



**TENURE CLOCK, MODIFIED DUTIES,
AND SICK LEAVE POLICIES:
Creating “A Network of Support and Understanding”
For University of Michigan Faculty Women
During Pregnancy and Childbirth**

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During the 2003-04 academic year, the Center for the Education of Women conducted a web survey about the use and perceptions of the tenure clock (TC) and modified duties (MD) policies among the University of Michigan’s tenured and tenure-track women faculty members. We know that a large number of women (and some men) have taken advantage of these two policies (as well as the sick leave policy) since their inception over a decade ago. However, we had no way of knowing exactly how many faculty members have done so, since the policies themselves have no provisions for University-wide record keeping. Nor did we have any concrete information about how women faculty members feel about the two policies.

The Center for the Education of Women (CEW), the President’s Advisory Committee on Women’s Issues (PACWI), and the faculty Senate Advisory Committee on University Affairs (SACUA) were the original forces behind both modified duties and tenure clock policies. CEW believes that it is important to take stock of how many women have been influenced, and in what kinds of ways, by the policies’ existence. The findings from this survey help create a picture of how women faculty are managing their career and personal lives and how supported they feel by colleagues and administrators. [The text of these policies can be viewed at spg.umich.edu/pdf/201.92.pdf (tenure clock) and spg.umich.edu/pdf/201.93.pdf (modified duties).]

Methodology

We sent the web-based survey via email to all female assistant and associate professors and to female full professors who were age 50 or less in 1991 (when the TC and MD policies were enacted). Two reminder emails were sent to non-responders, resulting in a 47% response rate. Respondents were fairly evenly spread across the ranks (see Table 1) and represented numerous schools and colleges across the University (see Table 2).

	#	%
Assistant	99	33%
Associate	111	37%
Professor	89	30%
Total	299	100%

Table 2: Survey Respondents by School

	# of respondents	% of total respondents
Architecture	4	1%
Art & Design	3	1%
Business	11	4%
Dentistry	5	2%
Education	14	5%
Engineering	15	5%
Kinesiology	2	1%
Law	3	1%
Literature, Science, & the Arts	105	35%
Medical School	74	25%
Music	14	5%
Nursing	9	3%
Pharmacy	3	1%
Public Health	17	6%
Public Policy	4	1%
School of Information	3	1%
Natural Resources & Environment	5	2%
Social Work	7	2%
Mil Officer Ed Programs	<u>1</u>	<u><1%</u>
Total	299	100%

Tenure Clock Policy

The tenure clock (TC) policy entitles women (and men) to add one year to their probationary period; in other words, to spend one year as an assistant professor that is not counted in the tenure-clock time frame. The policy currently allows faculty to stop their tenure clocks only one time.

Respondents to questions related to the tenure clock policy came from various schools and colleges across the University (see Table 3). No women in the following colleges reported using the TC policy: Architecture, Art & Design, Dentistry, Law, Nursing, Pharmacy, Public Policy, and the Military Officer Education Programs.

Table 3: Tenure Clock Policy Use by College/School

	Women using TC		% of total women respondents in college/school
	# of respondents	% of respondents	
Business	4	6%	36%*
Education	2	3%	14%
Engineering	2	3%	30%
Kinesiology	1	2%	50%
Literature, Science, & the Arts	23	35%	22%
Medical School	21	32%	28%
Music	1	2%	7%
Public Health	7	11%	44%
School of Information	1	2%	33%
Natural Resources & Environment	2	3%	40%
Social Work	1	2%	14%
Total	65		

* i.e., Of the 11 women respondents from Business, 4 or 36% reported TC use.

The vast majority of women who needed to use the tenure clock policy did so. Among these, just over half believed that it has had a positive impact on their careers, and another third were not able to assess its possible effect. Only 6% believed the policy has had a negative effect (see Table 4).

Table 4: Career Impact for Women Who Used the TC Policy

	# of respondents	% of respondents
Negative	4	6%
Neutral	8	12%
Positive	34	52%
Don't Know	19	29%
Total	65	100%

Only one in five (22%) survey respondents reported having stopped their tenure clock. An overwhelming majority (81%) of those who did not elect to stop the tenure clock said they did not need to do so, either because they did not give birth or have other serious dependent care needs or because they were able to meet their departmental tenure standards without exercising the TC option. Among the 49 (18+31) women who have *not* used the tenure clock policy but

have had reasons to do so, close to two thirds of them (31 out of the 49) feared the possible negative impacts on their careers, and one third (18 out of the 49) were unaware of the policy’s existence (see Table 5).

Table 5: Reasons Women Gave for Not Using TC Policy

	#	%
Didn’t know about it	18	37%
Fear of impact on career	31	63%

Respondents were able to select multiple categories and many of those who said they hadn’t used TC, gave no reason for not doing so

Comments From Women Who Chose NOT to Use the Tenure Clock Policy

Many of the women who told us they feared the impact of a tenure clock stop on their careers went on to explain their trepidations in greater detail:

“The stop-the-tenure-clock policy has a negative association with a woman’s career in my department/school. It is not associated with women in thriving career paths with high vectors for future success.”

“My sense from some of my colleagues is that lengthening the time before I come up for tenure may also result in a higher standard being applied to me, no matter the reason.”

“...[H]ad I stopped the tenure clock, I would have been viewed as weak by my senior colleagues. [When I received tenure] in 1994, [my school] was a very hostile place for a competent female scholar.”

“[I] have been warned by several senior colleagues not to make it obvious that I care as much for my personal life as for my professional life.”

“Although a year could be added to my tenure clock, outside letter writers would be assessing my productivity per year since appointment, and having a child during the tenure-track period would have slowed my productivity. If letter writers and other decision makers in the tenure process were sure to take into account the policy in assessing my productivity, then I would have been more comfortable taking advantage of it and would have had a child during my tenure-track years.”

Women gave other reasons for opting not to use the tenure clock policy. In some cases, assistant professors—especially those who came to UM from other universities—negotiated

other types of tenure arrangements. Others told us that they planned their pregnancies so that their children would be born either before or after the tenure-track period:

“A part of me even delayed focusing on settling down into marriage and family until after I was tenured. Tenure/career was central to me, and a very important goal in my life. I got married after I was tenured, at a relatively late age, and had a child as soon as possible, beating my biological clock at the last moment.”

“I was afraid to use any stop-clock policy for fear that I would end up not getting tenure. I view my tenure as a very valuable thing...and I was too old for children by the time my tenure came through.”

Some respondents decided that, in addition to bearing one or more children during their tenure periods, they also had produced strong enough research records within the standard time frame that they did not need clock extensions. Others told us that they applied for but, in the end, did not exercise their options to stop the clock. For them, the knowledge that they could have extended their tenure clocks if they had wished was enough to lessen their anxiety:

“Although I didn’t end up needing the extra year, it was helpful and less stressful knowing that I could slow down my tenure clock.”

“This [policy] gave me a buffer to enable me to build my research program as a new faculty member. It turns out that I did not need the additional year to allow me to be promoted in the allowable time.”

“I have just applied, but I do have a sense of support from the university and from my job that I had not expected. This peace of mind actually helps me to work better. I feel good in my classes (and I believe my students benefit from that)...”

Comments From Women Who Chose to Use the Tenure Clock Policy

More than half of the women who reported using the tenure clock policy believed it had a positive impact on their careers. A number of women who used the tenure clock policy and subsequently received tenure spoke eloquently of how it helped them balance their careers with their personal lives. Their reactions are characterized by these comments:

“Having a baby is a very demanding and draining experience for any woman, but particularly if you are an academic on the tenure track. It is also one of the most

wonderful experiences; you want to spend time with your baby without feeling the nagging guilt and conflict that exists between work and family roles. The year off the clock allowed me to spend time with my baby without worrying that I was going to be so far behind that tenure would be unreachable. It was still difficult to balance work and family obligations, but it sure helped to have the clock stopped. I can't imagine how women did it before."

"During my leave semester, I felt much less anxious about how much work I was (or was not) getting done. As a result, I was able to relax and really bond with my newborn. Knowing that I had an extra year to accomplish my academic and service goals was very reassuring."

"The policy was highly instrumental in allowing me to pursue both my work and family goals. It encouraged me, by making me feel that I was working in a supportive environment that did not require that I choose a career over or instead of having a family. For me, the difficulty of balancing the enormously high pressure demands of this job with raising a family would not be possible without such a supportive policy in place."

Some assistant professors, who more recently extended their clocks, spoke equally highly of the policy but were, as the following comment illustrates, also apprehensive about how it would ultimately affect their tenure reviews:

"I feel very privileged to be able to have a career and a family. I'm not sure how the department committee or the executive committee will view the extension. There are rumors that they will then expect more publications as a result of my extra year. Of course the whole point of the extension is to compensate for research time lost to child care, but I'm not sure if this is the way the committees will look at it."

As these comments suggest, the amount of support and encouragement women receive from their departmental colleagues and administrators plays a large part in determining whether their experiences with the tenure clock policy are positive or negative.

Modified Duties and Sick Leave Policies

The University offers two policies to address the needs of women during pregnancy and following childbirth: the modified duties (MD) policy and the sick leave (SL) policy. The modified duties policy entitles women who are pregnant or have recently given birth to a semester-long release from all classroom responsibilities with full pay.

The sick leave policy entitles faculty members to six weeks (or more, if medically necessary) of paid leave for "disability," as pregnancy and childbirth are defined by federal law. Given the nature of the Medical School's teaching schedules and clinical duties, which are less

tied to semester-long timeframes, women in the Medical School’s clinical departments generally use the sick leave policy instead of the modified duties policy for pregnancy and childbirth.

To provide a context for the following discussion of the two different policies, we first look at the incidence of births among women faculty. Since the enactment of the MD policy over a dozen years ago, approximately three out of ten survey respondents have given birth to one or more children while at UM. More than half of the women reported a single birth; another third reported two births (see Table 6). These 86 women reported a total of 126 births, which represents approximately 10.5 children per year among survey respondents ¹.

	Women reporting births		Number of births
	#	%	
One birth	47	55%	47
Two births	30	35%	60
Three births	5	6%	15
*Unknown	4	5%	4
Total	86	29%	126

* Answered ‘yes’ to having given birth but did not specify the number of births. As a conservative estimate we assume a single birth.

The following table shows that reported births were fairly evenly distributed across the academic ranks (see Table 7). The numbers were somewhat lower for full professors, many of whom may have been beyond child-bearing age during the study’s time frame.

¹ The denominator for the calculation of average births is 12 years – the elapsed time between 1991, when the policies were enacted, and 2002, the time the survey data was collected.

Table 7: Reported Births at UM since 1991 by Rank

	Women reporting births			
	Asst	Assoc	Full	Total
One birth	15	28	15	47
Two births	13	12	5	30
Three births	0	3	2	5
Unknown*	<u>2</u>	<u>1</u>	<u>1</u>	<u>4</u>
Total	30	33	23	86
Number of reported births	43	62	32	126
% of reported births by rank	34%	49%	25%	100%
Average births per year	3.6	5.2	2.7	10.5

* Answered 'yes' to having given birth but did not specify the number of births. As a conservative estimate we assume a single birth.

Women faculty reporting births represented many, but not all of the colleges and schools covered by the survey (see Table 8).

Table 8: Women Reporting Births at UM since 1991 by School

	Births		# of women respondents in college/school
	#	%	
Architecture			4
Art & Design			3
Business	7	64%	11
Dentistry	1	20%	5
Education	5	39%	14
Engineering	4	27%	15
Kinesiology			2
Law	3	100%	3
Literature, Science, & the Arts	31	30%	105
Medical School	21	29%	74
Music	2	14%	14
Nursing			9
Pharmacy	1	33%	3
Public Health	7	41%	17
Public Policy	1	25%	4
School of Information	1	33%	3
Natural Resources & Environment	1	20%	5
Social Work	1	14%	7
Mil Officer Ed Programs			<u>1</u>
	86	29%	299

Among the 86 women respondents who have given birth while at UM since 1991, nearly two thirds of them used the modified duties policy and nearly a quarter used sick leave (see Table 9). In other words, women have used one of these two policies for four out of five births (100 of 126) reported in our survey. Women may have used one, both or neither of these policies during any given pregnancy, so these numbers do not add to 86. Similarly, women may have accommodated births by using one, both or neither of these policies, so the number of births does not add to 126.

	Modified Duties		Sick Leave	
	# of women	%	# of women	%
1	42	14%	11	4%
2	8	3%	8	3%
3	<u>4</u>	1%	<u>1</u>	0%
	54		20	
Did not use	245	<u>82%</u>	279	<u>93%</u>
Total	299	100%	299	100%
Number of uses	70		30	
Average use per year	5.8		2.5	

The denominator for the calculation of average births is 12 years – the elapsed time between 1991 when the policies were enacted and 2002, the time the survey data was collected

That the sick leave policy is used primarily by women in the Medical School is clearly demonstrated in Table 10: Three quarters of the respondents using sick leave for childbirth were from the Medical School. Of the 21 women in the Medical School who reported giving birth since 1991 and while on the UM faculty, only one used the modified duties policy. The majority (70%) used sick leave, while others may have used vacation time or made other arrangements not captured by this survey.

Table 10: Modified Duties and Sick Leave Policy Use by College/School

	Women using MD			Women using SL		
	#	%	% of total women respondents in college/school	#	%	% of total women respondents in college/school
Business	7	13%	64%*	1	5%	9%
Dentistry	0			0		
Education	2	4%	14%	0		
Engineering	4	7%	27%	1	5%	
Law	3	6%	100%	0		
Literature, Science, & the Arts	26	48%	25%	0		
Medical school	1	2%	1%	14	78%	22%
Music	2	4%	14%	1	5%	7%
Pharmacy	0			1	5%	33%
Public health	5	9%	29%	2	1%	12%
Public policy	1	2%	25%	0		
School of Information	1	2%	33%	0		
Natural Resources & Environment	1	2%	20%	0		
Social work	1	2%	14%	0		
Total	54			20		

* i.e., Of the 11 women respondents from Business, 7 or 64% reported policy use

A number of the respondents who said they had used these policies assessed the impact on their careers (see Table 11). Over half (57%) felt that use of the MD policy had had a positive impact on their careers, while 22% were unable to assess the potential impact their use of the MD policy has had or may have on their careers. By comparison, a much smaller percentage (21%) of the women who used the sick leave policy reported it having a positive impact upon their careers. In other words, as a practice for accommodating child birth, MD appears to be a more positive experience for users.

Table 11: Career Impact of the Sick Leave & MD Policies

	MD Policy (all faculty)		Sick Leave (for MS Faculty)	
	#	%	#	%
Negative	4	7%	1	7%
Neutral	7	13%	8	57%
Positive	31	57%	3	21%
Don't Know	<u>12</u>	<u>22%</u>	<u>2</u>	<u>14%</u>
Total	54	100%	14	100%

Among those women who have *not* used the modified duties policy but have had reasons to do so, one in eight (12%) feared possible negative impacts on her career. Nearly a quarter used vacation time instead of any other type of time off. More than a quarter (27%) of the women who did not use MD were unaware of the policy's existence at the time (see Table 12).

Table 12: Reasons Women Gave For Not Using MD

	#	%
Didn't know about it	9	27%
Fear of impact on career	4	12%
Vacation instead	8	24%
Sick leave instead	12	36%

Respondents were able to select multiple categories and many of those who said they hadn't used MD, gave no reason for not doing so

The majority of women not using SL elected the MD policy instead. Only 6% did not use SL for fear of its potential negative career impact (see Table 13).

Table 13: Reasons Women Gave For Not Using SL

	#	%
Didn't know about it	7	10%
Not applicable	16	24%
Fear of impact on career	4	6%
MD instead	41	60%

Respondents were able to select multiple categories and many of those who said they hadn't used SL, gave no reason for not doing so

Comments From Women Who Chose NOT to Use the Modified Duties Policy

Most of the women who have never used the modified duties policy for the birth of their children reported that they made other arrangements—sick leave (in the case of the Medical School), vacation time, or individual agreements within the department. In terms of not being familiar with the policy, one woman told us,

“Unfortunately, your survey presumes that the responsibility for taking/not taking advantage of the [modified duties] policy is ours. In my case, my chair had no clue about the policy and never offered it as an option.... I really think that chairs have to be told about this option and be told that it is incumbent on them to provide realistic modified duties, and they should be evaluated on their compliance with it.”

Only one woman told us that she opted not to use modified duties “because I received a less than fully supportive response to my use of the policy and I would fear reprisal.”

Comments From Women Who Chose to Use the Modified Duties Policy

The modified duties policy did create problems for a few women who elected to use it: reduced merit increases, resentment from colleagues, increased workloads upon return, unequal application of the policy. For example,

“I fell behind in merit pay increases the year I took modified leave.... It’s hard to say how much of this is ‘modified duties’ per se, but I suspect at least part of it is attributable to this.”

“The ambiguity about the modified duties term has led to differences in how one’s workload and progress are assessed. Some consider it a sabbatical, and expect greater research productivity since there is less teaching than normal. The application of the policy is also very idiosyncratic, which leads to perceptions of inequity and manipulation.”

“I have heard senior faculty describe the semester I was on modified duties status as that I had a ‘sweet deal,’ and the implied reputation that I ‘gamed the system’ has followed me since in a pejorative way.”

At the same time, we received many positive comments from women who used the modified duties policy. Even women who could not fully assess the ultimate impact the modified duties might have on their careers nonetheless were glad they took advantage of it. These women can be characterized with these comments:

“The modified duties policy gave me time to recover physically from child bearing and enabled me to spend time with my infant children. I cannot yet fully assess the effect the policy has had on my career, but I cherish the policy’s symbolic as well as practical benefit for integrating a demanding professional life with being a fit parent.”

“I don’t think that taking a modified-duties semester for childbirth has negatively affected my career. I’m not sure if it has had a positive benefit on my career, but I think it has. Had I been forced to teach during the semester following the birth of my son, I would have been a wreck. During that semester of leave, I was able to get some sleep, look after my baby properly, look for childcare for the future, and establish a schedule for my work. *The semester of modified duties was extremely valuable.*”
[italics in original]

“The modified duties policy made it possible for me to keep my health and sanity and remain involved with students and the department while also getting me and my kids off to a good start. It’s an excellent policy. It also allowed me to set a good example to students by not disappearing when I had children, but not ignoring the special joys and responsibilities of family life either.”

“[Modified duties] definitely allowed me to deal with the transition that occurs around the birth of a baby and to establish my relationship with my baby under less stressful conditions. I think people often think these policies are only in place so that women have a better shot at tenure or career advancement. I don’t think enough people take a look at the fact that it is absolutely essential for a woman to establish an intimate relationship with her baby for healthy infant development. And modified duties allowed me to do that. This isn’t only about women’s health but infant health as well.”

The poignant message from these comments is that the modified duties policy allowed women faculty to spend time with their newborns while still sustaining their academic careers.

Discussion

Awareness and use of the tenure clock and modified duties policies appears to be increasing at similar rates. At the same time, the total number of women who have taken advantage of either of these two policies is relatively low because, for a number of reasons, women have not needed to use them. Among those who *have* used either of the policies, a majority of the women are pleased with the impacts on their careers—or are unable to assess the effects.

Women who could have benefited from either the TC or MD policies but chose not use them cite two reasons: 1) lack of awareness of the policies' existence and 2) fear of impact the policies' use might have on their careers. Among this group of women, the percentage who feared the impact of the TC policy on their careers is much higher than the percentage who feared the impact of the MD policy. In other words, the tenure clock policy appears to be a bigger career risk than the modified duties policy.

A woman's decision to use sick leave instead of modified duties for pregnancy and childbirth is clearly influenced by her location within the University system. Those women, essentially all non-Medical School faculty, who used the modified duties policy responded more positively to it than the Medical School faculty responded to their use of the sick leave policy.

As our findings also indicate, the number of faculty women who give birth in any given year is low. While we are working toward a day when both men and women do not face the personal dilemma of whether they can have both careers and active family lives, we predict that the number of births will not rise precipitously.

Recommendations

The findings from this web survey lead us to the following recommendations:

- Faculty members should be able to stop their clocks more than once during their tenure probationary periods.
- The modified duties policy should apply to faculty members who adopt. We received a number of comments like the following from our respondents: "I have been trying to make plans to adopt a child, and I am quite dismayed that the policy of having a reduced teaching load for a semester only covers a woman who is giving birth herself...While my colleagues would never state explicitly that

taking an extra year in the case of adoption would hurt my chances of getting tenure, I certainly sense pressure to put completing my book ahead of adopting a child.”

- Given the relatively low levels of satisfaction with the sick leave policy, administrators should look to ways to improve the pregnancy and childbirth leave options for Medical School faculty.
- Given the relatively low birth rate numbers, administrators should not view modified duties and sick leave policies as financially prohibitive. Instead, they should seek creative ways to help departments support women faculty members during pregnancy and childbirth.
- Departmental administrators need to make sure their faculty members are aware of the existence of the tenure clock and modified duties policies.
- Administrators also need to create environments wherein women feel safe to use the policies, without fear of repercussions. As one woman told us, “The modified duties policy did not provide a real reduction of work for me because my department simply shifted all of my teaching from the modified duties semester term to the subsequent term.” It should never be the case that women who elect to use these work-life friendly policies suffer negative career effects.

The message from this study is that the tenure clock and modified duties policies are very important to University of Michigan women faculty. The women appreciate the policies’ existence, and they look forward to improvements—both in the policies themselves and in the ways their colleagues respond to their use. Such work-life friendly policies are increasingly important criteria by which women, and men, evaluate their career options, both within and outside the academy. If the University of Michigan seeks to attract and retain high quality faculty, it must insure that its work-life policies are equitable, transparent, and effective.

Well-conceived policies and procedures help create a supportive climate for faculty. The University of Michigan report is organized according to the problems women faculty in particular most often speak about: (1) unsatisfactory hiring and initial negotiating experiences, (2) inadequate explanation of and access to relevant university and department information, (3) a lack of mentoring and other forms of support, (4) unclear or poorly managed review and tenure processes, (5) feelings of isolation and lack of collegiality, and (6) an unwillingness to accommodate whole-life needs, especially family and childcare responsibilities. Some departments tailor the official University of Michigan modified duties policy to make it more beneficial. Tenure-clock-stopping policies and part-time tenure policies continue to exist at medical schools, though results indicate low faculty use of the policies, suggesting a disconnect between policy and practice. Dr. Bunton is senior research associate, Association of American Medical Colleges, Washington, DC. Dr. Mallon is assistant vice president and director of Organization and Management Studies, Association of American Medical Colleges, Washington, DC. Correspondence should be addressed to Dr. Bunton, Association of American Medical Colleges, 2450 N St. NW, Washington, DC 20037-1127; telephon