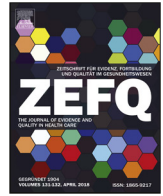




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## Sponsorship in academic medicine in Switzerland: Push and pull

## Förderung in der akademischen Medizin in der Schweiz: Fordern und Fördern (Push-and-pull-Prinzip)

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## ABSTRACT

**Introduction:** Mentorship provides general career guidance in academic medicine. Sponsorship advocates for a sponsee by endorsing this person for a position or role. Sponsorship is less common and originates from the corporate world. The objective was to evaluate current mentorship and sponsorship practices in academic medicine in the German-speaking areas of Switzerland. The aim was to assess to which degree sponsorship is implemented in academic medicine in Switzerland.

**Methods:** Cross-sectional survey of current and alumni participants of career development programs at two Medical Faculties of Swiss universities. Both programs build on institutionalized mentoring. The anonymous electronic survey was based on a literature review with non-validated questions about mentorship and sponsorship.

**Results:** The overall survey response rate was 37.6% (38/101). The majority of respondents was female (31/38; 81.6%) and between 30 and 40 years of age (22/38; 57.9%).

Almost all participants had at least one mentor (37/38; 97.4%), and mentoring addressed all or most (21/38; 55.3%) of the relevant topics regarding academic career development. More than one third of the respondents (13/38; 34.2%) did not have a sponsor, 4/38 (10.5%) were unsure whether they had a sponsor, and 5/38 (13.2%) had not yet heard about sponsorship.

**Discussion:** In Switzerland, mentorship is well-established in academic medicine while awareness for the benefits of sponsorship needs to be fostered in order to further advance academic careers in medicine.

**Conclusion:** Mentoring and sponsoring may be considered key instruments for empowerment of junior faculty/physician scientists to become leaders in the field of academic medicine.

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## ZUSAMMENFASSUNG

**Hintergrund:** Mentoring dient der allgemeinen Karriereberatung in der akademischen Medizin. Beim Sponsoring hingegen wird die geförderte Person gezielt für eine Position oder Rolle nominiert. Sponsoring ist weniger verbreitet und stammt aus der Unternehmenswelt. Das Ziel war die Untersuchung der aktuellen Mentoring- und Sponsoring-Praktiken in der akademischen Medizin in der deutschsprachigen Schweiz, insbesondere die Erhebung, inwieweit Sponsoring in diesem Kontext etabliert ist.

**Methode:** Querschnittsstudie unter aktuellen und ehemaligen Teilnehmenden von Karriereförderungsprogrammen an zwei Medizinischen Fakultäten Schweizer Universitäten. Beide Programme bauen auf institutionalisiertem Mentoring auf. Die anonymisierte, elektronische, nicht validierte Umfrage basierte auf einer Literaturrecherche zu Mentoring und Sponsoring.

**Ergebnisse:** Die Antwortrate der Umfrage lag bei 37,6% (38/101). Die Mehrheit der Antwortenden war weiblichen Geschlechts (31/38; 81,6%) im Alter von 30 bis 40 Jahren (22/38; 57,9%). Fast alle

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Teilnehmenden hatten zumindest eine Mentorperson (37/38; 97,4%), und Mentoring beinhaltete alle oder die meisten (21/38; 55,3%) relevanten Themen bezüglich Karriereentwicklung. Mehr als ein Drittel der Antwortenden (13/38; 34,2%) hatte keine Sponsorperson, 4/38 (10,5%) waren unsicher, ob sie eine Sponsorperson hatten, und 5/38 (13,2%) hatten bisher nicht von Sponsoring gehört.

**Diskussion:** In der Schweiz ist Mentoring in der akademischen Medizin weitverbreitet. Das Bewusstsein für die Vorteile des Sponsoring hingegen sollte weiter gestärkt werden, um akademische Karrieren in der Medizin weiterzuentwickeln und gezielt voranzutreiben.

**Schlussfolgerung:** Mentoring und Sponsoring nehmen eine Schlüsselfunktion in der Förderung von zukünftigen Führungskräften in der akademischen Medizin ein.

## Introduction

Medical leadership has increasingly gained importance in academic medicine.

Mentorship and sponsorship are both closely linked to advancing medical careers and raising to leadership positions [1]. During the past decade, mentorship has been established both through individual initiative and also by institutionalized mentorship programs [2]. A mentor provides guidance to a mentee to foster his/her career development. Mentorship is associated with increased academic productivity [3] and is considered the most important tool in career advancement, despite low evidence [4,5]. Nevertheless, “mentorship is not enough” [3] since it is insufficient to transform career trajectories [6,7]. Mentorship has not been shown to facilitate career advancement and takeover of leadership roles, especially in later career stages [8].

This might explain why the concept of sponsorship has been recognized lately [3,8]. A sponsor specifically recommends a sponsee for a position or role. Most publications on sponsorship originate in the corporate world [9] and sponsorship slowly advances to other academic fields, such as academic medicine. Specific sponsorship programs have been applied to form leaders in academic medicine [8]. Parallels between the corporate world and the field of academic medicine have been drawn [3,8]. However, the concept of sponsorship in academic medicine needs further exploration.

Studies on mentorship and sponsorship in academic medicine have not been reported in Swiss cohorts in the past decade [10]. To gain insights into current mentorship and sponsorship activities and practices in academic medicine in Switzerland, we performed a cross-sectional survey at the Medical Faculties at the University of Bern and at the University of Zurich. Both Medical Faculties offer a career development program for physicians with academic career aspirations.

## Material and methods

### Definition of mentorship

Mentorship is defined as “developmental partnership in which knowledge, experience, skills, and information are shared between mentors and mentees to foster the mentee’s professional development and, often, also to enhance the mentor’s perspectives and knowledge” [11]. In short, a mentor gives advice/guidance and helps someone develop their capabilities [12].

### Definition of sponsorship

Sponsorship is defined in a distinct relationship between a sponsor and a sponsee [3].

A sponsor is “a person in an organization who is in a position of influence and power (with access to networks and resources) who actively supports the career of a sponsee whom they have

identified as having high potential” [3]. A sponsor provides external validation and endorsement [13]. The Latin origin of the word “sponsor” means “to pledge” [1]. A sponsee is a highly-talented individual who grows into the assigned task at hand, is productive and is distinguished by loyalty to the sponsor. In short, a sponsor actively advocates for someone by endorsing the person for a position or role [12].

## Methods

The pillars of the career development programs COMET – Coaching, Mentoring and Training (University of Bern) and Filling the Gap (Medical Faculty of the University of Zurich) are funding of protected research time, structured institutionalized mentoring and career planning. Both programs aim to increase the number of female academic (physician) scientists. Current participants and alumni of both career development programs (COMET since 2016, Filling the Gap since 2014) were invited to participate in the electronic survey in June 2021. We invited 31 participants of COMET (female gender as criteria for program eligibility) [14] and 78 participants (male and female) of Filling the Gap [15]. This cross-sectional survey was designed individually based on a literature review. Survey questions have not been validated. The anonymous survey consisted of 17 open and closed questions and was carried out electronically using LimeSurvey [16]. The survey questions can be found in the [Appendix A](#).

The invitation including the survey link was sent by email by the program directors with a reminder after four weeks. The survey was left open for participation for another four week period after the reminder (survey closure and last data access: August 31, 2021). Descriptive statistics were applied for analysis of responses to the survey.

## Results

### Demographic information

All 31 COMET participants were contacted by email. For the Filling the Gap cohort, 6 of 78 email addresses were no longer valid and those alumni could not be contacted to participate in the survey which led to exclusion from the survey. One person did not accept the Filling the Gap funding and was thus excluded from the survey. One individual was excluded from participation in the survey due to potential response bias. This results in 70 eligible Filling the Gap funded individuals.

Response rates to the survey were 12/31 (38.7%) for the COMET cohort and 26/70 (37.1%) for the Filling the Gap cohort. This results in an overall survey response rate of 38/101 (37.6%).

All but one participants were still associated with the University of Bern or the University of Zurich, respectively. Most respondents were female (31/38; 81.6%) and between 30 and 40 years of age (22/38; 57.9%). Only three respondents were male (3/38; 7.9%)





Furthermore, sponsors gain information that lead to growth, develop their leadership skills, build reputational capital and tend to raise their awareness of what is happening in all layers of the organization [9].

Loyalty, commitment and productivity of the sponsee limit the risk for the sponsor [3,6,9]. The back-up by a sponsor supports the professional self-advocacy of the sponsee [20]. However, sponsees may encounter the risk of imposter syndrome (internal belief that own success is fraud and not merit-based), and suspicion of favoritism by peers [6]. Being sponsored includes the risk of compromising lateral relationships by fostering vertical ones [13].

Sponsorship provides an “extra boost to get further and faster” [13]. Tension and disconnect between sponsorship and core academic values of transparency, fairness and merit have been described [13]. However, sponsorship does not replace merit based promotion, it complementarily empowers talents [6]. Academic medicine needs more than meritocracy, it needs sponsorship to promote merit-based successes and to build professional networks. This is why a sponsor is especially needed for female sponsees who otherwise hardly get access to male dominated professional networks, so-called “boys clubs”. Despite ongoing efforts, female professional networks are still less common.

The rationale of sponsorship is constituted by visibility, credibility, and professional networks [1,20]. “Sponsorship is critical to advance to high-level leadership roles” according to a study using semi-structured interviews on sponsorship by Ayyala et al. [3]. In a similar study set-up, Levine et al. defined three main topics with regard to sponsorship that should be addressed: “1. People (how and who), 2. Process (faster and further), and 3. Politics and culture (playing favorites and playing it forward)” [13].

However, studies on sponsorship with high-level scientific evidence in academic medicine are currently lacking [3,6,13] and this crucial topic thus needs further investigation.

#### *Sponsorship and diversity*

Diversity in academic medicine is still lacking and needs to be addressed. Women in top leadership positions remain rare in academic medicine and mentorship cannot fully fill this gender gap [8,13]. One well-known quote from the Harvard Business Review is that “women are over-mentored, but under-sponsored” [7]. This finding is supported by this survey and has been confirmed by Hilsabeck et al. in their investigation on mentorship and sponsorship in neuropsychologists [12]. Levine et al. showed that women seek out and receive – maybe also perceive – sponsorship differently [13]. Women without sponsorship are less likely to be appointed to leadership positions and might even be more reluctant to go for it [7]. Moreover, “just when women are most likely to need sponsorship [...] they might be the least likely to get it” [7]. Women might still be perceived as “risky” appointments by male-dominated panels [7], so-called “manels” [23], by introducing potentially divergent views causing debate in previously homogenous panels.

Establishing sponsorship, especially for underrepresented minorities (e.g. women, people of color), might help to increase diversity in academic leadership and launch new leaders in academic medicine [3,6,13]. Sponsorship might path the way to leadership diversity [13]. Diversity improves organizational performance [8].

Structural institutional bias, implicit bias, stereotypes, and unconscious attitudes contribute to inequalities, best seen in gender differences [13,20]. The concept of role congruity could be mitigated by raising awareness, leading to meaningful behavioral change [13].

Similar to the field of mentorship, implementing formally organized institutionalized sponsorship programs as a sound business

practice is critical and might help to overcome biases [1,20,24]. Some institutions perform regular training courses for sponsors and hold sponsors accountable [7]. Making individual and organizational decisions about using sponsorship as a deliberate approach will also address leadership diversity [13].

#### *Strengths and limitations*

Response rates to this survey were lower than expected. This might be due to multiple reasons. It remains unclear how many participants were actually reached by the survey invitation by email.

However most importantly, sponsorship and career advancement in academic medicine are very personal and thus sensitive topics that might be difficult to explore with a questionnaire, despite offering open and closed questions. This is supported by rather low response rates in comparable studies in academic medicine [4], however cohort populations differ between studies and thus limit generalizability.

Sociocultural aspects of a population with residency in Switzerland might also play a role with regard to response rates. Sponsorship is anchored in personal, institutional and societal context. In Switzerland, personal career aspirations and strategies for achievement are less often openly disclosed compared to North-American populations, for instance. Social desirability bias is possible if participants perceived the survey to be related to their funding support through the career development programs.

#### **Conclusions**

In summary, mentorship is currently well-established in academic medicine. This is supported by the literature review and confirmed by the set-up of the career development programs with institutionalized mentoring at the Medical Faculties of the University of Bern and University of Zurich as well as by the survey results. Sponsorship is less well-known and not yet implemented in the field of academic medicine, both internationally and in Switzerland. However, the awareness for the importance of sponsorship in academic medicine is rising.

Overall, gaining and expanding medical leadership skills are increasingly important in academic medicine to advance one's own career and to empower others by mentorship and sponsorship. Sponsors, let's push and pull up the sponsee!

#### **Abbreviations**

Not applicable.

#### **Ethics approval and consent to participate**

Data collection, evaluation and publication for this study was waived by the Swiss ethical committee of the Canton of Zurich. Informed consent for publication was obtained from all subjects.

#### **Availability of data and materials**

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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### Conflict of interest

The authors declare that they have no potential, perceived, or actual competing interests. BG currently participates in the career development program Filling the Gap at the Medical Faculty of the University of Zurich. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

### CRediT author statement

BG and BL made the conception of the study. BG was responsible for acquisition of data, data analysis and interpretation, search and review of literature, and drafting of manuscript. BL supervised the design of the study, data analysis and interpretation, and critically reviewed the manuscript. All authors have read and approved the final manuscript.

### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.zefq.2022.05.006>.

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