

Original Research Article

Women in Otorhinolaryngology in Nigeria

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ABSTRACT

Background: Surgery has a predominantly male-dominated population, especially in Otolaryngology. Efforts have been made worldwide to improve gender equality in medicine, including Otolaryngology. Knowing the experience will help the curriculum develop.

Methods: An anonymous web-based survey was distributed via the WhatsApp group of the Otorhinolaryngological Society of Nigeria (ORLSON) platform using the survey monkey. A questionnaire-based study using a 10 stem questions, assessing demographics, academic progression, work life balance and factors affecting women in Otolaryngology in Nigeria was carried out in April 2020 for four weeks. All information gathered from the study was entered into Statistical Package and Service Solution (SPSS) version 20 and analyzed.

Results: A total of 37 women responded out of 48 women in Otolaryngology practice. Twenty-nine (78%) had complete responses to all the ten stem questions. Mean age of responders is 39 ± 7.28 years ± 7.27 S.D. Thirty-eight percent are consultant cadre, 86% are married. The average duration of residency is 7 years. A quarter of responders are interested in Head and Neck as a subspecialty. Thirteen-point eight percent experienced some form of sexual harassment during the course of residency training, 62% believe women lack mentorship in Otolaryngology while 59.46% did not feel disadvantaged as females in otolaryngology compared to their male counterparts.

Conclusions: Despite increase in women in surgical practice and a growing number of women joining residency programs, the number of female Otolaryngologists remains just a fraction of what it should be. The curriculum has many problems affected by gender.

Keywords: Gender, Nigeria, Surgical practice, Women, Otolaryngology

INTRODUCTION

Otolaryngology, like most surgical fields is a male dominated specialty. The proportion of females in Otolaryngology has however, been on a steady rise in the last decade. In 2017, the American Association of Medical Colleges reported that 17.1% of the 9,520 practicing Otolaryngologists in the U.S. were women an increase of 1.8% from 2015.¹ In Nigeria the number of ORL surgeons

doubled from 70 to 140 from 2009 to 2015, there is however no gender-based records.² Indisputably, there has been an increase in the number of women in the field since its first female, presently there are about 50 females in the specialty.

Since inception of the specialty of Otolaryngology in Nigeria less than 300 consultants have been trained. The experience of females while in training and as specialist

will impact the future generation of women coming into ORL. Most females, in addition to routine surgical drills have to contend with issues on gender equality, mentorship, child-bearing and other family related problems. The number of women in ORL has however been increasing despite all these challenges.

A majority of females in residency are parents and at their child-bearing ages.³ Combining a medical career especially in a surgical subspecialty with parenthood poses challenges. Despite all the challenges recent studies show a trend towards increased childbearing in women in surgery.^{3,4} Even with the number of the increasing women in surgery, their numbers in academic positions and other leadership roles remain low. A number of studies have suggested that gender may limit chances of promotion.⁵ Traditional African women roles in- family settings may also serve as constraints to the pursuit of academic career choices by women.⁶

The Otolaryngology training takes minimum of seven years to complete in Nigeria, a lot of doctors prefer to go for the specialties with shorter duration and thus there is a paucity of ORL surgeons especially females. The usefulness of mentorship in surgical training cannot be overemphasized. Mentor-mentee relationships are common in Otolaryngology in Nigeria they are however not structured. Mentorship for females is even less available and has been found in a systematic review on mentorship in surgical training as one of the barriers to effective surgical mentoring. Our study aims to find what it is like being female in Otolaryngology in Nigeria.

METHODS

An anonymous survey was distributed via the WhatsApp group of the Otorhinolaryngological Society of Nigeria (ORLSON) platform using the survey monkey to all females - residents and consultants in Otolaryngology in Nigeria between April 2020 to May 2020 for four weeks. The survey is a questionnaire-based study consisting of a 10-stem question-based questionnaire asking about socio demographics, residency training, family life and gender discrepancies.

Data on total number of women in Otolaryngology were obtained from the National Postgraduate Medical College of Nigeria (NPMCN) and West African College of Surgeons (WACS) websites.

All data obtained was entered into Statistical Package and Service Solution (SPSS) version 20 and analyzed descriptively. Statistical correlates were also used.

The study received full approval of the Clinical Research Ethics Committee of the National Ear Care Centre Kaduna.

The research included all Nigerian females Otolaryngologists, residents as well as consultants who

were practicing in the Nigeria, and the study excluded all females who were not present in the country during the study time.

RESULTS

Thirty seven of the 49 women in Otolaryngology in Nigeria responded to the survey. Twenty-nine (78%) had complete response. The age of respondents was 32 years while the minimum age was 55 years, mean age of respondents was 39.4±7.28 years ±7.27S.D. Eighteen (62%) are still in residency (Table 1) and about 86% are married (Table 2). Majority of the respondents are in the Northern geopolitical region of the country with the highest number in the capital city.

Table 1: Rank.

Value	Frequency	Percentage
Consultant	11	37.93
Junior Registrar	10	34.48
Senior Registrar	8	27.59
Total	29	100

Table 2: Marital status.

Value	Frequency	Percentage
Married	25	86.20
Single	3	10.35
Widowed	1	3.45

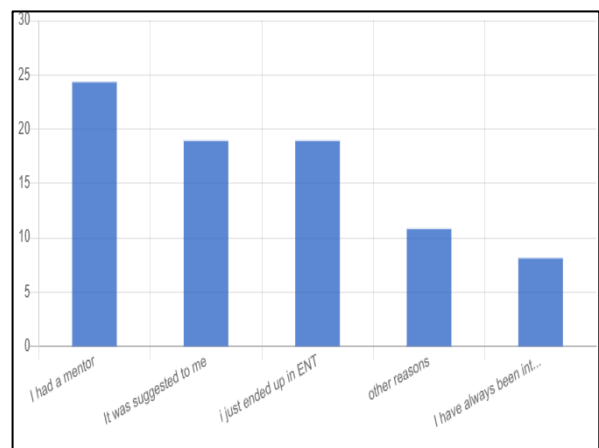


Figure 1: Reasons for choosing Otolaryngology.

Nine 9 (24.32%) respondents had a mentor and that was the reason they choose a carrier in ORL while only 3 (8.11%) said they had always had interest in ORL (Figure 1). Majority, (83%) had interest in sub-specialization with 24.32% choosing to pursue a carrier in head and neck surgery and only one person (2.7%) was interested in laryngology as a subspecialty (Figure 2).

Twenty two (62.1%) did not feel disadvantaged as a female Otolaryngologist compared to their male counterparts (Figure 3). Four respondents (10.8%)

encountered some form of sexual harassment. Fifteen (40.5%) did not think their gender is affecting their chances of getting leadership or administrative roles.

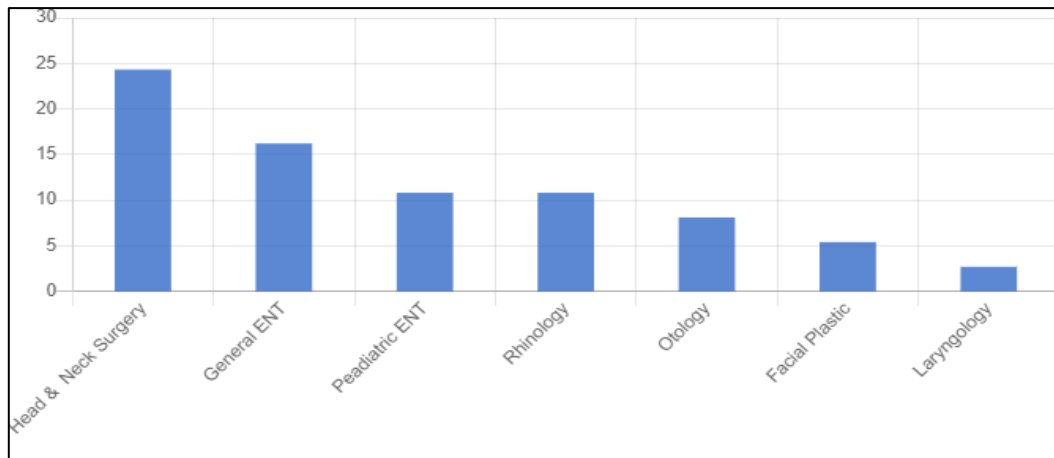


Figure 2: Which ORL subspecialty are you interested in?

Forty two percent of those who responded to having children during residency training missed some academic activities – courses/examinations due to family related issues while 39% had to pause/stop having babies.

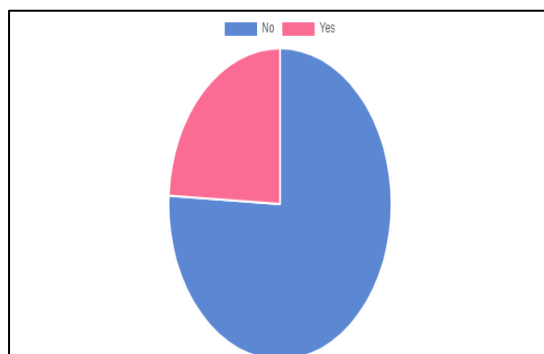


Figure 3: Did you feel disadvantaged as a female in ORL?

Eighteen (48.65%) responded yes to “do you think women lack adequate mentorship in ORL?” while five (13.51%) were not sure if women lacked mentorship in ORL. Twenty-one (56.76%) attributed long duration of the program negatively affecting females coming into ORL residency. Twenty-two (59.46%) will still advise other women to pursue a carrier in Otolaryngology. Reasons for cited for discouraging others joining the programme include: the training being stressful, lack of adequate mentoring, lack of equipment to practice and long duration of the program.

DISCUSSION

This is a pioneer study that provides an insight about what being female in Otolaryngology is in Nigeria. There has been a significant increase in Women in Otolaryngology

worldwide, Nigeria is not an exception. The present state of women in ORL in Nigeria as indicated by results from this survey shows women constitute about 10% of ORL doctors. However, with residents making up 62 percent of the female ENT population, there is a rise in the number of females joining Otolaryngology. Similar trends in rising female workers in Otolaryngology are also recorded in the United States.^{7,8} With a great percentage lacking mentors and believing that gender is a limiting factor to chances of getting academic and administrative roles.

Majority are in northern Nigeria with the capital city having the highest number of presence. This can be attributed to the number of training centres available in the region, the federal capital territory has two centres unlike most other states which have only one training centre except Lagos. The major ENT centre is also located in the north and has the highest number of ENT residents.

Only 8% had a prior interest in pursuing a carrier in ENT, others accidentally found themselves in the programme or started because it was the only option available. Whatever the initial reason for starting they persisted.

Although head and neck surgery is viewed as one of the demanding sub-specialty of Otorhinolaryngology, it is the most sort with 24%. This choice may be because it is the widely available subspecialty in most ENT training centres in the country. The unavailability of special equipment that may be required to practice subspecialties like rhinology, otology in some training centres as well as international training that will take them away from home may hinder exposure to such subspecialties. A similar study in Turkey also showed females interested in head and neck surgery as a top choice.⁹

Majority of respondents felt that being female did not put them in a disadvantaged position with regards to career and

academic progression or attaining leadership or administrative roles. Some reported that being female gave them an edge over their male counterparts. The residency training has a structured payment all over the country and all residents both male and female are paid the same salary. Thus, gender discrimination as reported by participants in this study is low.

However, issues with sexual harassment still abound with 38% of participants responding “yes” to being sexually harassed during the residency training. Grandis et al and Johnson also reported incidences of sexual harassment in females in Otolaryngology training.^{10,11} It is vital to identify sexual harassment so as to place appropriate checks to curb its occurrence.

For a lot of women, maintaining a good work-life-balance is a constant struggle. In addition to actively participating in professional work life women still have to contend with traditional family roles. Results from this survey revealed women missing out on courses/examinations due to family commitments with some having to postpone child bearing in favor of residency training.

Mentorship is a relationship in which a more experienced or more knowledgeable person helps to guide a less experienced person. The mentor may be older or younger than the person being mentored, but they must have a certain area of expertise such as the field of Otolaryngology.¹ As asked, do you agree that women lack sufficient Otolaryngology mentorship? From our outcome the answer to this question is “Yes” as majority of the responder did not have mentors however, few had mentors that influenced their interest into the field of Otolaryngology.

This is low compared to the developed world.⁶ Majority of the responders in our study are in the residency cadre, this is unlike report by Johnson although there may be a scarcity of senior role models from extrapolation of the responses.

In addition, their traditional gender roles may be incompatible with the demands of family commitments and may constrain career-related choices. There are still reported manifestations of sexual harassment as reported by about 38% of the responder similar to report by Johnson.⁶

CONCLUSION

Women have traditionally been under-represented in surgical fields including Otolaryngology in Nigeria but a gradual increase as obtained in other countries worldwide is observed with majority of them in the child bearing age and majority of them in Northern Nigeria. Most of them had mentorship which influenced their decision into the field, with limited reported cases of gender bias, overt

harassment or discrimination. Most are interested in head and neck sub-specialization to balance their traditional role. In order to improve work satisfaction and the accomplishments of female specialists in the field of Otorhinolaryngology, appropriate steps need to be taken to avoid gender discrimination and improve mentorship.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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