Women's Career Development

What Does This Have to Do With Men?

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In "Is There Still a Glass Ceiling for Women in Academic Surgery?", Drs Zhuge, Kaufman, and Velazquez demonstrate that women's increasing representation is not achieving hoped-for advances in gender equity.

One might counter that great strides forward have been made in the short space of 2 generations; women now outnumber men in entering classes at most universities and many medical schools, and most young women now take educational opportunities for granted. Furthermore, is it not simply likely that women who do not climb the ranks just prefer to devote more of themselves to their families or lack the necessary appetite for competition? The situation for men is not so great these days either. Besides, haven't we heard enough about this topic already?

There is some truth to the joke that the problem is not a glass ceiling—just a very dense layer of men. While men may not intend for their traditional dominance to inhibit the career development of women, gendered features of the culture are impeding women's reaching their potential.

AN EXPENSIVE, NEGATIVE CYCLE

Even though it appears that men and women work in the same organization, cultures operate to facilitate the growth and limit the privileges of some more than others. For instance, whereas norms of recognition support a man's drive, when a woman puts herself first, she is more open to criticism as "self-promoting" or "too big for her britches."[1] Many behaviors are evaluated differently depending on who is acting: *he's* confident, analytic, authoritative, good at details, open, passionate, whereas for the same behaviors *she* might be labeled conceited, cold, bossy, picky, unsure, and a control freak. Men do not react badly to other men asking for what they want and are free to push hard to promote their own interests, but both men and women expect women to be "nice."

This tightrope of acceptable assertive behaviors is even more precarious in surgery where authoritativeness is critical. Authoritative women are often perceived as unlikable, interfering with their leadership of the operating room team and with building relationships critical to clinical work and to career building.

At the same time, because of their lower numbers and because the bar is so high, the light shone on women is hotter and brighter than it is on men, meaning that every mistake is remembered.[2] These unconscious tendencies to evaluate men and women differently function like a lens affixed to the eye, interfering with accurate assessment. It will never suffice for women to deliver their best if they are judged by different criteria.

Despite increasing numbers of women in all fields, these double standards show no signs of diminution.[3] Recent studies show that during medical education gender continues to have substantial impact.[4] In clinical clerkships, many female students still default to stereotypically feminine behaviors (eg, apologizing, doing the work of support staff). Students begin discerning that women, but not men, are required to make sex-related adaptations to succeed, for instance, adjusting to a lack of automatic respect.[5] Women students are also less able than their male peers to negotiate uncomfortable situations with attendings.

For these and other reasons, women tend to emerge from clinical training with less powerful relationships with individuals who are key to their future.[6] Moreover, they miss out on critical networking opportunities that occur in lounges and on the golf course. Having a powerful career advocate is a clear advantage, but women also remain less likely to garner effective career mentoring or sponsorship, in part because many men are not as forthcoming or comfortable with women as with men proteges. It is through relationships with mentors and influential people that organizational structures become knowable and opportunities accessible. In such a power-oriented culture as surgery, if you're not at the table, you're on the menu.

These cumulative disadvantages contribute to the formation of what might be termed a "personal glass ceiling"—that is, women internalizing as *personal* the *cultural* difficulties they face,

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hence underestimating their own abilities, acquiring passivity, and limiting their goals.[7] For instance, without quite knowing what happened, the woman resident who won the annual research prize finds herself stuck with the beepers of her male peers attending the national conference. Or, in a job interview, a woman downplays her skills, saying "I'm just a surgery resident looking for a good position"—in situations where a male candidate promises "I'm a highly trained surgeon and I won't disappoint you."

Thus, even though women possess equivalent intellectual capital and appear to have the "right stuff," the negative cycle continues. Since few women progress to the senior ranks and administrative roles, young women lack models of success that they can both relate to and admire; many conclude that the success they envisioned is not possible. Because women who are not realizing their potential tend to quietly disappear, these dynamics remain largely unnoticed by most men and by young women who remain naive about the cultures they are entering, and the costs associated with women's wasted potential remain largely hidden.[8]

WHAT CAN INDIVIDUALS DO?

Given what is at stake, attracting and developing the best surgical talent, inaction is equivalent to denial. A contributing feature here is uncertainty as to how and when to discuss the sensitive subjects of real and perceived gender differences. Because everyone believes that they are fair, terms like "bias" and "discrimination" are not helpful, and in such a highly competitive environment the concept of "equity" lacks traction. Moreover, even though gender remains a powerful social category, few generalizations hold.

Therefore, a language of respect and invitation is essential, coupled with deep listening. Even though almost everyone assumes they are proficient, generative listening is actually an advanced communication skill. People tend to listen "on automatic," unconsciously sorting into categories, for example, right/wrong, agree/disagree. By contrast, a generative listener is asking him or herself, "what do you see that I don't?" and inviting the other to "say more."

Barriers to deep listening are legion: fatigue, a habit of drawing attention to oneself, feeling rushed, prematurely suggesting solutions or jumping in "to fix it." Thus, to remain curious, it is necessary to become aware of what interferes with one's ability to be fully present.

What else can individuals do? It is important for men to acknowledge that gender stereotypes continue to detract from the education[9] and practice environments, and hence, women's ability to achieve their potential (instead of joking that "we XYs don't notice these things"). Men might ask thoughtful (and courageous) women about their perceptions of gender-related career issues and their experience with harassment[10] or with the narrow band of assertive behavior[11] discussed earlier. Make it clear that you are serious about understanding these dynamics. In addition to the article featured in this issue, numerous background articles are accessible.[12–14]

Also, one must be willing to ask male colleagues, for example: "Is it possible that you hand the needle driver to men more often than to women trainees?"; "In meetings have you ever noticed that women have a harder time speaking up and are less likely to be taken seriously?"; "When writing letters for male compared to female trainees, do you ever use different emphases, e.g. focusing more on the men's skills and women's personalities?"; "How would you feel if your son was described as 'charming' or 'sharp elbowed'?"

People do not usually notice information that contradicts their preconceptions.[15] This tendency is pertinent not only with regard to improving the mentoring of women and minorities[16] but also with regard to improving patient care. Therefore, departments might consider offering Grand Rounds and other forums for learning to detect perceptual filters and to communicate across differences.

Many advantages accrue to those who engage in this work. Individuals who improve their listening skills become more effective mentors. Not only are they better able to individualize their approaches, finding the optimal balance of support and challenge, they maximize their impact in the limited time available for this activity. In this way they extend their own legacies. Obviously, they simultaneously become better at engaging with all kinds of people and forging all kinds of partnerships.

ADVICE TO WOMEN

Women who have achieved substantial career success—and who wish to help pave the way for the next generation—have already assimilated the following insights, but they bear repeating.

1. Take responsibility for your career. Once you take a job, identify expectations and critical success factors. Negotiate for resources to ensure your continuing professional development.
2. Be ready for conflict and heavy-duty competition. Avoid a victim mentality.
3. Expect occasional deauthorizing comments, which are usually intended to test your metal. By staying calm and focused, you avoid giving the speaker the upper hand. Let go of negative affect associated with hazing, power politics, and bias. Respond to patients' challenges with a sense of humor (for instance, "you were expecting someone taller, weren't you?" or "you may be wondering when the real surgeon is coming"). Strive for a light touch with your colleagues as well.
4. When dealing with a bully, get help early, perhaps from an ombudsperson, a faculty affairs dean, or human resources.
5. No matter how busy you are, forge relationships with numerous peers and colleagues so that they get to know you, and you build common ground on something of mutual interest *before* you need to grapple with a conflict. These conversations also provide a window into organizational politics and professional opportunities.
6. Develop a flexible style such that you are "tough enough" but not "too tough." Study and introduce yourself to great role models. If you have trouble developing confidence, finding your voice, drawing attention to yourself, or negotiating, seek out professional development programs and/or a coach.
7. Since whatever you do will be held to the light, pay attention to how others perceive you and to your appearance. Seek feedback and recommendations from trusted colleagues, asking: Do I look and sound professional, strong? What do I do too much of, not enough of?
8. Be aware of women's tendencies to expect more of other women than they do of men and to denigrate other women. These tendencies undermine the goodwill and trust necessary to improve the culture.
9. When you encounter gender stereotypes interfering with a process and also detect a window of opportunity, share your insights. Draw attention to the advantages of ensuring fair processes and of facilitating the development of all available talent.

CONCLUSION

People benefiting from business-as-usual and focused on the short term tend to believe that things are okay the way they are. But those who look ahead appreciate the need for the adjustments recommended here and in the article by Zhuge, Kaufman, and Velazquez.

To be sure, much more can be done to facilitate women's career development, particularly in allowing more temporal flexibility in training and in promotion structures,[17] including readily available less-than-full-time alternatives, which more men are calling for as well.[18] Unlike the adaptations discussed in this commentary, such improvements require consensus and resources.[19] But with no

expenditure of resources, everyone can become better at nurturing the talent in their midst. As the challenges facing surgery continue to multiply, access to and development of the best talent become ever more important. This has never been and will never be a "women's issue."

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