Beyond 'sticky floors' and glass ceilings': eight women department and society leaders share their stories

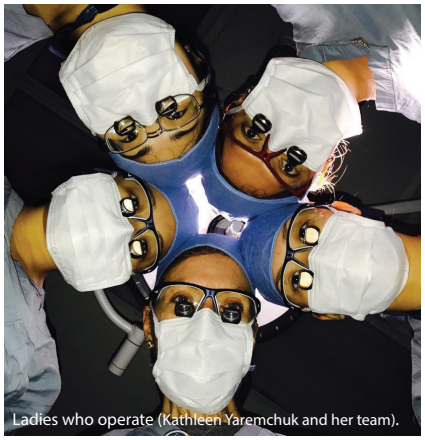
BY SUJANA CHANDRASEKHAR

In the United States and Canada, there have been a total of 12 women otolaryngologists who have achieved high positions of leadership. Eight of these women were interviewed for this piece. Each woman's responses were thoughtful and truthful. Common themes were drawn together, and some of their thoughts are listed individually. Speaking on behalf of all of my colleagues, we wish you the best as you pursue your own leadership journey, and we stand ready to provide support and assistance along the way. – *Sujana Chandrasekhar*

What can you identify as barriers that you've overcome to reach your career goals and leadership goals?

The lack of female role models and mentors was felt, particularly early on in their careers. Many relied on reading books to learn negotiating skills and organisation, and to feel less lonely or isolated as they navigated this man's world. Not being taken seriously when being interviewed for leadership positions but being considered only the 'token female candidate,' until, of course, she was the boss, was also common. Being discounted at one's own institution was hurtful as well. Having to be outspoken and a bit aggressive, even if it went against their own personalities, in order to stop being invisible and therefore not considered for positions despite having stated clearly that that was what they wanted, was common. One woman commented, "I soul-searched and determined that a barrier for me is shyness and insecurity. In consciously assessing these traits I could devise 'work arounds.' I also realised with experience that as a compulsive hard-worker I could accomplish 'leadership' activities with sufficient time, mental energy and effort." Sexual harassment – as an undergraduate student, a medical student, a resident and as a faculty member or in practice – was described in detail, including the inability to report such harassment and the need for allies – such as nurses witnessing such behaviour – to initiate a complaint.

Women Leaders in otolaryngology, US and Canada at COSM 2019 in Austin, TX. Back row: (L-R) Carol Bauer, Sujana Chandrasekhar, Ozlem Tulunay-Ugur, Kathleen Yaremchuk, Kelly Malloy. Front row: (L-R) Karen Zur, Debara Tucci, Nancy Young, Karen Kost, Carol Bradford, Cherie Ann Nathan.

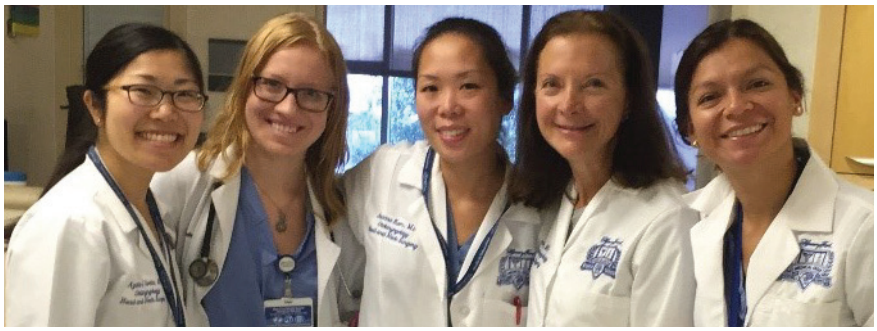


Ladies who operate (Kathleen Yaremchuk and her team).

Managing work-home-life balance as a three-legged stool where if two legs are strong, the third is weak and can break, remains a challenge. One woman said, "You need a very strong support system to make sure the stool is strong enough to withstand the weight of the many obstacles placed before you." In two-career families, the man's journey is often prioritised. If the woman has to move to follow him, she risks breaks in her research and scholarly productivity, which then puts her at a disadvantage for promotion. The seemingly never-ending cycle of male leadership wherein positions are appointed by leadership and men in the organisation receive the promotions, and they in turn appoint men, leads to a persistent leadership gap and pay gap, as those with titles receive higher salaries. Non-white women face a dual challenge of being discounted by both gender and skin colour. Being a true clinician-scientist takes time, which is at a premium. One woman's solution was to limit her clinical and surgery days to a total of three per week, limit her practice to only her subspecialty, and take a pay cut to 'guard' her time. She reports that it took 15 years for her to learn to say 'no'.

What can you identify as advantages you've experienced to reach those same goals?

Many women reported a "groundswell of support from a number of female faculty, learners, and staff," particularly as they moved into leadership positions. We also have had strong male role models, mentors and sponsors along our career paths. They may have been just a few, and some of them were "initially biased, but later came around as my big supporters," but they "consistently opened doors and offered sound counsel and support." Women reported the strength in having succeeded: "By the time I finished residency, nothing scared me any more. I had seen it all—and survived." That conquest of fear was expressed by many. One woman described a sort of willful ignorance: "It's better



Kathleen Yaremchuk and her team. (L-R) Senior resident, medical student, junior resident, Kathleen Yaremchuk, chief resident.

not to know how hard something would be until after the fact, or one would be too sane to try it. Not knowing that, you can surprise yourself."

There is, of course, a distinct satisfaction to being the 'first' in a division or a department or an organisation. Our scant numbers, which were a barrier to success, were also a vessel for success. One woman commented, "I started medicine when it was so rare for a woman to be a surgeon, I just felt lucky to be there. When it was so rare for women to be in surgery, it was perhaps easier for people to recognise me." I personally remember a very early meeting of women in otolaryngology at the AAO-HNS meeting – back in the days when we all sat around one or maximally two tables – and one of the senior women advised us on how to dress, including choosing 'jewel tones' preferentially! Family and friend support was highlighted as necessary.

One woman described the advantage of having her husband as a research partner, also invested in the lab's success. She reported that working at a smaller institution where she was the 'only' person in her subspecialty and research area, and being supported by a division chief who highly valued research, were big advantages. However, some of us were unable to identify any advantages that were experienced. The thread that ran through the responses included being self-starters, putting up with the backlash of being outspoken and different, and eventually finding allies over time.

Do you feel women in ENT need mentorship/sponsorship, or have the doors been opened already?

Every woman felt forcefully that women (and men) in otolaryngology need ongoing mentorship and sponsorship, with many feeling that women need mentors more than men, because we struggle against gender bias. Many noted that the assumption that there were already a couple of women there seems to close doors rather than leave them open. That misogyny is seen in the world at large. Mentors can advise you, nominate you, encourage you and, unlike most of our experiences, younger women these days will be able to find and choose among women mentors. One woman put it this way: "I think many of us identify either formal or informal mentors depending on the career goals we are looking to achieve. Sponsorship is an area where women remain at a disadvantage, although it is changing. This is, in large part, because there are fewer senior members of our profession that are women. We look to these senior leaders to promote the visibility of our careers through sponsorship to committees, lecture opportunities, book chapters, etc. Many men are wonderful sponsors for women, but, I believe, women are uniquely sensitive to this issue, and therefore more actively engage to promote other women." Similarly, another woman stated this: "The doors are opening but we are not there, not even close. A look at growing female membership and the relatively small number of women in leadership positions exposes a very large gap. On the positive side, we are seeing the beginning of the realisation by all parties that some 35-40% (and soon 50%) of otolaryngologists are not being represented, seen, or heard. As women in positions of leadership, we are uniquely positioned to mentor and promote young women who want to be heard and want an equal opportunity to serve and lead. Our biggest, and most rewarding collective contribution will be to open doors and help pave the way for their success." Our collective advice to younger women now: ASK!

If you think the playing field is not level for women, how do we get there?

Seven of the eight women leaders interviewed felt that the playing field is not level. The one who felt it was level pointed out that there are leadership initiatives in academic medical centres wherein deans' offices actively require you to provide annual statistics of women and minorities interviewed for departmental positions, and provide the rationale for which candidate was ultimately chosen. However, even she commented that, "at the senior leadership levels, I think we need to see more women, not just in otolaryngology, but in all of the surgical specialties."

For the others, they felt that every parameter in almost every profession highlights ongoing discrepancies/discrimination between men and women in terms of income, opportunity and promotion. Otolaryngology is no different. We felt this discrimination was neither deliberate nor intended, but often represented simple 'blindness', lack of awareness, or oversight. In other words, we live with strong unconscious (and sometimes conscious) gender bias, resulting from the culture around us.

In order to level the playing field, the women discussed actions that were both personal-based and institution based. As an individual, "it's obvious we have to do more than be as or more competent or intelligent than a man - or we would have levelled the fields decades ago. But the brains and drive are key factors. Our door is open professionally, and it can't be closed. Act like the men: go after what you want and get it and learn to ignore the naysayers." But part of our power is that our leadership styles are different. One leader said, "when a woman achieves a position of power or authority, she should not succumb to the male way of doing things. She should reinvent that leadership position so that she can excel and pave the way for other 'others'." Suggested for leaders: promote other women up – suggest them for conferences/papers/panels/etc. If you can't go to a meeting, suggest a woman who can. If you can go to a meeting, consider taking a younger woman with you and having her give a few talks too. We need to keep publicising info about female competency. Affirmative action is essential.

Many pointed out that, although many women help each other up, many in the past, and, unfortunately, still, envy others' success

Carol Bauer and faculty.

Sujana Chandrasekhar and her extended family at the 2016 AAO-HNS/F Opening Ceremony in San Diego, CA (her Presidential year).

M Jennifer Derebery with her husband and her twin daughters "My nephew was taking it right when the aftershock from the 7.1 earthquake hit – and we were standing in a tsunami zone – so if it looks like we are all ready to bolt, we were!"

Gayle Woodson in the OR.

and either subtly or overtly sabotage each other. They remind us that, "today, if one of us is a success, it's a success for all of us. We women should be our greatest champions of another woman's success." One advised that you should "call out sexism/gender bias when you see it. This one is hard to do but yields amazing results." One pointed out the joy that we all feel when a woman reaches a height – in particular, the glow of success that we all basked in when Dr Debara Tucci was named Director of the National Institute of Deafness and Communication Disorders of the US National Institutes of Health earlier this year.

What can be done institutionally? There was strong agreement that institutions need to choose targets for number of women in leadership, at every level. These women can then serve as role models and mentors for the next generation of women otolaryngologists. An excellent resource is the Mackenzie Report: https://www.mckinsey.com/featured-insights/gender-equality/women-in-the-workplace-2018. As leaders, we have an opportunity to increase awareness amongst both men and women through supporting data, education, and discussion. Conferences, small groups, workshops and social media are just some of the avenues to exploit for these purposes. As leaders, we have the ability, and indeed responsibility, to support, encourage, promote and sponsor young women trying to jump-start their careers. Conferences are still exceptionally gender-biased. Many of the US societies took the strong step of changing their by-laws to prevent future men-only panels ('manels') at their meetings within the past year or two. We advocate not only for 'no more manels' but we ask for our male colleagues to refuse to speak on a programme with manels. This 'he for she' aspect is vitally important. Organisers must make a deliberate focus on finding and including women – not as a last-minute addition, but from the get-go. And finally, but overarchingly: women deserve equal pay for equal work!

What makes you happy about being an otolaryngologist?

All the eight women leaders love their work. We find joy in doing both medicine and surgery, and doing micro- and macro-surgery, and in seeing patients of all ages. Providing compassionate quality of life care is very rewarding. Being able to do something relatively small in the office that makes a big difference to the patient feels wonderful. We follow our patients over many years and become the doctors for their children as well. Our colleagues are friendly and "the best and brightest." We also love training the next generation of physicians, scientists and leaders: "I love seeing the eyes of a medical student or resident light up when they do something for the first time. I love having the opportunity to interact with colleagues, residents and students every day." Most commented on the diversity of disorders and the intellectually and technically challenging work – "I'm never bored."

What makes you happy about being a leader?

Our panel was grateful for the opportunity to impact the specialty in a positive and constructive way, enjoying putting puzzle pieces together and seeing a product that is better. No-one ever changed the world without first being labelled a troublemaker. In keeping with our personalities, we all enjoy making a positive difference, improving the culture, challenging the status quo, and improving diversity and inclusion. Universally, these leaders described the exhilaration of having had a positive effect on younger doctors. We are proud to bring distinctively different styles to leadership, including inclusivity, incorporating others' ideas to make a better whole and ensuring that credit due was given, building consensus, and being concerned for others' happiness. "I have paved the way a bit further for other 'others' – women, underrepresented groups, people of colour, people with disabilities."

A few described not having aspired specifically to have leadership positions but realising as their careers progressed that being a leader results in more opportunities and resources and a wider circle of impact.

Personal joys include having the opportunity to travel, sometimes alone but sometimes with our families, sharing our worlds, being able to work with gifted individuals around the country and around the world, finding a skillset that was not initially obvious, and enjoying the feeling of being 'backstage.' Achieving a specific big goal – such as growing a division into a full department – provided great satisfaction.

What do you wish you had done better – or not done at all?

- I have no regrets. I love what I do. I love the people I work with.
- I felt like I wasted my 20s, living in hospitals, working up to 120 hours a week. It was depressing.
- I felt I could not go to higher ups when experiencing gross harassment, because I'd be blamed, not believed, and might lose my job. Today, I think this would not happen.
- My husband and I were both too tired and too impatient to devote the time and energy for our children to be successful in Suzuki violin class. No worries, my children were not born musicians anyways.
- I also was not good at interviewing for leadership roles (like chair) until I participated in Executive Leadership in Academic Medicine (ELAM) for women at Drexel University.
- I wish I had learned earlier how to better navigate the political roadmap of medicine. In retrospect I think I was very naïve, especially early in my career. I suffered a few painful 'faux-pas'.
- I am trying to stop looking in the rearview mirror. I can't fix the past, only learn from it to not make the same mistakes again.
- I wish I had not been so trusting about potential hidden agendas/unresolvable conflicts that are unspoken.
- I wish I had spent more time with myself, my husband, my kids, my extended family and friends.
- I wish I had been able to focus more on my research. Obstacles included the responsibilities of being a chair, but also the financial imperatives placed by the institution.
- I wish I had been a more successful negotiator.
- I certainly could have been better at handling stress and what was, at times, an overwhelming workload – it would have been better to enjoy the process and maintain equanimity despite recurring frustrations.

What are the main pieces of advice you would give a younger woman in otolaryngology?

- Be exceptionally good clinically and in the OR (it's unfair, but facts are facts).
- Volunteer for assignments and take opportunities when they are given to you. Complete commitments on time, and above expectations. If an assignment seems hopeless and you complete it, you'll be thought of as a miracle worker. If you can't complete it, you'll have a great story to tell.

- Reach out to senior women and men with plans, ideas, and questions.
- Let people know clearly what you want – don't make them guess.
- Listen and read first, speak only when you have something to say. But SPEAK!
- If you are hearing something wrong, even if it is said confidently and by a man, have the courage to speak up and speak out and correct misstatements.
- Arrive at committee meetings a bit early, and strike up a conversation with someone, preferably someone you don't already know.
- Women are more reticent to ask their bosses for career promotion or salary increases compared to their male counterparts. There is never harm in asking, as long as it is done in a respectful manner.
- Find one or more mentors/sponsors that will promote your career. Show appreciation for them and interact with them regularly. Actively seek out one or two people (at least one should be a woman) who you can really trust and be very upfront about asking them if they are willing to serve as a mentor. If 'mentor' is too scary a word, ask them if you can approach them twice a year (and perhaps a few times as needed) with discrete questions. These may be about how to get from A to B in your career, how to deal with X (for example, local institutional politics), and to keep you informed about opportunities.
- Life is too short for toxic environments. If you find yourself in one, change it quickly. The negative effect it will have on your emotional and professional wellbeing will reduce your productivity, your career advancement and your joy in practising medicine.
- Believe in yourself; follow your dreams/aspirations even when times are tough. Don't let anyone tell you that you cannot succeed.
- Look for opportunities, and don't be afraid to identify yourself as the right person for the job.
- Find someone you trust, and don't be afraid to lean on them for help, and counsel.
- Establish your priorities - continue to strive for work/life balance by doing what matters most first. Remember that these may change over time, so revisit from time to time.
- You can do it all, but you can't do it all at once. While your kids are young, if you choose to have kids, it's likely not the best time to pursue your highest professional goals.
- Think about your career in five-year increments. What are your career goals for the next five years? Then set out to define strategies and tactics to achieve these goals. Think very clearly, early on, as best as you can, what you want to accomplish in the next five years (and 10 years if possible).
- I truly believe women are more likely to be better doctors than men. Women's intuition is real, and we have always had the intelligence. What we have lacked in the past was the opportunity. Trust yourself, even if it appears no one else does.
- If you don't succeed locally within your department, look for opportunities within the medical school, university or health system. If no opportunities in those areas, look nationally for opportunities with organisations.
- Find a side hustle. It could be medical student education, quality with NCQA, public

INTERVIEWEES

Carol Bauer, MD,

Ex-Chair and Professor Emeritus, Southern Illinois University (SIU) Department of Otolaryngology; Immediate Past President, American Otological Society.

Carol Bradford, MD,

Executive Vice Dean for Academic Affairs, University of Michigan Medical School; Chief Academic Officer, Michigan Medicine; Past Chair, Otolaryngology U-M Medical School; President-Elect, American Academy of Otolaryngology-HNS.

Sujana S Chandrasekhar, MD,

Past President, AAO-HNS/F; Secretary-Treasurer, American Otological Society; Consulting Editor, Otolaryngologic Clinics of North America; Recipient, AAO-HNS WIO Helen Krause Trailblazer Award and AMA Physician Mentor Recognition Award.

M Jennifer Derebery, MD,

Past President, AAO-HNS/F – first female President of the Academy; Past President, American Academy of Otolaryngologic Allergy; Partner and Chairperson of the Board of Directors, House Ear Clinic and Institute.

Karen Kost, MD,

Past President, Canadian Society of Otolaryngology-HNS; Past President, American Society of Geriatric Otolaryngology; Council member, American Laryngological Association (ALA); Recipient, AAO-HNS WIO Helen Krause Trailblazer Award.

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Past President, AAO-HNS/F, ALA, Society of University Otolaryngologists (SUO); Chair of Residency Review Committee; Exam Chair, American Board of Otolaryngology (ABOto), Past Division Chief, SIU Otolaryngology.

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Chair of Otolaryngology at Henry Ford Hospital; Vice President Middle Section of Triological Society; Chair of AAO-HNS Women in Otolaryngology Section