Women in Nephrology Today

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Nephrology is a relatively young field, established initially in Europe as a separate subspecialty as early as 1949 and in the 1960s in the United States. The American Society of Nephrology (ASN) was created by 17 men in 1966. The first woman president was Sharon Anderson in 1972, but the second woman president was not elected until Adeera Levin in 2015. The National Kidney Foundation was established in 1964. Its first woman president was Priscilla Kincaid-Smith in 1972, but the second woman president was not elected until Adeera Levin in 2015. The National Kidney Foundation was established in 1964. Its first woman president was Lynda Szech in 2010. Over the years, the percentage of women in nephrology has increased but remains relatively low at roughly 25%. The fact that several women have now achieved the top positions in United States and international nephrology societies marks a real triumph, acknowledgment that women are capable of leading complex organizations (unlike the beliefs articulated by some men Chief Executive Officers [1]).

However, these achievements are actually the easy part of creating an environment where women are equals. The nearly global emphasis on incorporating women into the leadership structure of all organizations coupled with the progressive increase in women participation in the field made it almost inevitable that women would become presidents of nephrology organizations. History has made it clear, however, that electing an individual from an under-represented group to a leadership position does not result in instantaneous culture change (2). The election of Barack Obama to the United States presidency has not ameliorated race relations in this country. The successes of Oprah Winfrey and Ellen DeGeneres have not ensured the success or even the improvement of conditions for many women, people of color, or members of the Lesbian Gay Bisexual Transgender Queer community. Therefore, the achievement of three women presidents of the ASN has not prevented practice managers from asking potential women hires of their family plans and directing women into positions that have resulted in a whopping 30% difference in salaries in some areas. The position of women in nephrology will not change until the global nephrology culture changes. Nephrology is not unique in this regard, but it is my home and my field; therefore, I have a vested interest in understanding why and rectifying it (3).

Many have asked me how I became successful. If I had to boil it down to one principle, I would say that I vowed to be in charge of my career. I wanted to be the one who determined its course and no one else. My strategy was to make myself as indispensable as possible, such that ignoring me or firing me would have significant consequences to the organization. Bearing in mind that times are different now, I think this principle still applies. I learned the rules and played by them. I learned how to grit my teeth when I was criticized and figure out how to do it better. I jumped on every opportunity to participate or lead, even in small roles. I have spent more time in airport terminals, at my computer terminal in the middle of the night, and on conference calls than I care to remember. However, I was engaged and developed a network. With each small success, someone else knew what I was capable of. My success was the result of the conscious decision to seize my career, choose my mentors, and take on tasks that I was not sure that I could do well. These choices were not made because I wanted to become president of the ASN. They were because I loved nephrology and I wanted to make a difference. What do I see as ongoing hurdles for women?

Men may bemoan the fact that women do not participate in their activities, but it is hardly likely that many women are going to barge into the men’s locker room to become “one of the guys.” The practice of discussing issues in social situations and then translating them into action in the work situation effectively cuts out individuals who cannot participate in both venues. What about the after work happy hour? If the physician has to go home to fix dinner and help three children with homework, he or she can scarcely afford to spend a couple of hours over a pint or two after work.

For much of history, the woman’s place was in the home (4). The man went to work and provided the resources. This division of labor was extraordinarily effective, the clear delineation of responsibilities simplifying the married state. Although the men enjoyed the esteem of the community, self-realization, and personal and professional growth, women’s self-esteem derived from the success of those around them—their spouses and children. No one can deny the importance of child care, good nutrition, and the stability of a well run household. However, all of the tasks held by women are considered “unskilled” and thus, undervalued; that is, until recent years when two-career households are discovering that these home-based jobs do require skill and are expensive to replace. Our culture has not moved beyond the last
century, because the resources for ensuring that households can run smoothly have not been put into place.

Women deal with failure differently, in part due to physiology and in part due to cultural conditioning (5). Women tend to internalize failure as a lack of ability, whereas men do not. To some extent, women are not taught to deal with failure. They are praised for being the perfect student throughout their educational careers. Boys are more likely to be disciplined in school or lose a fight. They learn that the sun rises the next day, and another chance appears. When you do not fail, you do not learn this important lesson. Instead, the tendency is to think that you are not good enough and decline to try again. The inability to respond constructively to criticism will promote drop out from risky ventures, such as starting an independent practice or launching a research career.

Who says that a person cannot start or change a career path after the age of 40? In the academic arena, it is commonly assumed that an individual who wants a career in research has to start off in research and be prepared to devote all breathing moments to their research career. The implicit assumption is that, if an individual starts later in life, she will not spend as much time doing research, and therefore, the time training her will have been wasted. How many men start off in research and suck up mentors' time in training and promotion only to decide on a career in administration or practice? I would submit that the decision to launch into a research career later in life likely reflects a true passion, presaging a real commitment. It is certainly not taking any greater chance for the mentor than the younger trainee.

What all of these issues have in common is a generalized blindness to the social and physiologic barriers that women face. The failure to accept and incorporate women into all aspects of leadership is more on the basis of the inability to see or understand the issues that women face and less on the areas of sex blindness. We cannot succumb to the “I had to endure it, so you should too” attitude or forget about the challenges that we had. Would it not have been great to have readily available child care in the middle of the night when I had an intensive care unit consult?

One last thought for the consideration of the reader. Women compose 50% of the entering classes of medical schools. The percentage of women in nephrology is progressively rising. Simultaneously, physician compensation is rising more slowly than in the past. Compensation for other areas of health care, such as Chief Executive Officers of biotech companies, insurance companies, and hospital systems, is rising. These fields are heavily dominated by men. Are these trends associated or simply coincidental? Is the increase in women representation in nephrology leadership a function of a decrease in the numbers of men entering the field, or is it a reflection of changing attitudes among men in nephrology? Are men simply gravitating toward the more lucrative fields? The optimist in me says coincidence; the cynic, however, is wary.

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Disclosures

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References


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