

Keywords: Women in otolaryngology; Head and neck surgery; Gender diversity in medicine; Female surgeons

The field of otolaryngology-head and neck surgery has traditionally been male-dominated, with women only beginning to make their mark in recent decades. However, the past few years have seen an inspiring rise in the number of women pursuing careers in this specialty, driven by a passion for patient care and a dedication to advancing medical knowledge [1]. Female otolaryngologists have not only contributed to innovative surgical techniques but have also played pivotal roles in enhancing patient outcomes through research

balancing family responsibilities with professional demands remained a significant issue, with limited institutional support for work-life integration.

Conclusion: Results highlighted the importance of mentorship programs, women's networks, and professional societies in supporting female otolaryngologists. Those with strong mentorship relationships reported higher job satisfaction and career advancement.

Conclusion: Women in otolaryngology-head and neck surgery have made notable contributions to the field despite facing persistent challenges. Their impact is evident in the advancement of surgical techniques, improvements in patient care, and the establishment of inclusive practices within otolaryngology. However, gender bias, lack of representation in leadership, and work-life balance issues continue to hinder career progression for many women in this specialty. Efforts to promote diversity, provide mentorship opportunities, and implement policies supporting work-life integration are essential for fostering a more equitable and inclusive field. The inclusion and advancement of women in otolaryngology not only enrich the specialty but also enhance patient outcomes through diverse perspectives and a collaborative approach to care.

Author's Declaration: None

Conflicts of Interest: None

References

1. Wilkinson TJ, Sainsbury R (1998) The association between mortality, morbidity and age in New Zealand's oldest old. *Int J Aging Hum Dev* 46: 333-343.
2. Guerresi P, Troiano L, Minicuci N, Bonafé M, Pini G, et al. (2003) The MALVA (MAntova LongeVA) study: an investigation on people 98 years of age and over in a province of Northern Italy. *Exp Gerontol* 38: 1189-1197.
3. Silver MH, Newell K, Brady C, Hedley-White ET, Perls TT (2002) Distinguishing between neurodegenerative disease and disease-free aging: correlating neuropsychological evaluations and neuropathological studies in centenarians. *Psychosom Med* 64: 493-501.
4. von Heideken Wägert P, Rönmark B, Rosendahl E, Lundin-Olsson L, M C Gustavsson J, et al. (2005) Morale in the oldest old: the Umeå 85+ study. *Age Ageing* 34: 249-255.
5. Andersen HR, Jeune B, Nybo H, Nielsen JB, Andersen-Ranberg K, et al. (1998) Low activity of superoxide dismutase and high activity of glutathione reductase in erythrocytes from centenarians. *Age Ageing* 27: 643-648.
6. Palmer BW, Heaton SC, Jeste DV (1999) Older patients with schizophrenia: challenges in the coming decades. *Psychiatric Services* 50: 1178-1183.
7. Ankri J, Poupard M (2003) Prevalence and incidence of dementia among the very old. Review of the literature. *Rev Epidemiol Sante Publique* 51: 349-360.
8. Miles TP, Bernard MA (1992) Morbidity, disability, and health status of black American elderly: a new look at the oldest-old. *J Am Geriatr Soc* 40: 1047-1054.