The Role of Sponsorship in Achieving Workforce Diversity in Academic Pediatrics

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Despite large-scale initiatives to promote workforce diversity in academic medicine, results have been disheartening, with marginal improvements in some areas and clear regression in others. Although the proportion of underrepresented minority (URM) faculty in US academic medical centers has remained essentially flat over the last 2 decades (7% vs 8%), the number of African American men in medical school is currently lower than it was in 1978. These data unquestionably reveal that workforce diversity in medicine is not only stagnating but failing to keep pace with population trends toward a majority minority country. In "Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities" in this issue of Pediatrics, Dixon et al explore, through focus groups and interviews, the experiences of URM academic faculty in their professional identities. The authors identified 7 themes that collectively overlap with a group of factors colloquially termed the "minority tax," defined as the burden of extra responsibilities placed on minority faculty to achieve diversity. The responsibilities representative of the minority tax manifest in numerous areas of academic life. URM s may be disproportionately charged to lead institutional diversity initiatives. These commitments rarely come with time allocation or resources and leave less time for scholarly productivity necessary for academic promotion. URM s frequently feel responsible to serve as mentors for URM learners and junior faculty without having adequate mentorship for themselves. URM s may also experience professional isolation in that there are few individuals in their institutions who look like them. Lastly, URM s may suffer discrimination from patients or colleagues and feel primary ownership of combating racism in their institutions. Strategies championed to alleviate the minority tax are often multilayered with necessitated actions for both institutions and URM s. Such efforts include funding for institutional diversity commitments, URM recruitment and retention strategies, professional development programs, organizational culture change initiatives, and policies to address bias. In their study, Dixon et al highlight mentorship as a key variable to foster URM success in academic pediatrics and overcome the minority tax. This finding is supported by literature revealing the general benefits of mentorship and those specific to URM s. Consequently, many institutions have invested in structured mentoring programs to improve career advancement. Although the merits of mentorship are clearly established, there is escalating concern that mentorship as it is currently constructed is insufficient to transform the career trajectories of URM s. Increasingly, thought leaders across different professional sectors are...
advocating sponsorship as a more impactful mechanism for improving the advancement of URMs.\textsuperscript{14–16} Traditionally, a mentor is an advisor with general expertise relevant to a professional experience who helps junior people shape their professional development.\textsuperscript{10,16} Sponsorship is defined as “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.”\textsuperscript{13,17} Sponsors may take on some of the functions of mentors but, in contrast, exert more direct influence to ensure mentee professional advancement. Sponsors treat the junior person more as a protégé than a mentee in what is a transactional relationship built on strategic alliance. Sponsorship requires senior leaders to risk their reputations, personally invest their connections to provide high-platforms to promote others, and use their connections to provide high-profile opportunities to the protégé.\textsuperscript{16} Sponsorship has always existed as an informal component of organizational culture, likely benefiting those who already had powerful networks. But it is now being promoted as a remedy to ensure diversity in the highest levels of leadership.\textsuperscript{18}

In academic pediatrics, sponsorship may take the forms of recommendations to leadership positions (eg, vice chairs, directorships, and division heads), nominations for awards, or endorsements for national speaking opportunities. The research field in which the impact of sponsorship in academic medicine is being explored is still nascent.\textsuperscript{13,16} Authors of a recent qualitative study of medical department chairs and faculty demonstrated sponsorship as distinct from mentorship and critical to career advancement in combination with mentorship.\textsuperscript{13} However, no studies currently exist in which the role of sponsorship in the career advancement of URMs has been explored.

To fulfill the promise of sponsorship to improve workforce diversity in academic pediatrics, steps must be taken at the level of academic institutions, URMs, and sponsors. Because the sponsorship concept has its roots in business, it must be operationalized for academic pediatrics (eg, goals, functions, and benchmarks for success). Pediatric departments should take organizational responsibility in setting up sponsorship programs or encouraging sponsorship as an outcome of successful mentorship programs. Department leaders must emphasize that sponsorship does not replace merit-based promotion but enhances professional development for those who are highly talented but less connected to power. URMs must become aware of the sponsorship effect and learn how to cultivate collaborative relationships with senior leaders, a skillset distinct from being an effective mentee. Sponsorship comes with risks for the protégé (eg, heightened sense of impostor syndrome\textsuperscript{19} and perception of favoritism by peers). Consequently, URMs must be made aware of these risks in balance with the benefits of sponsorship. Sponsorship also comes with risks for the sponsor (eg, sharing power with other groups for whom they feel little commonality and underperformance by protégés). It may especially be risky for URMs, for whom sponsorship may increase their minority tax. If URMs already feel greater responsibility for mentoring other URMs at baseline, higher-stakes commitments required for sponsoring may increase the burden felt to lift their communities. Therefore, efforts are warranted to highlight the benefits of sponsorship, including loyalty and protégé productivity. Lastly, initiatives are necessary to foster the development of more URMs to become sponsors such that the individual sense of responsibility to professionally support other URMs is lessened.

Because workforce diversity remains a priority, mentorship will continue to play a central role in helping URMs thrive in academic medicine. However, strategies such as sponsorship may play a complementary role and accelerate career advancement.

**ABBREVIATION**

**URM:** underrepresented minority

**REFERENCES**


15. Gottlieb AS, Travis EL. Rationale and models for career advancement sponsorship in academic medicine: the time is here; the time is now. Acad Med. 2018;93(11):1620–1623


