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Barriers to Career Flexibility in Academic Medicine: A Qualitative Analysis of Reasons for the Underutilization of Family-Friendly Policies, and Implications for Institutional Change and Department Chair Leadership

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Abstract

Purpose

Academic medical and biomedical professionals need workplace flexibility to manage the demands of work and family roles and meet their commitments to both, but often fail to use the very programs and benefits that provide flexibility. This study investigated the reasons for faculty underutilization of work–life programs.

Method

As part of a National Institutes of Health–funded study, in 2010 the authors investigated attitudes of clinical and/or research biomedical faculty at the University of California, Davis, toward work–life policies, and the rationale behind their individual decisions

regarding use of flexibility policies. The analysis used verbatim responses from 213 of 472 faculty (448 unstructured comments) to a series of open-ended survey questions. Questions elicited faculty members' self-reports of policy use, attitudes, and evaluations of the policies, and their perceptions of barriers that limited full benefit utilization. Data were coded and analyzed using a grounded theory approach.

Results

Faculty described how their utilization of workplace flexibility benefits was inhibited by organizational influences: the absence of reliable information about program eligibility and benefits, workplace norms and cultures that

stigmatized program participation, influence of uninformed/unsupportive department heads, and concerns about how participation might burden coworkers, damage collegial relationships, or adversely affect workflow and grant funding.

Conclusions

Understanding underuse of work–life programs is essential to maximize employee productivity and satisfaction, minimize turnover, and provide equal opportunities for career advancement to all faculty. The findings are discussed in relation to specific policy recommendations, implications for institutional change, and department chair leadership.

Workplace flexibility is a strategic priority for the well-being of workers and the economic success of businesses in the United States.[1] Workers report that family-friendly policies are very important to their satisfaction and career success,[2,3] and employers have responded by adding benefits such as extended family leave, schedule flexibility, and work-from-home options, especially to professional workers.[4,5] Yet despite reporting to need and value these benefits,[6] a large proportion of eligible workers do not

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opt into the programs, and those who do participate rarely take full advantage of the benefits.[7–10] Prior data from our study of biomedical faculty reveal a significant gap between utilization and the expressed need for workplace flexibility benefits among both male and female faculty: 33.4% of women faculty reported using the benefits available to them, while 44.4% reported wanting to use them, and 5.7% of men faculty reported using any of the programs, while 28.9% reported wanting to use them.[11] Understanding the reasons for the underutilization of workplace flexibility programs is essential to the development of workplaces that maximize worker satisfaction and productivity, minimize turnover, and provide equal opportunity for career advancement to all workers.

This study focused on workplace flexibility among academic physicians and biomedical scientists. These professionals shape the future workforce in health care and biomedical science, which is important both for economic growth and gender equality. Health

care is projected to be one of the fastest growing job sectors in the United States over the next decade[12] and will therefore impact broad labor market trends. In addition, professional occupations in health care (e.g., physicians, dentists, veterinarians, related professions), have played a major role in progress toward labor market gender equality. The representation of women among professional school graduates in science, technology, engineering, and math (STEM) fields has increased to near parity with men,[13,14] and gender disparities in labor market participation have also narrowed dramatically in these occupations as women enter these professions in ever-increasing rates. Yet, physicians and veterinarians stand out as professions where very large gender pay gaps persist despite progress toward equity in representation.[13,14] Furthermore, utilization of family-friendly workplace policies may be particularly important for gender equity in health professions because such professions demand very specialized training, long hours, intense

emotional engagement, and near-constant availability.[15]

Despite the increasing popularity of workplace flexibility and work–family programs as a strategy for achieving gender equity, the evidence of their impact is mixed, and some studies indicate that they may have the perverse effect of reinforcing gender disparities.[16] Studies show that workers who use the benefits, among whom women are the vast majority, are often stigmatized as "less committed" and subsequently penalized with lesser opportunities for earnings growth, career advancement, and consideration for leadership positions.[17–20] There also is increasing evidence that men experience similar rates of work–life conflict, "flexibility stigma," and career consequences as women.[5,21–25] Workers are aware of the potential implications of opting in to work–life programs,[26] so whether they participate and how they manage participation can reveal the contextual forces that must be managed if work–life programs are to be an effective tool for workforce development and vehicle for gender equity in the labor market.

Research has identified four categories of organization-level influences that affect workers' use of workplace flexibility policies: program organization and availability of information about eligibility and utilization; workplace norms and culture; the characteristics of employees' workgroups and coworkers; and the support of supervisors and managers.[7,22,27,28] These mechanisms may depress program participation by generating confusion about the programs and how to use them, as well as concern about how program participation will impact performance evaluation, collegial relationships, and career advancement.

The organization and the availability of information about the workplace flexibility policies are of fundamental importance for program utilization.[28] Programs with poorly defined qualification criteria, for which access must be initiated or terms negotiated by the employee, that are understood as individual accommodations or perks for valued employees, or that are otherwise "controversial or ambiguous,"[7,28,29] tend to be underused compared with programs that are well established and bureaucratically administered—that is, that do not require individual negotiation.

The aspects of workplace culture that have been shown to inhibit the use of work–family benefits[27] include the norm of overtime work[30–32] that often is reinforced by entrenched pay incentives for working long hours,[33] a culture that requires outward displays of "work devotion,"[15] and/or that rewards "face time" at work.[34,35] These workplace characteristics discourage program use both directly and indirectly by generating anxiety about the effect utilization may have on collegial interactions and career advancement.[17,19,26] Coworkers are a salient part of the work context for most people,[36] as are characteristics such as the tenure of the workgroup, its position in the organizational hierarchy, and how the gender and family status of group members[7,22] affect the use of work–family policies. Program use is inhibited when the work of individual employees is highly dependent on coworkers' activities; when team members' contributions are very specialized and/or difficult to reassign or replace[37]; or when competitive reward structures pit employees against one another.[33] Prior research also shows that managers and supervisors are key gatekeepers to information about, access to, and implementation of workplace policies by individual workers, and that they influence the effect policy use has on the workers' subsequent work experience.[7,19,30,38–40]

With this study, we add a case study of faculty in medicine and biomedical sciences to the literature on work–life program access and use, which has focused on corporate professionals,[15] the experiences of faculty in general,[41] or those in nonmedical STEM fields,[42] along with low-wage and blue-collar workers.[43,44] We have purposefully investigated the experiences of men and women in biomedical faculty positions. Workplace flexibility is a primary concern for women professionals, and women physicians and professors continue to be overrepresented among dual-career couples and to bear disproportionate responsibility for domestic work.[45,46] But the increasing prevalence of two-earner couples, especially among highly educated professionals, and rising expectations for fathers' involvement in child care,[47] make work–life balance[48–50] a salient challenge for a growing proportion of men. We conducted our analysis to illuminate the particular types of friction that both research and clinical faculty in medicine and biomedical sciences at a research university encountered in their efforts to balance their professional and family roles.

Method

We analyzed the unstructured verbatim responses to a series of questions from a survey conducted in March and April 2010 at the University of California, Davis (UC Davis). The survey was approved by the UC Davis institutional review board. The survey was administered electronically and confidentially to faculty members of all ranks and appointment types (clinical, professorial, in-residence, and adjunct) employed in clinical and/or research positions in the School of Medicine, School of Veterinary Medicine, and College of Biomedical Sciences. Participation in the survey was voluntary. We used multiple strategies to optimize survey response: e-mails to faculty encouraging survey completion, encouragement by school leaders and department chairs, encouragement by faculty development directors and faculty life mentors, the award of a $200 Amazon.com gift certificate to the school with the highest response, and a $100 Amazon.com gift certificate awarded randomly to one survey respondent from each school.

All UC Davis faculty are entitled to the menu of family-friendly workplace programs summarized in Table 1. Our analysis focused on the faculty member's experience with three of the programs listed that are supplementary to standard leave programs and may be considered more discretionary and negotiable: active service modified duties, moving to part-time employment, and tenure clock extension. We solicited faculty experiences with these programs using three sets of open-ended questions. The first set of questions asked respondents to explain their primary reasons for wanting to temporarily modify their duties, stop the tenure clock, or change to a part-time position. The second set asked respondents the reason their request to use a program was denied. The third set asked faculty to explain why they had chosen *not* to use a program if they had wanted to use it. The time frame specified in all the questions was the 10 years preceding the survey. The first and third set of questions were posed only to faculty who reported that they had wanted to take advantage of

Table 1

Summary of the University of California, Davis, School of Medicine's Flexible Career Policies as of 2017

Policy characteristic	Childbearing leave or adoption	Family and medical leave	Parental leave	Active service modified duties	Part-time appointment	Tenure clock extension	Deferral of advancement
Who	Birth-giving or adopting parent	1+ year university service, responsible for 50%+ child care	Any faculty member	1+ year university service, responsible for 50%+ child care	At chair's discretion, and academic/ business needs	Assistant professors with 50%+ responsibility for care of child < 5 years, or on medical leave	Those who experienced leave for childbearing, adoption, or placement; for medical reasons; or for other significant reasons that impacted productivity
Time and duration	12 weeks maximum	Full-time leave for 12 weeks maximum	Full-time leave for 1 year maximum (other leaves included)	Negotiated part-time for 12 weeks maximum	Negotiated % reduction, renewable at reappointment time	1-year extension for each event above, up to 2 years maximum extension	Deferrals = 1 year each, can be requested more than once
Salary	Preserved	None	None	Full base, negotiated component reduced proportionate to duty reduction	Base and negotiated component reduced proportionate to duty reduction	Preserved	Preserved
Health care benefits	Maintained	Maintained	None	Maintained	Maintained if 50% appointment	Maintained	Maintained

these benefits at any time during the 10 years preceding the survey. The second set was posed only to faculty who reported requesting the accommodation at any time during the 10 years preceding the survey. Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/A476 presents the exact question sequence and wording. We also include in our analysis the responses faculty provided to the open-ended "Comments" section of the survey; these comments were a rich source of information about the faculty members' evaluation of the programs and their workplace characteristics.

We used a grounded theory approach to coding and analyzing the data.[51] The verbatim responses were read by three authors (K.S., D.A.P., A.C.V.) and coded inductively to identify emerging themes, and iteratively in relation to concepts identified by prior research. The coded data were grouped by theme and then reviewed for subthemes; nuanced information about the respondents' experiences; and their gender, rank, and appointment type. Thematic patterns were reviewed by all coauthors for face validity and potential implications for workplace policy development. In this way we identified experiences with workplace flexibility policies that may be common among professionals, as well as the experiences that may be unique to faculty in the biomedical fields at our research-intensive university.

Results

Table 2 presents the response rates for the full survey and the open-ended questions by demographic and employment characteristics. Our analysis focused on the responses that were submitted by 213 of 472 faculty (44% of respondents), who provided 448 unstructured responses. Women faculty were more likely than men to respond to the survey and the open-ended questions. Both respondents with a dependent child and those who reported caring for a nonchild dependent were more likely to provide comments than their colleagues who reported no care responsibilities. Clinical faculty were more likely than nonclinical faculty to give open-ended responses.

Table 3 presents the distribution of respondents who provided responses by their employment and family characteristics. We note that 126 (59%) of the 213 respondents were parents of minor children, 70 (33%) reported having caregiving responsibilities other than parenting (e.g., caring for parents, grandchildren, a disabled relative, etc.), and 33 (15%) reported having both parenting and other care responsibilities. Male and female faculty were similarly represented among the parents in our sample, but women (36 out of 100; 36%) were more likely than men (34 out of 113; 30%) to report caregiving responsibility for other family members, and women (46 out of 100; 46%) were significantly more likely than men (27 out of 113; 24%) to report having "very" or "extremely" demanding caregiving responsibilities.

Circumstances prompting program consideration

Childbearing and child care were the most commonly cited causes for faculty to consider any of the workplace flexibility programs. Of the 187 faculty who explained their motivating circumstances, 79 (42%) cited "birth of child," "childbirth," "adoption," or more

Table 2

Faculty Responding to Full Survey and Survey Respondents Providing Comments, by Demographic and Employment Characteristics, From a Study of Use of Family-Friendly Policies by Clinical and Biomedical Faculty, University of California, Davis, 2010[a]

Characteristic	No. (%), full survey[b]	No. (%), open-ended responses[c]
Overall response	472 (44)	213 (45)
Sex		
Male	277 (38)	113 (41)[d]
Female	181 (51)	100 (55)
Age (years)		
Under 50	235 (NA)	115 (49)
50+	215 (NA)	92 (43)
Race		
White	357 (NA)	174 (49)[d]
African American	5 (NA)	2 (40)
Asian, Asian American	70 (NA)	23 (33)
Marital status		
Single, never married	29 (NA)	11 (38)
Union	30 (NA)	12 (40)
Married	372 (NA)	175 (47)
Separated, divorced, widowed	24 (NA)	14 (58)
Family care responsibilities		
No family care responsibilities	70 (NA)	22 (31)[d]
Children not living at home, other	142 (NA)	60 (42)
Children < 18 living at home	235 (NA)	126 (54)
Rank		
Assistant professor	134 (32)	63 (47)
Associate professor	112 (51)	51 (46)
Full professor	212 (48)	98 (46)
Time on University of California, Davis, faculty		
1–5 years	152 (NA)	63 (41)
6–10 years	112 (NA)	58 (52)
11–15 years	71 (NA)	32 (45)
16–20 years	47 (NA)	24 (51)
21+ years	79 (NA)	36 (46)
School + clinical vs. nonclinical appointment		
School of Medicine or Veterinary Medicine		
Clinical	264 (NA)	135 (51)[d]
Nonclinical	124 (NA)	48 (39)
College of Biological Sciences	64 (NA)	24 (38)
Missing	20 (NA)	6 (30)

Abbreviation: NA indicates not applicable.

[a]Between-group differences in the percentage of respondents providing comments tested with Fisher exact test.
[b]For all "NA" response rates, the relevant combined demographic information for the faculty population was not available, so the response rates could not be calculated.
[c]Number and percentage of survey respondents out of each subcharacteristic of survey responders.
[d]$P \leq .05$.

generally "childcare responsibilities," and this explanation was only slightly more common among women than men: 52 (44%) of the 117 women compared with 27 (39%) of the 70 men who explained their motivations described childbearing or related demands as their primary reason. Care of adult family members or management of a family crisis was the second most common motivation and was more prevalent among male than female faculty. Seventeen (24%) of 70 male and 16 (14%) of 117 female respondents cited care of elderly parents, care of a spouse, or the death of a close family member as the reason they needed accommodations. Management of personal health issues was cited by 11 (16%) of the 70 male and 10 (9%) of the 117 female respondents, almost all of whom were full professors. The desire to make their job more manageable, to reduce the stress of work, or to increase the time spent with family constituted the final category of motivating circumstances, and these were cited overwhelmingly by faculty who had considered transitioning to part-time work. Six (9%) of the 70 males and 15 (13%) of the 117 females identified this type of motivation and used phrases like "Work is too stressful," "Success in this job is not conducive to good family life," and "Spend more time with children."

Reasons programs were not utilized

Benefits may be underutilized for two reasons: Requests for accommodations are denied, or workers fail to request accommodations. Failure to request overwhelmingly explains the underutilization of workplace flexibility among the biomedical faculty in this study. We asked faculty if their request for accommodations had been denied and to explain the reason for the denial, but the most common response was that they had not requested the accommodation. So while supervisors play an important role in program utilization, they infrequently act as explicit gatekeepers because faculty self-censor—that is, department chairs don't have to deny access because faculty don't ask for the accommodations to which they are entitled. So, while faculty need and desire workplace flexibility, there are barriers that depress their likelihood of requesting the benefits. To identify these barriers, we asked faculty to explain why they had not requested an accommodation when they needed it. In their responses, faculty described four categories of inhibiting workplace influences: the absence of information and/or pervasiveness of misinformation about the programs; unsupportive workplace norms and cultures; the interdependence of faculty within departments; and the lack of support of supervisors and managers.

Table 3

Percent Distribution of Male and Female Faculty Who Provided Open-Ended Responses, by Relevant Employment and Family Status Characteristics, From a Study of Use of Family-Friendly Policies by Clinical and Biomedical Faculty, University of California, Davis, 2010[a]

Characteristic	No. (%) total	No. (%) males	No. (%) females
Sample	213	113 (53)	100 (47)
Faculty rank			
Assistant professor	63 (30)	24 (21)	39 (39)[b]
Associate professor	51 (24)	23 (20)	28 (28)
Professor	98 (46)	65 (58)	33 (33)
School + clinical vs. nonclinical appointment			
School of Medicine or Veterinary Medicine			
Clinical	135 (63)	76 (67)	59 (59)[c]
Nonclinical	48 (23)	19 (17)	29 (29)
College of Biological Sciences	24 (11)	16 (14)	8 (8)
Missing	6 (3)	2 (2)	4 (4)
Marital status			
Single, never married	11 (5)	4 (4)	7 (7)
Married or in union	187 (88)	99 (88)	88 (88)
Married	175 (82)	94 (83)	81 (81)
Union	12 (6)	5 (4)	7 (7)
Separated, divorced, widowed	14 (7)	9 (8)	5 (5)
Caregiver status			
Parent of dependent child (under 18 years old, living at home)	126 (59)	69 (61)	57 (57)
Provides care to nonchild dependent	70 (33)	34 (30)	36 (36)
Provides care to child and nonchild dependent	33 (15)	17 (15)	16 (16)
Reports caregiving responsibilities "very" or "extremely" demanding	73 (34)	27 (24)	46 (46)[b]

[a]Gender differences in the distribution of respondents who provided comments tested with Fisher exact test.
[b]$P \le .001$.
[c]$P \le .1$.

Absence of information, pervasiveness of misinformation. The responses to our survey showed that many faculty were either unaware of the available benefits or were misinformed about their eligibility or how to access the benefits. Both female and male faculty reported being ignorant of the benefits, with representative statements including "I would have [made a request] but did not know the program was an option" and that they "wish someone had made this policy clear." Other responses revealed that perceptions of the policies were plagued by consequential misinformation and inaccuracies. Common misconceptions included the erroneous beliefs that program eligibility was conditional (e.g., "must take vacation first") or that time off "had to be 'repaid' back in clinical call (overnight calls)," and that benefits were only selectively available (e.g., "I

was told that adoption was not the same as childbirth and I could not modify my schedule"; "I was told there was no more paternity leave policy in place"). These consequential information gaps appeared to result as much from the absence of a central source for "official" policy information as from the dissemination of misinformation by "trusted" colleagues. One respondent stated that programs were "never mentioned as an option by Human Resources, Department, or anyone."

Many faculty used the open comments section to advocate for more and better communication about career flexibility policies. They recommended the development of centralized and standardized sources of information, counseling services to guide faculty's policy utilization, and the advertisement

of models of how the policies have been used by colleagues. Such recommendations were particularly prevalent among the feedback provided by faculty in clinical positions. The comment below and those in List 1 represent the range of faculty critiques and recommendations:

> Apparently these policies exist, but the information about them is not brought to our attention in a meaningful way, or with the option for discussion about the details, or how to go about using these policies. (Female, full professor, clinical)

Workplace norms and culture. The survey responses provided by both male and female, clinical and nonclinical faculty, echoed each of these inhibiting aspects of workplace culture. We note, however, that clinical faculty members, and especially women who held clinical appointments, were the most likely to cite workplace norms and culture as factors that depressed their use of work–family benefits. We present representative quotes from faculty below and in List 1. One respondent reported experiencing a culture of overwork in their departments:

> Taking personal time for a well-rounded life would be discouraged in my department and I think the culture of the university as a whole discourages the development of the individual outside his/her field of specialization. (Male, associate professor, clinical)

Other faculty described how the culture of overwork in their immediate workplace both reflects and is reinforced by the broader professional norms. Many faculty indicated extrauniversity pressures, such as the expectations for academic publication and the requirements of funding agencies, as the source of their reluctance or inability to take advantage of university work–life policies. Typical responses included:

> To be honest I don't think this is necessarily as much of a UC issue as an issue in academia. If you reduce your publishing and grant writing you cannot succeed in academia, so I really don't believe you can be a successful PI at this point in this country. (Female, associate professor, nonclinical)

Also common were faculty comments expressing worry about the career consequences of program utilization. Male faculty reported these worries in terse comments such as "Work

List 1

Representative Verbatim Responses and Comments by Category of Organizational Influence, From a Study of Use of Family-Friendly Policies by Clinical and Biomedical Faculty, University of California, Davis, 2010

Absence of information, pervasiveness of misinformation

Faculty critiques, recommendations:

- "I am not aware of them. I receive random e-mails about them and I have no idea if I qualify or not. I wish they were presented to me during faculty orientation so I know where the resources are and who to make contacts." (Male, assistant professor, clinical)

- "It would be helpful to have greater visibility about how others have used the family-friendly policies at the school. This would help normalize it more than just having it in place. Suggest Web site, news article coverage, etc. Great to see article in the faculty newsletter about how the study PIs have been affected—this medium alone in the future would be great." (Female, assistant professor, clinical)

- "Definitely would like balance counseling if my parents become significantly ill—not sure how I could continue to maintain my current work level and meet those demands." (Female, assistant professor, clinical)

- "UCD does a very poor job in offering counseling guidance about balancing family and career, both including and excluding birth-related leave." (Male, full professor, clinical)

Workplace norms and culture

Descriptions of the culture of overwork:

- "Many of the older faculty did not provide direct care to their family. However, now that is common practice for younger faculty. Can you change the culture so they understand that when you go home at night you are NOT going to work every night or weekend?" (Male, assistant professor, clinical)

- "It isn't in the culture of our faculty to cut back." (Female, full professor, clinical)

- "Required meetings, especially those that occur on a regular basis, should be scheduled during working hours. It is not fair to assume that a physician's day is infinitely stretchable, or that family time can be shortchanged on a regular basis so that the department can make more money." (Female, assistant professor, clinical)

Descriptions of the extrauniversity pressures of academia:

- "UC policies are good but do not change the overall pressure of being an academic scientist. Even if UC grants time off then one still has to worry about falling behind in the scientific field." (Male, associate professor, College of Biological Sciences)

- "Although family-friendly policies … send an excellent message, in the end, they are only modestly helpful because taking advantage of them … slows research productivity which is then viewed quite negatively by NIH and other funding organizations." (Female, associate professor, clinical)

- "I think in principle it is great, but … if you are working on grant-funded research, any of the family-friendly policies in the institution are not going to help you get your grant renewed if you have not been productive." (Female, full professor, non-clinical)

Descriptions of the necessity of managing the cultural constraints they face at work:

- "I did modify my schedule somewhat but I would have liked to do more but I felt I was required to work close to full-time in order to keep my position." (Female, full professor, clinical)

- "This will, I am sure, not go down well with my predominantly male colleagues who have hardly ever had to balance home and work since they almost all have stay-at-home wives. They truly do not seem to understand or care how a female colleague can struggle…." (Female, assistant professor, clinical)

- "I was concerned that if I opted to apply for FMLA it would be held against me." (Female, assistant professor, clinical)

- "Would have been helpful to have reduced my time commitment to dedicate more time (e.g., picking up from school every day, being home after school hours) to help with teenage years. Did not make the request because I was not sure how this would be viewed [in my department]." (Female, full professor, nonclinical)

Responses reflecting resentment of the programs and faculty who use them:

- "I support family-friendly policies, but the university has to provide support so that others are not burdened by the family leave of others. In my recent experiences, family leave of a colleague means that everyone else remaining is required to work harder." (Female, associate professor, clinical)

- "None of these policies or questions are concerned with women or men who are single with no children and are trying to balance an academic career with a personal life. Single people in general are excluded from most if not all of these conversations." (Female, full professor, nonclinical)

- "Those of us who do not have/use these policies are forced to pick up the load left behind when this benefit is offered to other people. While it may make them more satisfied with their career opportunities, quite frankly it pisses off those of us who have no need for the policies." (Male, full professor, nonclinical)

- "The 'family-friendly' policies are a tax on those who don't need or utilize them. This is especially problematic in a situation where clinical revenues fund division expenses, including salaries. Consider the example of a small division, with one female. With salaries funded from clinical revenues, the males have to work to support the female. For her to take maternity and child care leave, the others in the group must generate the revenue to support her pay and benefits. In the end, those working harder and producing more, are relatively undercompensated, and their ability to support their families, pay college tuitions, etc., is reduced. If the university wants to provide unequal benefits (or special benefits for some), this needs to be funded from a larger pool. The current policy increases the potential for economic discrimination and functions as an incentive to not hire those likely to use the leave policy." (Male, full professor, clinical)

(List continues)

List 1
(Continued)

Characteristics of employees' workgroups and coworkers
Comments describing the inhibiting effects of interdependent work teams:
- "Too much responsibilities to let others down." (Male, full professor, clinical)
- "If I went to part-time it would hurt my colleagues, because we are so short staffed." (Female, full professor, clinical)
- "I chose not to make the request because I was supposed to teach half a class with another instructor and I did not want to leave the whole class to the other instructor, who is a colleague of mine." (Female, full professor, College of Biological Sciences)

Comments describing the absence of redundancy in skill sets among workgroups:
- "Not enough faculty to pick up slack." (Female, associate professor, clinical)
- "It seemed difficult to reassign my responsibilities." (Female, full professor, nonclinical)

The support of supervisors and managers
- "When I talked about this to my division manager and department HR, I found a firm opposition to the 'stop the clock' policy and I also believe they did not know much about it." (Female, assistant professor, clinical)
- "Discouraged by department chair." (Female, associate professor, nonclinical)
- "The chair did not advocate for me when I went to him for help when my child was born." (Male, full professor, clinical)
- "Request to change to a part-time appointment was heavily discouraged by department chair." (Female, associate professor, nonclinical)
- "My chair has 'threatened' that I cannot maintain my faculty position." (Female, assistant professor, nonclinical)

Abbreviations: UCD indicates University of California, Davis; UC, University of California; NIH, National Institutes of Health; FMLA, Family and Medical Leave Act; HR, human resources.

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ramifications," "Did not want to risk career development," and "I was worried on how it would look at work." The responses from female faculty were lengthy and reflected concerns about the cultural constraints they face at work:

> There is the undertone of "if you take advantage of these things you are not a 'good' faculty." I am very concerned that, even if these policies are enforced to the letter of the "law," department members and others would vote against advancement. (Female, assistant professor, clinical)

Many faculty comments illustrate the "undertones" described above and suggest they may be an implicit, or even an overt, part of the culture in some departments. These comments criticized the programs for imposing a "tax" or "cost" on colleagues who do not need or use them, characterized those who use the programs as taking advantage of their coworkers and generating "resentment" within their departments, and implied that the policies discriminate against childless faculty. These perspectives were voiced predominantly by full professors and by male respondents, although not exclusively. The following comment, along with those presented in List 1, represents the sentiments expressed:

> The use by faculty of some of the "family-friendly policies" can greatly burden the remaining faculty and put a handicap on those who do not exercise the "family-friendly policy" by increasing their teaching and clinical loads to allow the extended time away and stopping of the academic clock. This unintended consequence of this policy needs to be explored. (Male, full professor, clinical)

Characteristics of employees' workgroups and coworkers. The third category of influences affecting policy utilization originate from the faculty members' workgroup and coworker influences. For the biomedical faculty in our study, these influences manifested in two primary ways: the interdependence of faculty within research, clinical, and teaching groups; and the absence of redundancy in skill sets among workgroup members. The faculty cited their obligation to their colleagues and commitment to their research and teaching teams as a primary reason they declined to pursue a desired family-friendly accommodation. Some explanations included positive motivations such as feelings of mutual responsibility and allegiance to "the team," such as "I felt as though I just couldn't do it to the colleagues in my call group" (see also List 1). Others reflected a more negative aspect of this group dynamic, such as "my group does not want a partner who is part-time." Both positive and negative motivations of group culture, however, inhibited the faculty members' utilization of the programs that might have eased their work-related responsibilities so they may have been better integrated with their responsibilities to another important group: their families.

The faculty comments also revealed the impact of hiring and work management practices. Hiring to create very specialized faculty rosters that include little overlap in skill sets or role preparation leaves faculty with "no one else to teach my courses or work in the clinic." Faculty also described management practices that neglect planning for the practical aspects (budget, personnel) of accommodating requests for workplace flexibility or that place the burden of program administration on the faculty themselves. Typical comments cited "no funds available to cover a replacement for my position" and "my chair told me to ask someone else for help when trying to find call coverage … of course I already had; I just worked anyway and will resent it forever."

Support of supervisors. Our findings clearly show that department chairs affect policy use despite the fact that academic faculty neither report to, nor are supervised by, department chairs in the way that workers are in more traditionally bureaucratic work settings, and UC Davis policy requires family-friendly programs to be equally available to all qualified faculty.

The faculty comments identified department chairs as a crucial link in the flow of communication about the policies, and in a position, therefore, to facilitate or obstruct access to essential information. Misinformation may go unquestioned if its source is the department chair, as illustrated by a faculty member who reported not seeking modified duties because she "was told by [her] chief that it wasn't an option." The actions and opinions of department chairs also can perpetuate workplace cultures that discourage policy use. Faculty respondents described varying degrees of unsupportive department chair behavior, from being "discouraged by department chair" to being "afraid to request this modification as my department chair is not known to understand these issues and is relatively unapproachable." The comments also reflect a significant gender gap: Female faculty were much more likely than male faculty to report these experiences with department chairs. Many respondents recommended requiring chairs to be better educated about the work–family policies and the impact of departmental culture, with comments such as:

> Chairs of departments have to be made more sensitive and supportive to the demands on young faculty with children. Something as simple as not scheduling meetings at the times that faculty have to take or pick up their children from school would be appreciated. (Female, assistant professor, nonclinical)

It is important to note that faculty access to family-friendly programs at UC Davis *does not* require official support or approval from department chairs. The comments therefore underscore the fact that department chairs are powerful gatekeepers even when they have little "official" power to deny access. When they do play a key administrative role in utilization of these programs, such as in the negotiation of modified duties or the terms of a part-time position, chairs can directly influence access by failing to negotiate or advocate on behalf of their faculty. Faculty described the resulting inequities, noting, for example, "The policies are applied differently to different sections/divisions within the department."

Discussion

Professionals need workplace flexibility to manage the demands of their work and family roles, but they often fail to take advantage of available flexibility programs. Our study identified why this is so at our institution, and respondents' comments illuminate possible solutions. The faculty clearly described the organizational influences that inhibited their program utilization: the absence of reliable program information; workplace cultures that stigmatized program participation; the presence of unsupportive department heads; and concerns about how utilization might burden coworkers, damage collegial relationships, or affect workflow. These forces generate fundamental work–life balance dilemmas for both workers and the organizations where they work. For workers, the dilemma is evident in the cognitive dissonance they experience as they balance their need for flexibility benefits against the perceived costs and consequences of using them. Additionally, individual underutilization of the benefits reinforces unattainable "ideal-worker" norms, delays the process of cultural change, and perpetuates existing gender inequalities among workers.[50] For organizations, the underutilization of workplace flexibility programs significantly limits the realization of the associated business benefits[1,16,52] and perpetuates work cultures, management strategies, and reward systems that undermine worker satisfaction and productivity.[53,54]

Our findings reinforce those of prior studies by describing how specific organizational influences affect faculty in the biomedical sciences and limit their use of workplace flexibility programs. Our case study also clarifies some nuances of the program "usability problems."[55] First, our findings show that faculty underuse flexibility programs because of "negative" influences, such as fear of stigma, as well as "positive" influences, such as their commitment to coworkers, their clinical responsibilities, and their scientific endeavors. Second, the explanations offered by faculty in our sample illustrate a prevalent cultural norm of the academy—the reverence of autonomy—and how that norm affects the structure and utilization of work–life programs.[56,57] In academia, autonomy is valued and defended. Faculty are expected to generate original ideas; work independently; and structure their workdays, labs, and schedules as they see fit.[46] This cultural adherence reinforces the idea that the negotiation of work arrangements and maintenance of work–life balance are individual, not organizational, responsibilities.[57] It also promotes a "hands-off" approach to program implementation by administrative leaders and undermines the idea that organizational leaders should work to ensure that policies are uniformly applied and widely used.[56]

Our analysis suggests several approaches to reducing the organizational barriers to the utilization of workplace flexibility programs. The experiences reported in our study highlight the need for efforts that focus on organizational change rather than on changing the behavior of workers. Efforts that focus on educating workers about programs will have limited effect if the organization of the programs, the structure of jobs and workgroups, and the orientation of organizational leaders remain unchanged. Instead, flexibility programs and policies aimed at work–life balance should be reviewed to ensure that they are structured to allow broad participation and tailoring to accommodate various career tracks, that information about the programs is clear and available, and that program entry points are easy to access. Second, to ensure that department chairs and other key supervisors facilitate program participation, they need to be trained about both the program's detail and the value of demonstrating support for employees' work and personal lives, as well as how to advocate for the work–life integration of their faculty,[1,58,59] and how to ensure that program utilization does not generate inequities. Third, the chairs' advocacy needs to be expected, valued, and echoed by university leaders. Fourth, many faculty identified the need for specific programs, such as on-site child care and emergency sick-child care, that would address recurring situations that cause on-the-job stress.

The faculty experiences reported here also highlight the need to reexamine how their work is organized and managed. The tendency toward strict specialization and division of labor generates situations where team member absences may cause consequential interruptions in the workflow and onerous work reassignments. Faculty specialization is a hallmark of the medical school environment, but including more

redundancy in workgroup staffing would better support workplace flexibility and may better meet patient demand for access to specialists. More generally, administrators should proactively plan for team member absences as an expected eventuality rather than an exceptional annoyance. One solution is to create centralized funds, akin to medical schools' malpractice "risk pools," to support faculty leaves and reduced duties. This type of institutional solution demonstrates commitment to faculty flexibility and facilitates program access by removing real and perceived financial barriers. Our findings strongly suggest that such concrete steps are needed to reduce the organizational barriers to workplace flexibility in academic medicine, improve faculty satisfaction, and increase equity in career development. But they also highlight the need for empirically tested approaches to changing organizational cultures to facilitate faculty engagement with flexibility programs.

Our findings should be interpreted in light of the study's limitations. The survey targeted specific programs at a single institution and therefore cannot provide a comprehensive analysis of the organizational characteristics that may limit use of workplace flexibility programs and thereby impact workers' career development. Replications across varied institutional and policy contexts could yield important insights about the impact of organizational culture, program management, and implementation strategies. Our findings may also be limited by the survey structure and scope of the questions. For example, we did not specifically query faculty perspectives on information flow, administrative leadership, or other organizational practices that might disproportionately affect faculty with caregiving responsibilities. Although the survey comments section provided faculty an opportunity to address issues not specifically queried by the survey questions, studies that delve into these issues are needed.

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