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RESEARCH ARTICLE



Faculty knowledge, actions, and perceptions of sponsorship: an institutional survey study

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ABSTRACT

Background: Women and underrepresented in medicine and the health sciences (URiM) faculty face inequities in advancement. Career sponsorship may be a remedy. Few studies have described sponsorship in academic medicine and none across an institution.

Objective: To examine faculty awareness, experiences, and perceptions of sponsorship at a large academic health center.

Design: Anonymous online survey.

Participants: Faculty with a ≥50% appointment.

Main Measures: The survey contained 31 Likert, multiple-choice, yes/no, and open-ended questions about familiarity with the concept of sponsorship; experience of having or being a sponsor; receipt of specific sponsorship activities; sponsorship impact and satisfaction; mentorship and sponsorship co-occurrence; and perception of inequities. Open-ended questions were analyzed using content analysis.

Key Results: Thirty-one percent of the surveyed faculty (903/2900) responded of whom 53% (477/903) were women and 10% (95/903) were URiM. Familiarity with sponsorship was higher among assistant (91%, 269/894) and associate (182/894; 64%) professors versus full professors (38%, 329/894); women (67%, 319/488) versus men (62%, 169/488); and URiM (77%, 66/517) versus non-URiM faculty (55%, 451/517). A majority had a personal sponsor (528/691; 76%) during their career and were satisfied with their sponsorship (64%, 532/828). However, when responses from faculty of different professorial ranks were stratified by gender and URiM identity, we observed possible cohort effects. Furthermore, 55% (398/718) of respondents perceived that women received less sponsorship than men and 46% (312/672) that URiM faculty received less than their peers. We identified seven qualitative themes: sponsorship importance, growing awareness and change, institutional biases and deficiencies, groups getting less sponsorship, people with sponsorship power, conflation with mentorship, and potential for negative impact.

Conclusions: A majority of respondents at a large academic health center reported sponsorship familiarity, receipt, and satisfaction. Yet many perceived persistent institutional biases and the need for systematic change to improve sponsorship transparency, equity, and impact.

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Introduction

Women and those racial and ethnic populations traditionally underrepresented in the health sciences (URiM¹) face disparities in representation, advancement, retention, and promotion in academic healthcare when compared with their peers [1–3]. To date, the major response in the US has involved professional development programs with a focus on mentorship [4–9]. While mentorship programs for academic health sciences faculty members are associated with improved career satisfaction, retention, and promotion, the widespread adoption of mentoring programs by U.S. academic health centers (AHCs) over the past decade failed to resolve the disparities that women and URiM faculty experience in career advancement [2–4,6,7,10,11].

Career sponsorship may better address the gaps women and URiM faculty face regarding career advancement. Sponsorship describes ‘active support by someone appropriately placed in the organization who has significant influence on decision-making processes or structures and who is advocating for, protecting, and fighting for the career advancement of an individual’ (i.e., a protégé or sponsee) [12]. This differs from mentorship, which involves an ongoing, collaborative relationship wherein a mentor provides guidance, feedback, and support to facilitate the mentee’s professional development. Corporations first created formal sponsorship programs to address the lack of diversity and equitable advancement of women and people of color despite the existence of mentoring

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programs [12–14]. These sponsorship programs are associated with increased career mobility, satisfaction, and representation of underrepresented groups in key leadership positions [12–15]. AHCs are considering the potential for *sponsorship* and sponsorship programs to address career inequities and examining how receipt of sponsorship impacts faculty career success and satisfaction.

Some studies of sponsorship in AHCs have found a positive association between sponsorship and increased visibility, promotion and leadership opportunities for AHC faculty, particularly for women [16–18] others have been less conclusive [19]. The current literature has focused on specific faculty sub-groups (e.g., members of an individual department) and does not include explorations of the larger landscape of the knowledge and activities of sponsorship within AHCs. Sponsorship relies on individuals across institutions (a) understanding its power for career advancement and (b) recognizing that inequitable execution can exacerbate disparities in promotion for women and URiM faculty [12–15]. Without knowledge of the current understanding and activities of sponsorship by faculty, AHCs cannot systematically identify and address potentially disparate experiences of sponsorship. Therefore, our study sought to fill this gap by describing faculty awareness, experiences, and perceptions of sponsorship at a large academic health sciences institution.

[†]The term URiM used throughout the paper encompasses faculty who are traditionally underrepresented in medicine and the health sciences.

Methods

Setting

The University of California, San Francisco (UCSF) is a leading biomedical research university focused solely on graduate-level health science education. UCSF faculty are located across multiple campuses, including an academic medical center, a Veterans Affairs Medical Center, a county safety-net hospital, and two children's hospitals. In 2006, UCSF established a formal, campus-wide faculty mentoring program that has built a culture of mentorship by instituting trainings to improve mentorship quality, appointing departmental mentoring leads, broadening recognition of the importance of mentoring through awards, and integrating of mentoring excellence into the advancement and promotion process, and pairing all new and junior faculty with a 'career' mentor to provide career guidance and support; UCSF does not have a formal sponsorship program [20,21]. An internal faculty survey performed in 2019 found that a majority of faculty

(including women and URiM) were satisfied with their mentorship experiences but also perceived that women and URiM faculty continued to experience inequities in career advancement. However, the same survey concluded that expanding sponsorship might address inequities and prompted the current study [22].

Survey development and content

We designed the Sponsorship Climate Survey (SCS) to assess faculty knowledge, experiences, and perceptions of sponsorship. We created the survey based on a robust search of the literature and with the input of faculty with expertise in survey development, mentorship, and sponsorship, providing evidence of content validity. We piloted the SCS with a sample of faculty across rank, gender, and race/ethnicity and revised the survey based on feedback to address response process validity. The SCS consists of 31 questions with Likert, multiple-choice, yes/no, and open-ended formats, is anonymous, and takes approximately 10 min to complete. (See Supplemental Digital Appendix 1 for full survey) Because sponsorship is a relatively new concept, we opted to define sponsorship at the beginning of the survey. Closed-ended questions asked about multiple sponsorship domains: (a) familiarity with the concept of sponsorship; (b) experience of personally having a sponsor; (c) receipt of discrete acts of sponsorship from a UCSF faculty member (described immediately below); (d) career impact of sponsorship; (e) satisfaction with sponsorship; (f) experience of being a sponsor to others; (g) whether sponsorship and mentorship experiences overlapped; and (h) perceived inequities in sponsorship. For the question about familiarity, faculty indicated whether they were familiar with the concept of sponsorship prior to the survey. Questions about discrete acts of sponsorship asked whether another person had supported them by doing any of the following: involving them in activities to increase their visibility, actively connecting them with senior leaders, advocating for them to obtain a new position, or protecting them when leadership felt they were not performing optimally. Respondents who reported *having* a sponsor were asked if they considered their sponsor also to be a mentor and respondents who reported *being* a sponsor were asked whether they considered their sponsee to also be a mentee and whether they made their sponsee aware of sponsorship performed on their behalf. The survey included three open-ended questions that invited faculty to describe examples of how they were sponsored; whether they perceived that particular group(s) of faculty received more or less sponsorship than others; and other thoughts they wanted to share related to sponsorship. Final

questions asked for demographic information; we defined URiM faculty as those who self-identified as African American/Black, American Indian/Native American/Alaskan Native, Native Hawaiian/Pacific Islander, and/or LatinX/Hispanic. An individual who self-identified with any URiM identity was counted as URiM.

Participants and questionnaire administration

UCSF faculty members in the Schools of Medicine, Nursing, Pharmacy, and Dentistry with a $\geq 50\%$ appointment were eligible to participate. In March 2020, we sent 2,900 eligible faculty members an invitation email containing a link to the online survey and reminders at 1, 2, and 3 weeks after initial invitation. The UCSF institutional review board determined that the study was exempt (UCSF IRB#20-29870).

Descriptive analysis

We used SPSS 26 to tabulate descriptive statistics overall and stratified by demographic categories to primarily report percentages. To examine for possible cohort effects for different generations of faculty, we also stratified responses within professional rank by gender and URiM identity. Responses to Likert-scale questions were dichotomized into two groups for analysis: 1) affirmative and strongly affirmative and 2) indeterminate, negative, and strongly negative. Since not all respondents answered every question, we report results based on the number of respondents for the specific question analyzed.

Qualitative analysis

We (V.Y. and M.F.W.) performed content analysis of responses to open-ended questions using an inductive, iterative approach while blinded to respondent characteristics. Both V.Y. and M.F.W. have training and experience with qualitative data collection and analysis. V.Y. is an Associate Professor and physician-researcher, spends $>50\%$ time on research, and identifies as a white woman. M.F.W. is a physician-educator, spends $>50\%$ time on clinical care, and identifies as a LatinX woman. We independently coded comments from 15% of survey respondents. Coding of open-ended questions was based on content analysis, and codes were derived from the data. V.Y. and M.F.W. met to discuss codes, developed the initial codebook, and then separately coded comments from another 30% of respondents. We continued this inductive, iterative approach to refine and finalize the codebook. In the final stage, we

applied the updated codebook to all remaining comments and to comments previously coded at earlier stages, reviewed code assignments, discussed discrepancies until we reached consensus, grouped codes into themes, and triangulated findings with results from descriptive data. We linked quotations with faculty demographic characteristics after this process was complete. Microsoft Excel® was used for all qualitative analysis, and the CONsolidated criteria for REporting Qualitative research (COREQ) Checklist was followed as appropriate [23].

Results

Thirty-one percent ($n = 903$) of faculty completed the survey, with a median time for completion of 7 min. The majority (76%, $n = 691$) were in the School of Medicine, consistent with the eligible population (see Supplemental Digital Appendix 2). The distribution of respondents by rank was 30% assistant professors, 20% associate professors, and 37% full professors; 10.5% self-identified as URiM, consistent with UCSF faculty profile; and 52.8% identified as women, a higher proportion than the faculty profile as a whole (Table 1).

Prior familiarity with concept of sponsorship and experiences receiving sponsorship or being a sponsor

A majority of respondents reported that they were familiar with the concept of sponsorship prior to the survey (57%, $n = 517$), that they ever had or presently had a sponsor (76%, $n = 691$), and had received discrete acts of sponsorship (87%, $n = 717$) (regardless of having had a sponsor) (Table 2). A higher proportion of junior faculty were familiar with sponsorship (91%, 64%, and 38% among assistant, associate, and full professors, respectively) and reported currently or ever having had a sponsor (84%, 77%, 64%, respectively). When examined by URiM versus non-URiM identity, a higher proportion of URiM faculty were familiar (77% URiM vs. 55% non-URiM) and reported having had a sponsor (84% vs. 74%). A similar pattern was observed for women versus men, although differences were less pronounced (familiarity with concept, 67% women vs. 62% men; having had a sponsor, 75% vs. 73%).

Of respondents, 31% had a sponsor at the institution, 29% both inside and outside of the institution and 15% only at an outside institution. Eighty-seven percent ($n = 717$) of all respondents had received at least one discrete act of sponsorship from a UCSF faculty member, with similar rates among sub-groups defined by gender, URiM identity, and rank. Rates of receipt of specific acts

Table 1. Academic and demographic characteristics of faculty.

Characteristic	% (n)*
All Faculty Respondents	100 (903)
School	
Medicine	76.5 (691)
Nursing	4.8 (43)
Dentistry	3.4 (31)
Pharmacy	2.7 (24)
Not Reported	12.6 (114)
Rank of Professor	
Assistant	29.8 (269)
Associate	20.2 (182)
Full	36.4 (329)
Not Reported	13.6 (114)
Primary Academic Role[†]	
Researcher	40.3 (319)
Clinician	35.0 (277)
Educator	36.0 (4.5)
Administrator	6.4 (51)
Two roles of 50% each	3.8 (30)
Multiple roles each <50%	79.0 (10)
Gender	
Men	30.3 (274)
Women	52.8 (477)
Not Reported	16.2 (152)
Race	
White	52.3 (472)
Asian	20.3 (183)
African American or Black [‡]	2.3 (21)
American Indian or Alaska Native [‡]	0.9 (8)
Native Hawaiian or Other Pacific Islander [‡]	0.7 (6)
Unknown	0.7 (6)
Other	4.0 (36)
Not Reported	16.8 (152)
Ethnicity	
LatinX [‡]	6.6 (60)
Non-LatinX	74.9 (676)
Unknown	0.3 (3)
Not Reported	13.6 (123)
URiM[‡]	10.5 (96)
Sexual Orientation	
Heterosexual or straight	71.9 (649)
Gay or lesbian	4.5 (41)
Bisexual	2.1 (19)
Prefer to self-describe	0.6 (5)
Not Reported	20.9 (189)
Presence of a Disabling Condition^Ω	
Yes	2.9 (26)
No	79.2 (715)
Not Reported	17.9 (162)

*Not all respondents answered every survey question; therefore, denominators vary by question.

[†]Primary Academic Role defined as self-report of spending >50% of time in that role.

[‡]URiM defined as LatinX, American Indian/Native American, Alaska Native, African American/Black, Native Hawaiian/Pacific Islander.

^ΩDisabling condition defined as conditions that limit a major life activity, including physical and mental disabilities, as well as medical conditions.

of sponsorship were similar across faculty sub-groups (Supplemental Digital Appendix 3).

Full professors reported the highest rates of having acted as a sponsor to others (84% versus 14% among assistant and 52% among associate professors). Seventy percent of respondents who self-identified as sponsors ($n = 291$) and 55% of sponsees ($n = 348$) reported their sponsor-sponsee relationships derived from pre-existing mentorship relationships (Table 3). Many (39%, $n = 160$) faculty acting as sponsors had not or were unsure if they disclosed their sponsorship activities to sponsees.

Sponsorship experiences within different professorial ranks stratified by gender or URiM identity

When faculty of different professorial ranks were stratified by gender and URiM identity, a higher proportion of women vs. men assistant professors were familiar with the sponsorship concept and had ever had a sponsor or received discrete acts of sponsorship (Table 4). Among associate professors, findings were the opposite; women reported less sponsorship familiarity and receipt. Similar patterns hold for analyses of

Table 2. Faculty familiarity with sponsorship concept and personal experience of sponsorship^x.

Characteristic	† Familiar with Sponsorship % (n) *	Received Sponsorship		Acted as Sponsor % (n) *
		Ever Had a Sponsor % (n) *	Ever Received Act of Sponsorship % (n) * [±]	
All Faculty	57.2 (517)	76.5% (691)	87% (717)	51.9 (408)
Rank of Professor				
Assistant	91.1 (245)	83.7 (225)	88.4 (222)	13.9 (35)
Associate	64.3 (117)	76.9 (150)	89.5 (153)	52.4 (92)
Full	38.3 (126)	64.4 (212)	83.4 (246)	83.7 (267)
Gender				
Women	66.9 (319)	75.2 (359)	86.7 (384)	48.2 (218)
Men	61.7 (169)	73 (200)	86.3 (215)	54.6 (143)
Under-represented in Medicine Identity				
URiM	76.7 (66)	83.7 (72)	88.1 (74)	30.9 (25)
Non-URiM	55.2 (451)	73.3 (599)	86.9 (643)	54.3 (383)
Primary Academic Role				
Researcher	67.1 (226)	73.7 (235)	86.5 (256)	51.0 (156)
Clinician	67.9 (188)	77.3 (214)	88.9 (225)	42.0 (110)
Educator	61.1 (22)	79.8 (28)	93.9 (31)	58.3 (21)
Administrator	52.9 (27)	64.7 (33)	72.7 (32)	76.5 (39)
Two roles of 50% each	63.3 (19)	76.7 (23)	92.9 (26)	44.8 (13)
Multiple roles <50% each	39.2 (31)	70.9 (56)	82.7 (62)	79.2 (57)

*Not all respondents answered every survey question; therefore, denominators vary by question.

†Responses to the four-point Likert scale were dichotomized into: 1) familiar and 2) not familiar.

[±]Acts of sponsorship ever received or experienced from a UCSF faculty member(s) including involving them in activities to increase their visibility, actively connecting them with senior leaders, advocating for them to obtain a new position, or protecting them when leadership felt they were not performing optimally.

assistant and associate professors stratified by URiM identity. At the full professor rank, women and men reported similar experiences, whereas URiM full professors reported lower sponsorship familiarity and receipt than non-URiM full professors.

Career impact and satisfaction

A majority of respondents (60%, $n = 499$) perceived that sponsorship had been important to their career success. Respondents indicated that sponsorship helped them obtain leadership positions (54%, $n = 452$), promotions (46%, $n = 378$), and increased visibility (61%, $n = 508$). While a majority (64%, $n = 532$) also reported satisfaction with the quality of sponsorship they had received, 21% reported feeling dissatisfied with their sponsorship.

Perceptions of inequities

A majority of faculty (55%, $n = 398$) perceived that women receive less sponsorship than men, while only 9% ($n = 63$) reported that they receive more. Nearly half of faculty (46%, $n = 312$) perceived that URiM faculty receive less sponsorship than non-URiM faculty, 18% that they receive more, and 26% that their receipt was equal.

Responses to open-ended questions

Sixty-nine percent ($n = 623$) participants responded to one or more open-ended questions, and 36% responded to all three. We identified seven themes (Table 5) as well as suggestions for improvements.

Table 3. Sponsorship familiarity and receipt for different ranks of faculty further stratified by gender or Underrepresented in Medicine (URiM) identity.*

	Familiar with Sponsorship [†]		Received Sponsorship				Acted as Sponsor	
			Ever Had a Sponsor		Ever Received Act of Sponsorship [±]			
	Women	Men	Women	Men	Women	Men	Women	Men
Assistant	53.0 (181)	42.7 (67)	38.8 (143)	30.5 (61)	43.1 (147)	33.7 (63)	17.3 (44)	8.9 (14)
Associate	20.4 (62)	29.9 (47)	21.4 (79)	30.0 (60)	20.8 (71)	29.9 (56)	21.6 (55)	30.4 (48)
Professor	26.6 (81)	27.4 (43)	39.8 (147)	39.5 (79)	36.1 (123)	36.4 (68)	61.2 (156)	60.8 (96)
	URiM	Non-URiM	URiM	Non-URiM	URiM	Non-URiM	URiM	Non-URiM
Assistant	64.5 (40)	48.1 (205)	50.7 (35)	33.9 (187)	53.7 (36)	37.1 (189)	10.7 (3)	13.5 (58)
Associate	16.1 (10)	25.1 (107)	15.9 (11)	25.7 (142)	17.9 (12)	25.1 (128)	14.3 (4)	25.4 (109)
Professor	19.4 (12)	26.8 (114)	33.3 (23)	40.4 (223)	28.4 (19)	37.8 (193)	75.0 (21)	61.1 (262)

*Not all respondents answered every survey question; therefore, denominators vary by question. In order to be included for analysis, respondents needed to have answered the demographic characteristics of both rank and gender or URiM. As such, the populations reflected in Table 3 are smaller than in Table 2.

†Responses to the four-point Likert scale were dichotomized into: 1) familiar and 2) not familiar.

[±]Acts of sponsorship ever received or experienced from a UCSF faculty member(s) including involving them in activities to increase their visibility, actively connecting them with senior leaders, advocating for them to obtain a new position, or protecting them when leadership felt they were not performing optimally.

Table 4. Relationship between sponsorship and mentorship among faculty who reported having a sponsor or being a sponsor.

	Respondent Reported Having a Sponsor and Considered Sponsor to Be a Mentor % (n)*	Respondent Reported Being a Sponsor	
		Considered Sponsee to Be a Mentee % (n)*	Made Sponsee Aware of Sponsorship % (n)*
All Faculty	55.3 (348)	69.6 (291)	61.0 (258)
Rank of Professor			
Assistant	13.0 (35)	51.4 (19)	7.1 (18)
Associate	52.3 (92)	66.0 (62)	24.5 (62)
Full	60.3 (120)	73.2 (202)	68.4 (173)
Gender			
Women	54.5 (186)	70.1 (157)	54.6 (124)
Men	59.5 (110)	69.6 (103)	69.6 (103)
Under-represented in Medicine Status*			
URiM	45.7 (32)	84.6 (22)	53.8 (14)
Non-URiM	56.5 (316)	68.6 (269)	63.2 (244)

*Not all respondents answered every survey question; therefore, denominators vary by question.

Sponsorship importance for career success

Respondents elaborated on the importance of sponsorship to themselves, others, and the institution. Faculty perceived that sponsorship had increased their self-confidence at key career transition points. A junior faculty member shared the following:

Through sponsorship I was recommended for a faculty position for which I did not think I was qualified. This person reassured me I could ‘do it’ and communicated to others how and why I would be successful Every time I think I’m not worthy or don’t belong I remember their confidence in me. It helps me to keep working on achieving my goals. [611] (Assistant Professor – Woman, White)

Faculty also expressed how their own positive experiences of sponsorship spurred them to ‘pay it forward’ by providing similar support to younger generations of faculty.

Growing awareness and change

Faculty described recent changes at UCSF, including a spreading awareness of the sponsorship concept at both the personal and institutional levels.

I always knew I was being supported but the term ‘sponsorship’ in the workplace was not a ‘thing’ until recently. But the term is great – it makes explicit something that has been going on for a long time. [355] (Professor – Man, Other race)

Some respondents highlighted the emergence of new efforts to increase career opportunities and sponsorship for historically under-sponsored groups.

Institutional biases and deficiencies to be addressed

Despite the theme of change, many faculty emphasized the persistence of institutional deficiencies that undermined their trust in sponsorship practices. Respondents perceived patterns of bias. For example, they reported that sponsorship may ‘lead to propagation of the same success and power structures as already exist,’ which was most frequently identified as ‘bias,’ but also described as ‘favoritism,’ ‘cronyism,’ ‘inequities,’ or a system that is ‘not merit based,’ and that ‘leads to increased sponsorship of majority and faculty who identify as men over women and those from underrepresented groups,’ or involves “‘structural racism.’” Furthermore, some commented on

Table 5. Themes and representative quotations on sponsorship from faculty responses to open-ended questions.

Theme	Representative quotation
1. Sponsorship importance for career success	I think that sponsorship is essential for faculty development and I see the positive outcome it has had. (Unspecified rank, gender, and race/ethnicity)
2. Growing awareness and change	This is an area where the landscape is changing across the campus. Becoming aware of the disparities in sponsorship has facilitated change. (Professor – Man, White)
3. Institutional biases and deficiencies	Our biases around what a particular person should look like for particular roles keeps us from sponsoring certain people who have not served in those roles previously. (Professor – Woman, African American, Latinx)
4. Groups that get less sponsorship	Women and URM faculty receive less sponsorship overall. The lack of women and URM at the mid and senior level means that there are fewer senior faculty that might serve as strong sponsors. (Assistant – Woman, White)
5. People with power to sponsor	In my division, I am under the impression that if a few of the top people like you, then you will really be sponsored and your career can go far. They are the “deciders”. (Assistant – Woman, White)
6. Conflation with mentorship	It is very difficult to discern the line between mentor and sponsor if it is the same individual. (Professor – Unspecified gender and race/ethnicity)
7. Potential for negative impact	Sponsorship can backfire. If colleagues perceive success was manufactured by sponsorship, there is less enthusiasm. (Professor – Man, White)

a lack of transparency and systematic approaches, which was felt to increase the likelihood that biased sponsorship practices would continue.

As these opportunities are ‘hidden’ it may not be possible to assess whether underrepresented faculty are sponsored equally. Paying more attention to this issue is warranted. [337] – (Associate – Woman, Asian)

Groups that get less sponsorship

Numerous respondents expressed their view that women and URiM faculty receive less sponsorship than their colleagues.

I never was [sponsored]. And that’s the problem, right? [187] (Professor – Man, Latinx)

Others shared a different view, including that patterns are changing to the extent that junior faculty from these groups are being targeted for greater sponsorship. Respondents also perceived that multiple other groups received differential support. Among these, the two most frequently mentioned were Asian faculty, who expressed feeling ‘invisible’ or ‘ignored,’ and faculty who had not trained at UCSF who felt that peers who had trained there received preferential treatment.

People with power to sponsor

Faculty perceived that sponsorship power was concentrated within certain categories of people, and most described them as department chairs or division or section chiefs.

My prior chair did these things and I am now realizing how much this helped my career. Our current chair seems to be doing the opposite and it is very demoralizing. [488] (Associate – Woman, White)

However, many respondents used vague language or explicitly stated their lack of knowledge of the identity of these ‘people in powerful positions,’ ‘senior people,’ ‘leaders,’ or ‘deciders.’

Conflation with mentorship

Many faculty shared personal experiences of overlapping mentor–sponsor relationships. In their descriptions, a number appeared to conflate activities of mentorship and sponsorship, and others acknowledged the need to better distinguish between these roles.

Potential for negative impact

Some faculty described experiences or concerns about sponsorship having an unintended detrimental impact on sponsees, for example, sponsorship for positions that require substantial unfunded work

(‘burdens faculty with uncompensated responsibilities’) or sponsorship that ‘backfires’ when others perceive that the sponsee’s success was not achieved through merit.

Suggestions for improvements

Without prompting, faculty provided numerous suggestions for improvements to sponsorship processes. Some felt that faculty leaders should be offered or required to take training to improve their skills. Others suggested that sponsorship activities be added to academic metrics (e.g., assessment for promotion, institutional curricula vitae) to give credit and recognition for a job well done or, conversely, to identify senior faculty who are not performing this role adequately. Other faculty desired assurance of open posting and competition for coveted positions or other career opportunities to promote equal opportunities to receive sponsorship. Finally, faculty expressed that being sponsored for ‘hard money’ support, or the financial equivalent (e.g., paid staff support), was an especially strong form of sponsorship that should be recognized as such and equitably distributed.

Discussion

Our study found that faculty at one AHC were familiar with and had experienced sponsorship, noted its importance to career success, and were satisfied with it. There was notable heterogeneity across faculty sub-groups and a perception of biases and other deficiencies remains to be addressed. Faculty made concrete recommendations for improvements that they felt would help address these concerns, including training of senior faculty, incorporation of sponsorship activities into academic metrics, and assurance of equitable consideration to receive sponsorship. These findings can help shape a robust, systematic, and equitable sponsorship program at the study institution. Other AHCs may want to reflect on these findings and consider performing similar assessments of their faculty.

Our descriptive and qualitative findings are consistent in highlighting the value of positive sponsorship for a large population of faculty over the course of their career, results that expand on interview-based results of others including Ayyala and Guptill [16,24–26]. Faculty noted how it supported them personally (through opportunities and improved self-confidence) and fostered their commitment to a broader culture of sponsorship. Taken together, these results identify the power of sponsorship and should prompt AHCs to examine the landscape of sponsorship at their institution and develop a sponsorship culture and program.

Faculty also noted important weaknesses that remain to be addressed. Both descriptive and qualitative findings identify a perception of persistent bias, including less sponsorship of women and URiM faculty than their peers, results that parallel the conclusions of other studies and commentaries [15,24,25]. Faculty comments elucidate the intensity and breadth of these feelings among diverse faculty and the lived experiences and observations that underlie them. The nuanced picture of sponsorship inherent in our results – women and URiM faculty reporting similar or higher levels of personal receipt of sponsorship compared to their peers co-occurring with perceptions of bias and systemic weaknesses – may be explained by other findings. These include sponsorship continues to be opaque and occur behind closed doors; cohort effect where effects among different generations of faculty including women and URiM faculty at the associate level reported the lowest rates; heterogeneity in the culture of sponsorship across divisions and departments; and concern about the potential for unintended negative impacts of sponsorship. They also suggest that like in the corporate world, if AHCs aim to improve equity, institutions must consider how to approach sponsorship's lack of transparency and develop systematic approaches to sponsorship to combat bias. Similarly, while chairs and chiefs were frequently identified as key people with the power to sponsor, respondents noted that some were not fulfilling that role and that faculty lacked knowledge of how 'powerful people' were making sponsorship decisions.

Our findings also suggest that many sponsorship relationships arise from existing mentorship. Confusing mentorship (that is being performed) with sponsorship, when sponsorship is not being performed, has been cited as a cause for disparate receipt – i.e., instances when individuals are 'over-mentored but under sponsored' [15,25,27]. Conversely, faculty who are sponsoring mentees may fail to recognize that they can and, in many cases, should look outside their pool of mentees for sponsorship opportunities [14,28]. Furthermore, if sponsorship primarily arises from pre-existing mentoring relationships, there is the potential for disparities to arise based on who the mentor is, whether that mentor is powerfully positioned to provide sponsorship, and whether the mentor is trained to do so. Given that senior faculty were less likely to report they ever had a sponsor and most likely to report that their sponsor was a mentor, they may be excluded from the benefits of sponsorship. While UCSF does have an established mentorship program, at the time of our survey there was no existing sponsorship program nor faculty development focused on sponsorship. As such, our findings raise new questions as to whether sponsorship and mentorship do need to be

thought of independently, and given the overlap in our population of mentors and sponsors, it may be possible that UCSF's existing mentorship program has led to some incorporation of sponsorship into the mentorship culture locally. This is important when considering whether AHCs should include new sponsorship education in existing mentorship training programs (if they exist) or develop separate, stand-alone trainings.

Faculty reflections on this being a time of change reinforce the observation of possible cohort effects: with growing awareness and emphasis on supporting junior faculty, the culture and landscape of sponsorship appears to be evolving. Over the last 5 years, there has been an increase in editorials and publications discussing sponsorship, which aligns with our findings of rising awareness of sponsorship and its practice. Such evidence of momentum suggests this to be an opportune time for further culture change across AHCs.

For AHCs that want to build or enhance sponsorship programs, our findings suggest important elements to consider. First, AHCs may benefit from performing a sponsorship self-assessment so that they can build on identified sponsorship strengths, while identifying and addressing perceived weaknesses. Second, AHCs should determine how to establish a culture of transparency across their sponsorship activities and institution – for example, by collecting data on experiences or perceptions of bias, making sponsorship processes and opportunities more visible, and educating leaders, such as chairs and chiefs, about using their position to be equitable sponsors [12–14]. Third, AHCs should address the need for faculty training on sponsorship with consideration of requiring this of faculty in influential positions and of whether sponsorship training should be folded into existing mentoring training (which may be most expedient) or delivered separately (which may better eliminate confusion between roles). Such sponsorship training would include a primer on sponsorship and acts of sponsorship, sponsorships impact on career development, inequities in sponsorship, and include concrete plans for leaders to develop skills in equitable sponsorship and faculty to build sponsorship networks. Finally, as women and URiM faculty continue to lag in attaining leadership positions, AHCs should continue to pay close attention to these traditionally under-sponsored groups, while also determining whether there are other sub-groups of faculty who require targeted interventions to reduce inequities.

Limitations

As our institution has some distinguishing characteristics from other AHCs such as its high ranking with NIH funding and existing culture of

mentorship, our findings may be of most interest to those from similar institutions; however, we feel our findings provide important insights and guidance for other institutions to better understand and support their own climates of sponsorship. Our response rate was modest, but we received responses representing all schools, professorial ranks, and faculty roles and accomplished a response rate comparable to other academic surveys fielded during the COVID-19 pandemic and of comparable size [29–31]. As a one-time survey, it cannot answer questions best addressed by longitudinal data, such as sponsorship changes and impact over time; however, we designed questions to reflect past and current receipts of sponsorship. Because respondents were provided with the definition of sponsorship before being asked whether they were previously aware of the concept, our findings may over-estimate pre-existing familiarity; however, leaving sponsorship undefined might have caused confusion among respondents. While URIM faculty were proportionally represented in our sample, women were overrepresented (relative to men), but this provided data and insight into two groups historically under-sponsored according to existing literature. Descriptive questions did not ask about potentially negative sponsorship experiences; however, several respondents chose to describe these, unprompted. Our ability to elaborate on these comments is limited by the very aspect of free-text response questions. Our study did not assess whether faculty are presently receiving the sponsorship they need for a career or have a colleague (or a network of colleagues) and therefore our data only represent career prevalence of ever being sponsored and who can be counted on for sponsorship. Ayyala et al.'s results highlight that an 'ongoing personal relationship' was not necessary; while this may be true, our findings may also highlight the need to still be able to call upon a sponsor when sponsorship is needed [25].

Conclusions

This study characterizes sponsorship awareness, perceptions, and experiences among faculty at a large academic health center. While findings identify a strong and evolving foundation of sponsorship activities in an AHC, they also illuminate ongoing perceptions of bias and other weaknesses, as well as faculty insights into a path forward. All faculty deserve equitable access to sponsorship support and training. To accomplish this goal, AHCs should take steps to evaluate sponsorship at their institution as they move to establish sponsorship programs that are transparent, unbiased, and impactful for all faculty.

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