstead, 2009). "Power," an important structure in leadership discourse, is defined as "influence potential," where different types of power are emphasized to "maximize effectiveness" (Hersey *et al.*, 2008, p. 204). Academic medicine, as well as other hierarchical institutions, emphasizes the "performativity" of power, maximizing efficiency and effectiveness (Kerfoot, 2002, p. 86).

Foucault described power/knowledge practices as producing systems of normalcy and deviation, and suggested that individuals do not hold power but circulate power within organizational discourse (Foucault, 1978) that "do not exist in opposition but in mixture" (St Pierre and Pillow, 2000, p. 264). For Foucault:

Power must be analyzed as something that circulates, […]. It is never localized here or there, never in anybody's hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organization. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising this power. In other words, individuals are the vehicles of power, not its points of application (Foucault, 1978, p. 98).

As differences in discourse generate conflict, individuals have the capacity to resist, and power is passed back and forth within the hierarchy of leadership discourse. Nothing is stable enough to permit generalizations based on gender, but gender differences are constituted by powerful operations of discourse (Foucault and Gordon, 1980; Brewis, 1999).

Carli (1999), in a review of interpersonal power and social influence, found that men generally retain higher levels of expert and legitimate power while women have higher levels of referent power. Her review also found that women have greater difficulty employing influence (power) than men especially when their behavior conveys competence and authority. However, studies have found female leaders were more transformative and male leaders were more likely to have transactional, as well as laissez-faire leadership attributes (Eagly *et al.*, 2003; Rosener, 1990; Alimo-Metcalfe, 1995). In one meta-analysis of 162 studies on leadership style, there was strong evidence for gender differences where women adopted a more democratic style and men adopted a more autocratic style (Eagly and Johnson, 1990). Female leaders demonstrate a relational practice of power, practicing communal behavior.

We previously interviewed 28 (13 male, 15 female) medical faculty within three departments of their female chairs' leadership (Isaac *et al.*, 2010). In this study, we found consistency with research that female leaders are successful when they complement stereotypic male "agentic" with stereotypic female "communal" behaviors. Using a grounded theory methodology, four themes emerged regarding departmental leadership: first, the difficult prior environment; second, the current chair's characteristics (tough, direct, and transparent); third, her use of communal actions to help support and mentor her faculty; and finally, her ability to build power through consensus. The last three themes created a circular model with the prior environment in the center. The next logical course of study was to explore the narratives of the three female chairs of these clinical departments in relation to their faculty. The remainder of this paper describes the methodology used including data collection and analysis, the results of the integration and interpretation of the faculty and chair interviews, and discussion synthesizing the results with the literature.

Method

Participants

Using purposive sampling (Coyne, 1997; Morse, 2009), three female chairs from a Research 1 institution in the USA, participated in this study. Three of the 16 clinical departments had female chairs, and all three chairs participated in the study. Each chair had begun within the previous 12–48 months. All participants gave written informed consent.

Interviews ranged from 60 to 74 minutes and included questions about leadership and power (see list below). Interviews were digitally audio-recorded, transcribed verbatim, and had all identifying information removed. Interview transcripts were de-identified, and participants reviewed transcripts. Participant observation of three department meetings for each chair was performed for validation of the interview data. Handwritten notes were taken at each meeting that described interactions between the chairs and faculty and researcher memos.

Questions posed to women chairs in semi-structured interviews:

What is your background and how you got here?

Define leadership?

What about being a women and a leader?

Reflect on power and your leadership in this department?

How do you use and produce power?

How has being a leader changed you?

Anything you would like to add?

Inductive data analysis

The use of grounded theory is a rich methodology that can clearly illustrate paradigm shifts (Alimo-Metcalfe and Alban-Metcalfe, 2001). As appropriate for grounded theory, to more fully explore the phenomena of the female chair and generate theories grounded in the data, we systematically analyzed the interview narratives of these chairs to compare to their faculty members (Creswell, 1998; Lingard *et al.*, 2008; Strauss and Corbin, 1998). This unit of analysis of the narrative between faculty and their chairs gathered comprehensive, systematic, and in-depth information about a case of interest (Patton, 2002). Codes from the original study were used. Initial codes were conceptually linked to axial codes then synthesized into categories (emergent codes) (Strauss and Corbin, 1998). We adhered to the principles of grounded theory analysis which is an iterative cycle of data collection, analysis, and comparison with the previously collected data until recurrent themes emerged from the data itself and no new codes occurred (Lingard *et al.*, 2008; Strauss and Corbin, 1998). One investigator (LG) defined the original set of emergent codes from the faculty interviews, and the other investigator (CI) reviewed and verified the final selective coding with an inter-coder agreement ranging between 82 and 100 percent. Investigators added codes derived from the analysis of the chair interview transcripts. Transcripts from the female chairs' interviews underwent line by line coding for inductive and deductive analysis. NVivo was used for data organization for the faculty interviews, chair interviews, and participant observation notes (Richards, 2006).

Validity in grounded theory is based upon the consistency of the narrative (Lingard *et al.*, 2008). Thematic validation was enhanced by an experienced qualitative researcher (CI) with a background in leadership studies and healthcare and a physician (LG). Validation was enhanced by data triangulation using participant observation of nine department meetings - three for each chair. Notes from the participant observation were used to collaborate the emergent themes and to confirm the nature of the interactions between the chairs and faculty.

Results

Open coding from the original study found 34 initial codes which collapsed into eight axial codes, and then four emergent themes (Isaac *et al.*, 2010). The emergent themes were coded deductively and included: (1) Prior Environment (Motivated by Excellence); (2) the Chair's

Tough, Direct, and Transparent Characteristics (Developing Trust); (3) Use of Communal Actions (Creating Diversity of Opinion); and the (4) Ability to Build Power through Consensus (An "Artful Exercise"). Participant observations by the first author of interactions of both faculty and small task meetings supported the validation of themes from the interviews. In this study ten new inductive codes were added for a total of 14 codes. They included: (5) gender difficulties, (6) gender NOT, (7) strategies, (8) self-reflection, (9) motivation, (10) mentoring, (11) paradox, (12) leadership defined, (13) golden nuggets, and (14) power. The additional information from the chairs provided modifications to the original themes (added in parenthesis) and added another emergent theme, the significance and insignificance of a female chair.

Theme I. Prior Environment (Motivated by Excellence)

While the faculty frequently mentioned the prior environment before the new chair, the chairs did not. Faculty described former chairs with descriptors such as frequent absences and being "far away." Participants rarely criticized the former chairs but described them as "weighed down" and "tired" but "we all liked him, he just wasn't ever here" as the former chairs were often involved nationally for their research. Faculty members used the term "silos" describing strong programs built within the department. One chair recalled after first starting "Oh my God I'm so sick of that word (silos)."

Faculty explained that departmental processes lacked follow-through and the new chair had to "pick up from all of the neglect of ten years prior to her arrival." These women had to make radical changes to their new environment. Faculty were surprised that the new chairs took the position saying, "I wouldn't want to do that, but she does," and "she wanted to be a chair in the true sense of the word." This statement ubiquitously described the motivation of all three female chairs despite challenges. One chair stated, "And after that first interview I realized the department was VERY good and the institution is VERY good and the (laughter) dean is VERY good." Another had been a chair before and had "such a good time" that she wanted more. The chairs downplayed their "trite" or "mundane" goals as "It's not what I need" but about what the faculty needs. Their interviews illustrated that they were consumed with the desire that their departments have "the highest quality clinical care, the best teaching, and the best research." These chairs wanted leadership because:

I saw a group of […] very smart, productive, people […] very well organized, thoughtful, visionary people. I know this, because in other departments I've worked at, I've been exposed to people who are division chiefs who aren't like that. Nice people good doctors, but not moving forward. [Here] I can't keep up. People have great ideas here. So, it's just very important to have people that want to move things forward and be leaders and work at it.

Theme II. Tough, Direct, Transparent (Developing Trust)

Each chair was described by faculty as exceptionally qualified with abilities to understand both research and clinical practice. Three attributes of toughness, directness, and transparency all emerged as common to each in the faculty interviews.

Faculty contrasted the "leadership void" of the previous chairs with the "tough" and "direct" style of the current leadership, at the same time while avoiding faculty resistance as "hunkering down." One faculty member described his chair with a "sort of a 'ship shape' kind of leadership style - "very crisp and very precise." In another department, another male faculty described:

When she calls a meeting, you show up […]. I think she's established herself as a serious, tough person willing to make difficult decisions quite quickly just like any man would have and she has pretty instantly garnered the respect of the faculty.

The female chairs' narratives were remarkably similar. When asked how she got busy faculty to attend staff meetings, "Well I never asked. (laughter) "Would you come?" But I figured, "No I'm not going to ask." "Her presence produced expectation."

In contrast, one stated that her leadership style was based on an "anti-dictatorial anti-paternalistic style, and doing so with a level of transparency." Another described how her former staff "trusted me" and described her as "fair and evenhanded." The third reflected that as she developed as a chair she became "more comfortable admitting (to others) that I don't always make the right decision, but sometimes I have to make a decision and move on, somebody has to accept responsibility […] the buck stops here." She had the courage to both admit being wrong and make a decision. The most articulate statement for their transparency was:

You have to engender trust so people will give their opinions. You have to give them information. I don't believe in anything secret. So, evaluations obviously are shared. Our budget is open to anybody in the department. Our minutes of the meetings are open to anybody in the department.

These three qualities - toughness, directness, and transparency - emerged as common themes for each chair as well as in the faculty interviews. These qualities signaled how the chairs created trust.

Theme III. Communal Actions (Creating Diversity of Opinion)

Faculty readily perceived that the chair created a "facilitation of others' excellence." Faculty perceived the chairs as "caring for individuals […] [with] no ego involved" and wanted "each individual, […] to succeed." A communal culture was created with the "careful listening and weighing in at appropriate times." On the institutional level, the chairs' communal actions represented advocacy to "shake the trees and garner support" for clinical faculty.

The chairs' narrative revealed their early energy in meeting with faculty individually and as a group to create consensus and establish departmental core values, mission, and vision. One chair traveled extensively and met with every academic faculty person gathering information, "I really enjoyed meeting the people." Their early tenure required months of work using faculty during retreats to create specific goals while at the same time giving "the department full credit." One chair stated that the thing she was most proud of in her first months was:

That these people have worked hard, established their own goals and a way to get to them […] these are the goals they came up with, and I'm assuming they didn't feel like they were wasting their time. […] So the thing I'm most proud of […] I'm very proud of the product, is that it reflects the work they want to do. Not the work I want to do. It happens to coincide but […] that's good, that's very good.

To meet these goals through consensus in these large departments, the chairs needed new organizational structures to "develop my own leadership team" needing to "sell this structure as a working tool." One chair said, "the leadership structure that had been set up here was not something that I felt comfortable with-it wasn't representative, and it didn't give me the voices that I needed to have." When asked what her leadership practice was, one chair stated:

That's always hard. I'm always surprised. I'm humbled by […] I'm always humbled by the things I don't know. So, I've learned to try not to make assumptions about what other people think (Laughter) because […] I don't know if I'm accurate. I hope that they would think that I am, consensus building. I am collaborative.

Theme IV. Building Power through Consensus (An "Artful Exercise")

Descriptions of the chair's power diverged from "no power" to "absolute power" by both faculty and chairs. One interviewee aptly described their new chair as creating power through consensus because, "She's built up respect and consensus and people listen to her, and if you go up against her, you're probably going to lose […] she used this power to pull together the department."

Consensus gave her power. Faculty members stated that they would listen to her because she listened to them. One male said her power was created because "the Dean made her chair," and the chairs agreed, "As the department chair I have power because the Dean invests power." However, she further stated that:

If I don't support my faculty, I'll lose their support and therefore their power. I suppose I, by definition, can control budget […] you can block [them] at various points. So I would hope that power is less invested in an individual than it is channeled through that individual on behalf of the Department. […] There are probably [number of] key physicians that if I tried to do something, it wouldn't work. (laughter) You just get into gridlock, and it would not help anything. But I think the best decisions are made based on a diversity of opinion and therefore you have to engender collaboration. You have to engender trust so people will give their opinions.

For these chairs, power was derived primarily from supporting their faculty, a relational type of power, not from their position. One male faculty reported his chair got consensus so "that she doesn't have to make decisions on her own."

One chair described power as influence to get things done:

But for me when I'm at the end of my career, what's going to represent me holding a power position is how much I got done […] for the department, for the institution, and I'm not

being self-effacing, […] For my internal clock, that represents me being someone who has power to get something done and accomplished. To me power is product. […] where you have, stuff you want to do, resources available to you. The visualization of power for me is look, I got that done. That represents […] power.

This chair was reframing being self-effacing or modesty into consensus building. Another chair succinctly reiterated, "I would hope that power is less invested in an individual than it is channeled through that individual on behalf of the department":

As power is the mechanism for leadership, when asked to define leadership, I think it's a thing of bringing a group of people together on a collective mission that they've decided is their mission. And then having it be so that they don't recognize that you're the leader. (pause) I mean I think that that's actually critical. That thing of, having so much ownership at the right level that this isn't [the chair] driving this at all. And then when the end product is there, you know the department's working and things are going, it's like almost like I was never there. I mean it's not being self-effacing or modest or anything. But it's more than consensus building, it's more than being non-dictatorial it's that thing of making an environment where people actually decide for themselves […]. Now making that environment as it turns out is not totally easy […]. There was, doubt that I was really working for them. (pause) Which is (pause) the truth. […] I think everyone's got their own agenda including myself. […] But consensus is used as liberally as the word leadership is but I actually think it's the right word.

The consensus building becomes blurred because both faculty and chairs have their own agendas, but the chairs steer the course using consensus. This chair spoke of working the group to "help people understand what you want, why you want it, why you think it's the best thing for the place, and get other people excited so that some momentum builds." She created the structure to move her agenda:

I'll tell you how I do leadership. I have my, a cabinet. […] And we meet every week, and I vet most things with them. I need their historic perspective. So if I'm going to do something, or thinking about something, I will probably a 100% of the time talk to them about it, to say, "what do you think, does this sound like a good idea?" Mostly they endorse what I think […]. But the fact is you have to lead by consensus. I think you can't lead by fear or fiat. […] I try to build consensus, but maybe some people think that I don't build as much maybe as I should.

Another chair used consensus and flipped the responsibility back to the faculty:

I feel like my leadership there came into play in two ways, one, I timed it right. Right after they'd established their goals, "How are you going to get your goals done? These aren't my goals. These are your goals. Are we going to have them just sit there on a piece of paper?"

One chair detailed leadership as an "artful exercise":

A leader who comes in with a strong vision, especially in a professional school, are dealing with professionals and academics, I don't think is going to succeed because most

professionals are not going to take anybody telling them what to do (laughter). So, I think it is an artful exercise in its, it's a matter of balancing tensions between providing vision and hope and energy and focus in the direction that you believe in, personally, that is compatible with the institution's goals that as a leader, you probably have more of a sense of than many of the people in the department. And is something the department cannot only buy into but wants to go to.

Theme V. Significance (and Insignificance) of a Female Chair

Both male and female faculty members described that having a female chair as a source of pride and a benefit for recruitment and making colleagues at other institutions "jealous." One male faculty liked the confirmation that "we're not stuck in the Dark Ages." These clinical specialties were a natural fit "to fill with a woman chair." Women faculty members were particularly energized, "as a role model, it's a very nice role model to have." Another female faculty echoed:

We've never had a woman chair or interim chair and so I think the time was ripe for there to be a woman chair, but also that there should be a chair of the caliber of this chair available. […] for me, I certainly didn't want the same old, same old, patriarchal, stifling (Laugh) environment […]. So it feels good.

Another female faculty reiterated:

We're very happy to have a female in leadership […]. we have not had one in our history. And there are many, many young women faculty who are in that sort of family stage and we wanted someone who would really get that piece and […] realize how valuable we all were.

Both male and female faculty members were acutely aware that their chair was a woman and that this was atypical; however, the female chairs downplayed gender:

Leadership, it percolates from the top so that Dean has […]. made [gender] a non-issue […]. I don't know I think it's more a reflection on this department than anything else. I just don't feel like it's an issue, and honestly in all the leadership meetings I'm at. I don't know, unless I'm totally oblivious people are just working hard trying to push things forward. It's not been an issue for me. […] I really don't. I think your questions were poignant. I guess the biggest thing, just again, and I don't think it's because I'm naïve, I think, for me in this job, in this department, and this institution, gender isn't a big issue at all.

Another chair responded to the question of being a woman and leader by saying:

It just is. It just is. I don't notice, I don't know if that's different or if it's the same as other people. I never talk about it. (Sigh) […] you know women do have a different role because they do bear children. So it is different. […] On very rare occasions have I specifically gone out of my way to be part of a women's group. […] I know it's an issue-I know it's an issue […] (pause) for other people. But I don't think it's been an issue for me. I think it's an issue for me only in that again, I was a child-bearer. […] But in any event, so I don't think it affected me in terms of career development at all.

These women are the atypical medical chair but explicitly say they do not see gender as an issue. They may not perceive the issue of gender but their narratives suggest that even if they do not pay explicit attention they implicitly take action. One female chair reflected:

I had to learn to be less abrasive in my leadership style. I did learn that in my previous job. […] That was the skill that I worked on at my previous job and it's relevant to power, […] (Sigh) I think, going back to the real question- this issue of power, I've had to come to the altar of learning that, "I actually do represent power to people" and if I want to come across as consensus building and not intimidating- that's not a passive process.

Evidence illustrated that this particular chair had to practice softening her very agentic leadership style because of a consequential incident where she "should have been extraordinarily sensitive rather than just averagely sensitive." While faculty described their chairs as "caring," none other feminine descriptors were used. One senior female faculty member in another department reported that her chair does not "make you feel warm and fuzzy […] is very abrupt."

The chair from the third department specifically discussed this tension:

If you look at leadership as a balance of being autocratic or top-down, and being affiliative and bottom-up, then women tend to be more affiliative; men tend to be more directive. I think a good leader does both and matches the style to the situation. […] Now that being said, (laughter) women, tend to be very comfortable with encouraging diversity of opinion, being collaborative., and I think the challenge is to also inspire trust and confidence that you as the representative of the unit will go out and fight for them, and fight with the big guys and be able to hold your own, and that requires a much more masculine style. So, I think I'm better at doing that than I used to be. I think the subtleties of how those styles sit with women is also very interesting. You know there's the classic if it's said by a man, it's "assertive" and if it's said by a woman it's "bitchy." […] (laughter) and I think it's always a tension for a woman if you're going to be assertive, you know how you're going to be treated. On the other hand, the leadership here is very comfortable with women so that's very nice [listed several local women leaders]. They are able to be very comfortable and not be the other label that's commonly "strident" (Laughter).

Perhaps because of the university leadership, these female chairs did not think that gender was an issue. One chair brought a male mentor from another state to spend time with her department early in her tenure as chair:

Everybody had the opportunity to give me feedback on what I've been doing for [the first] months- some of it was good and some of it wasn't. That helped set the stage for belief that I was going to listen to them. And that goes back to that consensus thing […] these meetings is how we are going to work.

What she did not know is that gaining a third party endorsement, especially a male, is particularly helpful for a female leader rather than self-promotion (Isaac *et al.*, 2009). Her motivation was to get feedback about her performance as a new chair but his presence

solidified her credibility. She stated that it was "incredibly helpful" to the department but also implicitly to her.

A final statement by a chair characterizes the paradox of gender:

I think I can safely say [gender is] a non-issue for each of the three [female chairs], just a non-issue. The reality however is that I doubt that other than the women, I doubt that any other chair goes home and does laundry. […] one could say you don't have to, but there is still the social norm that pervades much of what exists […] medicine and everything else.

Discussion

The faculty and women chairs narratives were consistent with modifications to the four themes of the previous study: Prior Environment (Motivated by Excellence), Tough, Direct, Transparent (Developing Trust), Communal Actions (Creating Diversity of Opinion), and Building Power through Consensus (An "Artful Exercise"). The chairs were criticized by faculty for not making them "feel warm and fuzzy" and clearly did not represent androgynous roles (Martin, 1994). These findings resonate with research that indicates that women managers are not less aggressive or competitive than their male counterparts as "culture privileges natural masculine traits" (Kerfoot and Whitehead, 1998; Whitehead, 2001, p. 453). However, they knew when they violated social roles when not "extraordinarily sensitive." This self-monitoring of communal actions reduced backlash (O'Neill and O'Reilly, 2011; Rudman and Glick, 2001; Carli *et al.*, 1995) and mitigated perceived hostility because of competence (Okimoto and Brescoll, 2010; Phelan *et al.*, 2008).

However, the leadership of these tough, direct, women chairs was generally not criticized even when they were specifically described as counterstereotypic. They intuitively combated the oppositional binary with implicit strategies realized through concrete relational practice. They fought and feared faculty doubt regarding their being perceived as "self-serving" for their own agendas and not their departments, trying to build trust, a characteristic of "nearby" leadership (Shamir, 1995). Although they admitted that "everyone has an agenda," they implicitly disguised their agenda through consensus building. They actively sought to "engender" trust and collaboration. There was no better way of avoiding the antagonistic description of "strident" by using consensus, because faculty knew "if you go up against her, you're probably going to lose […] she used this power to pull together the department." They skillfully negotiated the simultaneously undergoing and circulating power within a gendered discourse by employing "neither similarity nor difference but power" (Martin, 1994, p. 406).

Portraying group-oriented rather than self-oriented motivation is a powerful prerequisite for women leaders (Ridgeway, 1982). These chairs described only one fear, that they might be perceived as self-promoting, a confirmed social norm violation (Rudman, 1998; Carli and Eagly, 2001). They avoided social penalties generated by self-promotion (Rudman *et al.*, 1998; Rudman, 1998; Carli, 1999) by being a "channel" and "self-effacing," generating a perception of humility with "less ego" (Sinclair, 2007). This recurring description of these chairs using referent or "collaborative" power is consistent with the literature (Carli, 1999,

2001; Carli and Eagly, 1999); however, the necessity of the strategic building of consensus for agentic women in leadership is a unique finding and consistent with a "transformative" organizational structure (Deem, 2003) rather than exclusively an "aggressive authoritarian masculine style" (Prichard, 1996).

Structural reorganization symbolized "no ego" without "self-effacement" to achieve the "promise" of institutional power (Whitehead, 2001; Sinclair, 2007). Consensus created power as operationalized by organizational structures such as small task groups creating a diversity of opinion (Prichard, 1996). One chair even used the consensus of goal creation to flip the responsibility for action back to the faculty, a powerful act of resistance (Deem, 2003). Did these "male-like" women learn this behavior through "role models" or adapt to the masculine organizational culture (Meehan, 1999)? This negotiation of power within organizational culture allows a better understanding of leadership (Smircich, 1983; Smircich, 1985).

The chairs' perceptions of the "non-issue" of gender remained a paradox for the final theme, the Significance (and Insignificance) of a Female Chair. The interrelated first four themes illustrated the dualistic relation of the binary divide of masculinity and femininity as the necessary tempering of their agentic characteristics with communal actions. However, as significant their gender was to their faculty, these women actively "disappeared" gender while reluctantly acknowledging it. Surprisingly, these women chairs did not meet together to discuss strategies for success. They did not portray the role of "tempered radicals" (Meyerson, 2001), trying to actively change the system as a form of resistance (Krefting, 2003; Meehan, 1999). They would not be characterized as "femocrats," women working from within the system to empower women (Deem, 2003). Concrete, socially and historically located institutional practices constructed these women's identities (Foucault *et al.*, 1988). Perhaps there was a reluctance to reinforce to themselves the label of "leader" (Boucher, 1997) or an implicit reluctance to challenge an aggressive work culture that might serve to further marginalize them (Whitehead, 2001).

The fact that they primarily had male mentors suggests that they intuitively used implicit strategies. They all used consensus as power in their work environment (Krefting, 2003) which may symbolize their resistance (Deem, 2003), a "resistance through adaptability" (Isaac *et al.*, 2009; Isaac, 2007). While the gendered discourse of leadership and medicine attempts to normalize and regulate knowledge/power production (Isaac and Franceschi, 2008), they displaced and resisted the hierarchical model in their practice of leadership using a "degendering strategy" (Barrett, 2002). Power always meets resistance in a network of forces (Foucault, 1978).

Although they explicitly avoided making gender an issue, they had subtle comments about its implicit role, "it just is." They derived their power from consensus building yet attempted to disguise their need to steer their departments as, "mostly they endorse what I think." These women were not being deceptive but integrated the reality of their position within social norms. Gherardi (1995) notes, "women define themselves and are defined within a contingently determined context" (p. 105). This phenomenon needs further investigation as these women apparently did not actively confront but affirmed their roles within the "macho-

ism" in clinical medicine - operating in shifting multiplicities in the "male symbolic universe" (Gherardi, 1995, p. 95).

Limitations

The findings of our study are limited in generalizability because of the small sample size. However, this work exemplifies as an exploratory investigation into the new phenomena of women chairs in US AMCs. In qualitative research, analysis is invariably influenced by "researcher bias" (Glesne, 1999). In this tradition, we acknowledge that we are both women raised in the US at different career stages within academia (assistant professor, physician).

Summary

The findings of this exploratory study are consonant with the research literature and the previous study indicating that women leaders are most successful when they pair stereotypic male (agentic) behaviors with stereotypic female (communal) behaviors, an attempt to dismantle the gender dichotomy (Gherardi, 1995). All three women chairs in this study independently and explicitly stated that "gender was a non-issue," a "degendering strategy" (Barrett, 2002, p. 169) that some feminists may view as a "deliberate betrayal" (Meehan, 1999, p. 39), yet these women implicitly used strategies for success, "engendering" trust and collaboration. A critical feminist outlook for these women leaders was not the focus, but gender was both minimized and subtly affirmed.

Because many foundational ideas in organizational research are influenced by gender in ways not recognized (Martin, 1994), women need to negotiate the complexities of gender in leadership. Their complicity with teamwork and collaboration may later put these women's relational practice in jeopardy of being "rendered invisible or disappeared" (Fletcher, 1999, p. 20); however, this practice is necessary. Debate over difference acknowledges "dualistic relations to each other" (Linstead and Brewis, 2004, p. 356); however, the "conceptualization of fluidity relies on the existence of dualism" (p. 359). While retaining some capacity to act as social agents, these women remain immersed in the multiple discourses and dynamics of power/resistance (Foucault *et al.*, 1988; Whitehead, 2001). Women high achievers, advancing in leadership, need to carefully negotiate power as gender difference predominates in shifting and fluid opposition (Brewis *et al.*, 1997).

Acknowledgments

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