Barriers Pushed Aside: Insights on Career and Family Success from Women Leaders in Academic Otolaryngology

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Abstract

Objective. Although the literature adequately identifies the current gender inequality that exists in academic otolaryngology and describes the barriers to advancement of women in academic medicine, there is little information regarding the daily details of how successful women in academic otolaryngology achieve work-life balance. This study was designed to better understand how women in academic otolaryngology achieve work-life balance while negotiating family and childrearing commitments, clinical workload, and scholarly activity, as well as to highlight coping strategies and behaviors that women have used to achieve these successes.

Study Design. Qualitative research design.

Methods. Thirteen successful women in academic otolaryngology with children were recruited using a networking/snowball sampling methodology to participate in a semi-structured qualitative interview about the daily process of work-life balance in an academic otolaryngology practice. A focus group of 7 additional participants was held to validate critical topics/themes.

Results. Four broad categories of findings emerged from the study: (1) participants’ strong commitment to academic medicine, (2) the fluid/elusive nature of work-life balance, (3) specific approaches to successfully managing home life, and (4) insights related to achieving psychoemotional health.

Conclusions. The conflicting demands between home and professional life are one of the barriers to recruiting, promoting, and retaining women in academic otolaryngology. Fostering a better environment for work-life balance is critical to promote the advancement of women in otolaryngology and otolaryngology leadership.

Keywords
women in medicine, work-life balance, gender inequality, qualitative research

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identify positive coping strategies and behaviors that women have used to promote their own success while negotiating family commitments, clinical workload, and scholarly activity. In identifying these approaches, we hope they will be adopted by others and translated into further success for women in the workplace.

**Research Methodology**

**Design/Overview**

The study combined aspects of narrative research and grounded theory to understand how participants defined and experienced work-life balance at different life stages and to identify both specific actions and broader strategies participants used to achieve balance. Semistructured interviews generated the core findings of the study, which were further discussed in a 95-minute focus group resulting in consensus support for the study results. The first draft of the study results was shared with participants, of which all respondents endorsed the findings. The study was deemed exempt by the University of Washington School of Medicine Institutional Review Board.

**Sample/Participants**

Interviews were conducted with 13 women otolaryngologists, all of whom had children, were in academic medicine for at least 5 years, and either had achieved associate professor as a measure of academic success or had significant departmental (residency program director), university (associate dean), or national leadership roles (chair of an American Academy of Otolaryngology–Head and Neck Surgery committee). Additional participants were identified using snowball sampling by which existing participants recommended other colleagues to be interviewed. Participants ranged in age from 34 to 62 years, with a median/mean age of 47/48 years, and had 1 to 4 children between the ages of 1 to 30. One participant was divorced; all others were married.

Focus group participants were recruited from female otolaryngologists who had been in academic medicine for at least 5 years and were attending the Combined Otolaryngology Spring Meeting (COSM) in San Diego in 2017. The 7 focus group participants ranged in age from 39 to 52 years, with a median/mean age of 43/45 years, and had 1 to 3 children between the ages of 1 and 15. Two participants had NIH funding and 1 served as vice-chair of her department. None had participated in the prior semistructured interview process.

Our cohort represented 19 academic medical centers across all 4 major regions of the United States and all subspecialties of otolaryngology.

**Data Collection**

The interview protocol was based on major themes identified in the current literature on work-life balance and women’s professional challenges, as well as the experiences of the study team. Interviews were conducted in person or by phone. Interview questions explored 4 categories: (1) balancing career and family choices, (2) family planning, (3) strategies for professional advancement, and (4) mentorship. Interviews were recorded and transcribed verbatim, and the interviewers also took field notes. Interviews ranged from 35 to 97 minutes with a mean duration of 58 minutes. Dr Meyer or Bergmark conducted the interviews and jointly facilitated the focus group. Focus group participants were given a written summary of the study findings at the outset of the discussion. The purpose of the focus group was to assess agreement/disagreement regarding the study findings and to invite additional input regarding tactics for negotiating work-life balance. The focus group discussion was 95 minutes and was recorded and transcribed.

**Data Analysis**

The Dedoose online qualitative software package (version 8) was used to code both the interview and focus group transcripts. The high-level axial coding structure of the transcripts mirrored the 4 main topics explored in the interview protocol, with open coding used to tag participants’ specific responses. An initial round of coding was done using the first 4 interview transcripts, after which the interview protocol was refined. Subsequent interviews expanded the range of responses within the same overall coding hierarchy. Thematic saturation was achieved by the 10th interview. The final 3 interviewees were purposely recruited to ensure broader subspecialty representation, but their responses aligned with earlier findings.

Coding was done by Ms Acosta, a PhD candidate with a background in qualitative research methods and the field of gender in the workplace. Acosta, Meyer, and Bergmark reviewed the full set of compiled coded interview excerpts, synthesized the findings, and collaborated on the first draft. The remaining coauthors helped winnow the excerpt selections and further edited the manuscript. Coauthors brought diverse perspectives to the interpretation of the data (women’s studies, experience in academic otolaryngology, 3 current early career mothers, and 1 current late career mother). To further validate our conclusions, the initial manuscript was made available to both the interview and focus group participants for feedback with support of the study findings.

**Findings**

Four broad themes emerged from the study: (1) participants’ strong commitment to academic medicine, (2) the fluid/elusive nature of work-life balance, (3) approaches to successfully managing home life, and (4) insights related to promoting psychoemotional health.

**Commitment to Academic Medicine**

All participants expressed a passion and commitment to their career and to academic otolaryngology. However, the competing demands of family and clinical, administrative,
and scholarly commitments make academic medicine particularly challenging with regard to work-life balance.

My kids have asked me, “Why can’t you be a home mom like Aiden’s mom or Jimmy’s mom or whoever’s mom.” . . . I say “I work because I like to work” because that’s really why I work.

The Fluid/Elusive Nature of Work-Life Balance

Multiple participants disliked the word balance as it seemed to reference a static state, whereas they experienced a dynamic and shifting urgency in the tension between their work and family obligations over time. Managing family and career commitments was approached and experienced differently when children were young than when children were older or out of the house. Several participants noted their priorities and strategies shifted as children matured. When children were very young, all participants made a conscious decision to not work when the kids were awake and to either work after they had gone to sleep or leave work at work. As children became more independent, several participants described setting up work stations in a common area where everyone would do “homework” together.

I call it the elusive work-life balance. It is impossible to achieve. I struggle with it all the time. [It varies from] day to day and week to week. Some weeks or months, more things are going on at work and I spend more time on the work aspect and there are times where there were a lot of critical things going on at home and I have to back off at work and focus on the home. So it’s just kind of a tug of war.

For many years it was very hard [when my children were young]. It’s physically exhausting. It’s emotionally grueling.

Successfully Managing Home Life

Family planning. In this study, women had children in nearly every phase of their career: medical school, residency, fellowship, and as an attending. Some women who had children at younger ages felt that it may have been physiologically easier, but the time stressors with being a trainee and having minimal control of one’s schedule were more difficult. On the other hand, having children once one’s career was launched had advantages, yet the optimal biological fertility window may have passed and there may be more complications to the pregnancy and birth process. Multiple participants suggested that women should have children when they are ready without worrying about the logistical challenges or “burden” to a residency or department. In general, the participants felt there was no one right way to approach family planning; each individual should do what is right for her and her family.

I tell the women trainees and all women that it’s okay not to want to have kids. I don’t feel like every woman should have a kid, like I don’t feel like every guy should have a kid. But if you want to have kids, it’s more important for women to figure it out and pursue that during their child-bearing years. Because from everything I’ve heard about infertility issues, I think it’s hard, it’s expensive . . . insurance companies may not pay for it . . . so you’re better off having kids when you can have them biologically. I tell all the women trainees to pay attention to it.

There is no easy time to have kids, do it whenever it’s right for you and your family and definitely, don’t worry about the fact that it’s going to do anything to [mess] things up in your residency or your fellowship and training periods. And I do say, the year I had [my first child], it cost me about $1500 because that was my deductible. And the year that I had [my second child], it cost me $45,000 because I didn’t get a bonus because my RVU [relative value unit] goals were not met.

Child care. Most of the participants had full-time nannies at some point, especially when their children were young. This was felt to be critical to ensure a stable environment for their children while allowing the participant to work the earlier and later hours required of a surgeon. Daycare was not felt to be as useful an option because of the stress to “pick up” the child on time and also the concern that with any illness, one parent needs to abandon work to remove the child from daycare. Several individuals expressed how challenging it is to find reliable help.

Unfortunately, nobody wants to work 45 hours a week. Even if your nanny is willing to work 50 sometimes, they get unhappy very quickly . . . which means that on the weekends, you still have to get coverage. It’s kind of like putting a call schedule together for residency. . . . It’s a part-time job just finding good people to be around your kids.

Outsourcing tasks and simplifying life. Participants describe outsourcing unenjoyable tasks and simplifying their lifestyles.

I don’t mind driving my kids to play with a friend; I would be happy to sit and watch their Taekwondo lesson. So, I don’t pay a nanny to do that kind of stuff. But I’d be happy to pay someone to cook and clean and do the things that I don’t get any personal joy out of so I can take the time to play Candy Land with my kids instead.

We live very close to the hospital; we live literally across the street . . . we have consciously decided to live very simply.

One caveat to outsourcing household tasks is the concern that this may produce entitled, elitist, or lazy children if the
parents are not themselves modeling these tasks and if the family relies on hired help. Participants expressed angst that they may be unintentionally endorsing a poor work ethic in their children and appear to be spoiling them.

I worry about raising elitist kids but then I know they see my husband and me working [very hard].

**Find quality time.** Many families develop some sort of quality time or activity, such as a weekly pancake breakfast, device-free night, or making the effort to take the kids to school or pick them up.

Thursday mornings for me were somewhat flexible so . . . I stayed home and I made desserts, waffles, or pancakes for breakfast. . . . You don’t necessarily have to be there 7 days a week. Saturday and Sunday, sure, but I made that one day and they told their friends . . . and it was a big deal and they celebrate it. So it was a relatively small thing but it was a big deal [to my children].

Wherever you are, you’ve got to be present there. So you can’t make the mistake of choosing to do a family activity and then spend all your time ruminating about a work thing. And likewise, if you are going to give up a Saturday to come in for the research retreat or something, you can’t be stewing about how you wish you were at your kid’s hockey game. . . . So don’t spend your time in the place where you’re not.

**Achieving Psychoemotional Health**

**Use your personal goals as a compass to guide decisions when the course becomes unclear.** All participants portrayed a significant sense of self-determination, a sense of ownership of their choices, achievements, and deficiencies. There was not an emphasis on externally imposed limitations but rather on how to manage their own behavior to maximize available time and resources. Participants actively set their own immediate and long-term goals and made conscious choices to prioritize different aspects of their lives at different time points.

I think you have to have your heart in it, so it has to interest you. You have to find your own pathway. You have to find your own inspiration and you have to be happy. If you’re not happy, no one around you is going to be happy.

I control my choices. I control my attitude and reaction to issues. I am responsible for my own happiness and inspiration. I do not feel guilty for living my life in my own way.

When participants felt pulled in opposing directions or felt that their professional or scholarly obligations conflicted with their personal or family duties, participants reflected on their own goals and values to help guide decisions.

If I could go back and tell my younger self I would say, . . . Your kids are only young for a certain period of time. Don’t be anxious about this. It will come. You’re in the academic setting. These things will happen. Spend time with your kids while they’re young because, I’m telling you, it will go in a blink of an eye.

I guess three pearls. One would be always to prioritize your family because your career will always be there. But if you blow your family, you can never recover that. Number two, be very, very careful about committing to things that are not in your primary wheelhouse. Because those are the things that erode your time and they don’t advance your particular goals. The third thing I would say is to stay focused.

**Time and boundary management.** Participants used multiple successful strategies for time and boundary management at work. Different women compartmentalized clinical, scholarly, and family issues to different extents; some women kept these in distinct bins and others freely mingled the components. Long-term goals were used to help navigate external requests and protect valuable time—tasks that were not critical to long-term goals were declined or deferred. Additional useful techniques included completing essential administrative tasks with “ruthless efficiency,” and maintaining unwavering focus on the achievement of selected scholarly efforts.

Two months ago I was talking [to my daughter about Lent] . . . and she gave up her iPad, which was a really big deal for her. Then she looks at me, “What are you going to give up, Mom?” I was thinking lattes. She says to me, “Are you going to stop working from home?” I said, “What do you mean?” She answers, “You’re always doing something. You’re checking your phone, you’re saying, ‘Just a minute, let me answer this,’ or you’re going to get on the computer for just a minute, and all this other stuff . . . .” I didn’t even realize how much that little stuff was taking up. And I kept thinking if I could just get to the end of this list.

Many participants put a firm limit on the number of off-hour meetings or out-of-town conferences they would attend, and others were more opportunistic about these choices. Most participants endorsed some aspect of their life they felt they had to “give,” where they could not quite keep up and they grew to accept this imperfection.

When my kids were around, I did a lot to proactively manage my life. There were certain commitments that were nonnegotiable like clinic and the operating room, but I very deliberately put a limit on the number of meetings I would agree to go to a year. Initially, I’d go to two meetings a year and that was it, I did that for many years and then I increased slightly to three a year.
I keep my door closed a lot more than I used to. . . . And for the first while, I felt like I was being rude . . . but it has made a big difference for me.

**Be selective but open to opportunity.** In academia, where fostering a professional network, developing a local and national reputation, and participating in leadership roles may come with the sacrifice of personal and family time, participants were selective but also open and actively seeking opportunities that fostered promotion.

Thinking big picture about leadership and influence. . . . If you’re not there, if you’re not part of those conversations . . . there’s a risk that you won’t have those connections you need to push what you want forward. . . . I weigh those options very carefully, but I don’t avoid them.

If there’s [an] external request for my time . . . I have to ask, does this fit with my long-term goal? . . . I don’t have to refuse it, but maybe defer it. . . . I hate to let opportunities go . . . but if you overcommit, you’re not able to give your best either.

I think for many of my opportunities, people didn’t seek me out. . . . If you have a vision for something, put it out there and if it’s not perfect the first time, that’s okay too. But raise your hand, try a few things. If you don’t try, you’ll never win.

**Don’t feel guilt.** Many women admitted feeling guilty about imperfect performance in multiple sectors of their life due to competing demands: guilt for not spending enough time with their children or spouse, not being more available for administrative or clinical tasks, and not participating in more scholarly activities. Participants acknowledged that they must compromise performance in some roles because it is impossible to achieve top performance in all roles simultaneously. Nearly all participants commented that “shedding” this guilt was an important and “liberating” concept. They shifted their focus away from what they were not doing to what was being gained by making difficult personal choices.

That’s one of the things that kills me, if you count the hours that you are with your kids, it’s maybe one or two hours a day at the most. That is the part that makes me feel the most guilty. . . . You hope that your perspective is passed on during that hour.

I think the guilt. . . . Feeling when I’m at work, I should be spending more time at home and when I’m at home, I should be spending more time at work . . . you’re feeling guilty because you can’t achieve [the impossible]. . . . So I would say if you can avoid guilt and try to mentally not go there, I think that’s critical.

**Discussion**

The accomplished women academic otolaryngologists included in this study have navigated a fluid relationship between work and family obligations. Using their personal and professional goals as a guide, these women actively made decisions that allowed progression along the academic ladder while still protecting family time. Despite their successes, they described their course as difficult and work-life balance as elusive.

The struggle that women surgeons experience while trying to succeed in their family, clinical and academic roles contributes to why women remain underrepresented in academic leadership. As a specialty, diversification of our leadership, including the equalization of gender representation, will provide better care to patients from all walks of life.12-15 improve innovation in research/scholarly activities16 and also improve overall health care management and delivery.17 Women take longer to advance through the promotion process from assistant to full professor and leave academia at a higher rate.8 The reasons for this are multifactorial but also include the conscious decisions of women to devote time to family and childrearing.18 For the specialty of otolaryngology to respond to modern pressures and recruit and retain the most talented individuals, it is critical that we incorporate lifestyle considerations into training, practice, and academic and leadership roles.

All the women in this study expressed a strong commitment to academic otolaryngology that propelled them through difficult points in their careers; this commitment has been described in other academic surgical specialties and medical specialties.7 Participants consistently described setting both personal and academic goals and using them as guideposts for navigating short- and long-term decisions. Although this strategy has been put forward in previous works focusing on professional advancement,9,10 our participants emphasized using their personal, family, and professional goals as a lens through which to filter all decisions, even daily momentary decisions. Establishing goals allowed them to clearly discern where to set boundaries, determine which prospects to pursue, and place difficult choices into a perspective that would mitigate guilt over lost opportunities (Table 1).

Our participants reported challenges to succeeding in both family and academic life, and they described managing these roles as “scrambling,” “elusive,” and “continuously shifting.” This role strain,20 which is defined as the conflict experienced when managing competing life role obligations, is one of the many structural constraints to women entering, remaining, and succeeding in a profession as demanding as academic otolaryngology. Social role theory21 tells us that the importance of any given life role fluctuates over time in response to the demands, stresses, and rewards experienced in those roles.22 Women are subject to significant societal and self-imposed role strain in both career (clinician, administrator, researcher/scholar, educator) and family roles (mother, wife, daughter/parent caregiver). In 1 study, senior male researchers in academic medicine observed their
physician daughters struggle to negotiate multiple work-family roles yet described their own academic role as unencumbered by family obligations. These senior male researchers ironically viewed the multiple role planning as necessary for their physician daughters despite not doing it themselves. Studies have shown women report more role strain than men, although this may be changing as more men are participating to a greater extent in family-oriented roles.

Few of our participants mentioned significant female role modeling or mentorship in their early career. Lack of mentorship is cited as a barrier to women succeeding in academia. Female mentors with families serve as significant role models for men and women, and studies show the need for mentors in academic medicine who prominently value (high educational debt, single, lacking family in geographic proximity) out of the profession altogether. Ely and Meyerson label the kinds of strategies described in our study as “fix the woman,” rather than fixing a system that may be hostile to balancing professional and personal responsibilities. This critique highlights the significant impact a structurally inflexible workplace has on individuals balancing multiple life roles.

There are several limitations to our study. The snowball sampling technique tends to create cohorts in which participants have similar qualities, which may limit transferability to a broader population. There is a risk of overweighting certain themes due to the small sample size. We did not have representation of all ethnic or cultural groups, although our obtained sample also reflects the lack of ethnic diversity in academic otolaryngology. Finally, we only had representation of male/female marriage relationships with children but not other family structures.

**Conclusion**

The accomplished women academic otolaryngologists included in this study consistently described several strategies to foster a meaningful and satisfying life outside of their profession. A recent study has shown that maternal employment is associated with adult children who not only obtain a higher income and supervisory responsibility but also spend more time caring for family members. In management literature, businesses that have more favorable work-family policies have higher levels of organizational performance, market performance, and profit-sales growth. Extending this shift in perspective to academic surgery may bring anticipated benefits in terms of job satisfaction, performance, and ultimately retention of qualified individuals.

As discussed in the broader literature on work-life balance, the strategies shared in this study put the onus on the individual (woman) to adapt to a workplace design and organizational culture that are challenging to overall quality of life, and they may drive women with fewer resources (high educational debt, single, lacking family in geographic proximity) out of the profession altogether. Ely and Meyerson label the kinds of strategies described in our study as “fix the woman,” rather than fixing a system that may be hostile to balancing professional and personal responsibilities. This critique highlights the significant impact a structurally inflexible workplace has on individuals balancing multiple life roles.

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**Footnote from Tanya K. Meyer, MD**

Women are amazing and effective physicians. I know because my mother was an otolaryngologist (Figure 1). As a young girl, when I accompanied her to the store or the bank, she would often be approached by her patients thanking her for helping them or their children. They would exclaim, “Your mother changed my life” or “Because of your mom, I can hear!” She was a tiny Korean woman, but
in the 1960s to 1990s, she would don her high heels and red lipstick and confidently stride wherever she wanted to get whatever she wanted. From watching her, I assumed I could do the same—that nothing but my own limitations would create boundaries for me. But she never told me about the barriers she pushed aside—perhaps they were trivial to her or she believed those hurdles would become obsolete over time. But as I have followed in her path and reach to bring other women along the path beside me, I was inspired to identify how to make this process easier—to identify techniques that improve work-life balance. As women we have all bumped our head on the glass ceiling, become mired in the sticky floor, and been buffeted by swirls in the leaky pipeline. These are academic structural defects over which we have little control. I want to identify what I can control and describe positive strategies that all individuals can apply to maintain daily sanity and thereby continue to climb the academic ladder. My mother is no longer here to give me advice—but I recognize some of her strategies and I know she would approve.

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