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ORIGINAL RESEARCH

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Microaggressions in European versus American Workplace Environments of Otolaryngology-Head and Neck Surgery

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Abstract

Objective: To compare the workplace experience of European and U.S. members of the otolaryngology community.

Methods: European and U.S. otolaryngologists-head and neck surgeons (OTO-HNS) were surveyed through three otorhinolaryngological societies. We inquired about personal and observed experiences of differential treatment in the workplace related to age, biological sex, ethnicity, disability, gender identity, political belief, and sexual orientation. Results were compared according to the world region. Differential treatment was used as a proxy for microaggressions.

Results: A total of 348 practitioners participated in the survey: 148 American and 230 European OTO-HNS. European OTO-HNS reported significantly higher proportions of observed or personal experiences of differential treatment based on age ($p = .049$), language proficiency ($p = .027$), citizenship ($p = .001$), hair texture ($p = .017$), height/weight ($p = .002$), clothing ($p = .011$), and professionalism ($p = .002$) compared with U.S. OTO-HNS. Differential treatment related to political belief ($p = .043$), socioeconomic status ($p = .018$), and ethnicity ($p = .001$) were higher in the United States compared with Europe. Feelings of exclusion ($p = .027$) and consideration of leaving their position ($p = .001$) were significantly higher in the United States compared with Europe. In both the United States and Europe, female OTO-HNS reported more frequent differential treatment related to biological sex than males.

Conclusion: Differential treatment, or microaggressions, related to personal characteristics or behavior varied in the United States and Europe with more ethnicity-based microaggressions in the United States and physical characteristic-based microaggressions in Europe. In both regions, females were more subject to microaggressions than males. More efforts are needed to tackle microaggressions and discrimination in the clinical and academic workplace of the Western otolaryngology community.

Level of Evidence: 4.

KEYWORDS
discrimination, ethnicity, head neck, microaggression, otolaryngology, race, racism, religion, surgery, survey, workplace

1 | INTRODUCTION

Diversity and equity initiatives are often misunderstood as preferential treatment in an effort to remedy historical unfairness, these endeavors do benefit the medical community. Professional societies and healthcare institutions have increased their efforts to identify microaggressions and discriminations, especially regarding Black, Indigenous, people of color, or BIPOC individuals who often bear the brunt of this aggressive behavior.[1–3] Within the medical community, the surgical field is commonly seen as having a conservative culture and the surgical subspecialty of Otolaryngology-Head and Neck Surgery remains an example.[4,5] The Otolaryngology-Head and Neck Surgery is predominantly comprised of White and male members, with underrepresentation of females and non-White practitioners in academic positions.[6] Moreover, recent data from the United States reported that Otolaryngology ranks last in its efforts to increase the number of African diaspora and Latin individuals.[7]

Microaggressions are defined as "the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership."[8] When individuals are subjected to a continuous barrage of microaggressions in their environment, the accumulation of small insults can lead to personal and institutional harm.[9–12] To date, many works have been conducted in North America regarding microaggressions and discriminations in Otolaryngology.[5,7] However in Europe few studies have been published in Otolaryngology on the topic, although there has been a demonstrable increase in interest and reports from other specialties, such as general surgery.[4,13]

The aims of this study are to both characterize and assess the prevalence of microaggressions in Otolaryngology in Europe in comparison with the United States.

2 | METHODS

2.1 | Survey design

An online survey assessing the workplace environment was adapted from the 2013 Texas A&M campus climate survey and further supplemented with original questions based on the current microaggression literature. Participants were asked to rate the frequency with which they observed or personally experienced differential treatment related to different aspects of self-identity. In addition, participants were asked general questions about their work environment. The survey included 10 demographic and 4 general questions investigating the following variables: age, biological sex, disability, gender identity, language proficiency, citizenship, ethnicity, political belief, sexual orientation, and socioeconomic status (Appendix A). Participants rated each item with a 6-point Likert scale ranging from "I observed this daily" to "I have not witnessed this at my institution." This study was considered exempt [from a requirement for written informed consent] by the Institutional Review Board review by the University of Illinois Chicago.

2.2 | Survey distribution and data collection

The survey was developed using SurveyMonkey® (SurveyMonkey Inc., San Mateo, CA, USA). Each participant could complete the survey only once. The survey was emailed to 1,383 members of the International Federation of Otorhinolaryngological Societies (IFOS) and 1,590 practitioners from the Harry Barnes Society or Society of University Otolaryngologists on two occasions. The survey was also distributed via email to the program coordinators of 125 academic otolaryngology programs in the United States on two occasions, with the request that the coordinator forward the email to their department members. The responses of participants were collected anonymously. Only complete responses were considered in the analysis. The responses were reported and stratified into two groups: European and U.S. otolaryngology head and neck surgeons (OTO-HNS). The survey is available for review in Appendix A.

2.3 | Statistical Analyses

Statistical analyses were performed with the Statistical Package for the Social Sciences for Windows (SPSS version 22,0; IBM Corp, Armonk, NY, USA). The differences in response between groups were evaluated using a Kruskal–Wallis test or χ^2 test. Subgroup analyses were carried out considering gender outcome in European and American groups.

3 | RESULTS

3.1 | Setting

Out of at least 2,973 practitioners who received an email to participate, 407 participants completed the survey (13.7%). Among them, 148 OTO-HNS were located in the United States and 230 OTO-HNS were located in Europe. There were 83 (56.1%) and 113 (49.1%) females in the United States and European groups, respectively. One participant was non-binary in the U.S. group. The demographic features of both groups are described in Table 1. Overall, the European responders were younger than the U.S. participants. There were more residents and Associate Professors in the European group compared with the U.S. group, whereas there were more senior faculty responders in the U.S. group. The groups demonstrated significant differences in religions and ethnicities (Table 1), while they were homogenous regarding sexual orientations.

3.2 | Observed Events of Microaggression

European and U.S. OTO-HNS did not report significant differences in the proportions of observed events in which a practitioner was treated differently because of biological sex, disability, gender identity,

TABLE 1 Demographic features.

Demographics	Europe ($N = 230$)	USA ($N = 148$)	p value
Age group			
18–24	4 (1.7%)	0 (0%)	
25–34	128 (55.7%)	47 (31.8%)	
35–44	53 (23.0%)	47 (31.8%)	
45–54	26 (11.3%)	29 (19.6%)	.001
55–64	15 (6.5%)	14 (9.5)	
>65	4 (1.7%)	9 (6.1)	
No response	0 (0)	2 (1.4)	
Institution role			
Resident	84 (36.5)	30 (20.3)	
Fellow	19 (8.3)	6 (4.1)	
Junior faculty	41 (17.8)	31 (20.9)	
Senior faculty	50 (21.7)	53 (35.8)	.001
Professor Associate	32 (13.9)	12 (8.1)	
Professor	1 (0.4)	2 (1.4)	
No response/other	3 (1.3)	14 (9.5)	
Religions			
Protestant	1 (0.4)	1 (0.7)	
Catholicism	3 (1.3)	19 (12.8)	
Christianity	85 (37.0)	17 (11.5)	
Judaism	0 (0)	42 (28.4)	
Islam	1 (0.4)	16 (10.8)	.001
Buddhism	0 (0)	0 (0)	
Hinduism	0 (0)	2 (1.4)	
Other	12 (5.2)	9 (6.1)	
Atheism/No religion	97 (42.1)	38 (25.7)	
Sexual orientation			
Heterosexual/straight	210 (91.3%)	137 (92.6%)	
Gay	6 (2.6%)	5 (3.4%)	
Lesbian	2 (0.9%)	1 (0.7%)	
Bisexual	3 (1.3%)	4 (2.7%)	.521
Asexual	3 (1.3%)	0 (0%)	
Questioning	2 (0.9%)	0 (0%)	
No response	4 (1.7%)	1 (0.7%)	
Ethnicity			
White (Caucasian)	195 (84.8)	93 (62.8)	
Black	1 (0.4)	30 (20.3)	
Hispanic	33 (14.3)	9 (6.1)	.001
Asian	1 (0.4)	13 (8.8)	
Middle Eastern	1 (0.4)	3 (2.0)	

language proficiency, citizenship, political belief, or sexual orientation (Table A1). European OTO-HNS reported significantly higher proportions of observed differential treatment based on age ($p = .049$) compared with U.S. OTO-HNS (Table 2). U.S. OTO-HNS reported higher proportions of differential treatment based on ethnicity and socioeconomic status than European practitioners (Table 2).

3.3 | Personally Experienced Events of Microaggression

U.S. and European participants reported similar rates of personal experiences where they were treated differently based on age, biological sex, disability, gender identity, sexual orientation, socioeconomic

TABLE 2 Personal experience, observation or witnessing of discrimination events.

	Europe						USA						
	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	
Observation or witnessing of an event in which someone was treated differently because of													*p* value
Age	21.0	17.9	12.2	23.1	4.4	21.4	9.6	14.4	16.4	26.7	6.8	26.0	.049
Ethnicity	7.0	7.9	7.4	14.4	4.8	58.5	11.5	10.8	14.9	27.0	4.7	31.1	.001
Socioeconomic status	7.9	7.5	10.6	17.2	6.6	50.2	12.9	10.9	14.3	24.5	4.8	32.7	.018
Personal experience of different treatment because of													
Language proficiency	2.2	2.2	2.6	10.0	6.1	76.9	1.4	0.7	0.7	5.4	1.4	90.5	.027
Citizenship	0.4	2.2	4.4	8.8	6.1	78.1	1.4	0.0	1.4	2.0	1.4	93.9	.001
Political belief	0.9	3.5	1.8	7.5	4.8	81.6	1.4	2.0	4.1	14.2	9.5	68.9	.043
Ethnicity	0.0	0.9	1.8	3.9	4.8	88.6	6.8	4.1	5.4	11.5	6.8	65.5	.001
Hair texture	8.7	12.7	14.0	22.7	9.2	32.8	2.7	7.4	10.1	27.7	6.8	45.3	.017
Height/weight	9.2	15.4	15.4	21.1	3.9	35.1	2.0	8.8	10.1	25.0	8.8	45.3	.002
Clothing	7.9	13.1	13.1	21.0	10.	34.9	3.4	4.8	10.2	23.1	8.8	49.7	.011
Professionalism	10.6	17.6	20.7	19.4	5.3	26.4	4.1	11.6	11.6	25.2	5.4	42.2	.002

Abbreviations: Da, daily; Few, Few times in the past year; Mo, monthly; Ne, never; On, once in the past year; We, weekly.

status, and professional rank (Table A1). European participants more frequently experienced differential treatment based on language proficiency ($p = .027$) and citizenship ($p = .001$) compared with the United States. However, U.S. participants more frequently experienced differential treatment related to political belief ($p = .043$) and ethnicity ($p = .001$) than European participants (Table 2). When considering individual characteristics and features such as hair texture, height/weight, clothing, and professionalism, European participants experienced these microaggressions more frequently than U.S. participants (Table 2). There were no significant differences between regions regarding characteristics such as friendliness, religion, relationship status, or family planning (Tables A1 and A2).

3.4 | Negative impacts on personal and professional life

In comparison to European participants, U.S. participants more frequently reported feeling like others dismissed their personal experiences as well as feelings of exclusion. Further, they had more trouble finding mentors and more frequently felt the need to dress or act a certain way to maintain respect from their peers (Table 3). They felt unable to advocate for themselves or others about racism, sexism, or religious discrimination (Table 3). They also more frequently experienced derogatory comments and were mistaken for another colleague or role in the institution (Figure 1). Moreover, U.S. OTO-HNS more frequently felt that they had to work harder for the same opportunities compared with their peers (Table 3). The proportions of American OTO-HNS who have considered leaving their position because of the workplace environment were significantly higher than those of the European group (Figure 1) (Table 3).

In contrast, European OTO-HNS more frequently felt like they were the subject of jokes, like someone was talking behind their back, and felt as if they were given more simple tasks compared with their peers (Table 3).

3.5 | Gender influences

The impact of gender on observed or personal experiences of microaggression is reported for Europe in Table 4 and the United States in Table 5.

The following results were found for both European and U.S. cohorts. Females observed and personally experienced more frequent microaggressions based on biological sex compared with males. Females also more frequently reported being subject to condescending behaviors, were mistaken for another co-worker or role, felt the need to dress or act a certain way to gain respect, and felt like they needed to work harder for the same opportunities as males.

In Europe, microaggressions related to gender identity, ethnicity, and age were more frequently reported by females compared with males. In contrast, male OTO-HNS more frequently reported microaggressions related to sexual orientation than females. European females felt more frequently humiliated compared with males, which is not the case in the U.S. (Table 4).

In the United States, females more frequently reported feeling like others made negative assumptions about their intelligence or felt surprised about their knowledge compared with males (Table 5). Females were also more frequently interrupted or spoken over compared with males. The other variables did not significantly differ between genders in the United States and Europe.

TABLE 3 Personal experience of discrimination comments.

Personal experience of comments/ events about other features	Europe						USA						*p* value
	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	
Dismiss my experience	4.8	7.4	10.0	17.0	17.9	42.8	7.4	10.8	9.5	28.4	12.2	31.8	.030
Exclusion from my colleagues in my institution	1.3	6.6	7.9	17.5	12.2	54.6	7.5	6.1	5.4	23.1	11.6	46.3	.027
Jokes about me	2.6	3.9	10.5	16.6	12.7	53.7	2.0	0.7	4.1	10.8	12.2	70.3	.012
Talking about me behind my back	4.0	8.8	11.0	20.7	11.0	44.5	4.8	0.7	6.8	14.3	12.9	60.5	.002
Mistake me for another role in hospital	4.8	7.5	7.0	11.0	11.0	58.6	4.7	6.8	13.5	23.0	8.8	43.2	.005
Give me more simple tasks compared with my peers	3.1	5.8	4.4	12.4	7.1	67.3	3.4	2.7	2.7	4.8	4.8	81.6	.045
Felt the need to dress or act	5.3	9.2	2.6	18.0	8.3	56.6	10.1	4.7	9.5	16.9	4.1	54.7	.007
Consideration to leave my position because environment	2.2	4.4	4.8	21.0	14.8	52.8	10.1	9.5	5.4	16.2	5.4	53.4	.001
Unable to advocate for myself/others about racism/sexism/religion discriminations	0.4	3.1	3.1	11.0	5.7	76.7	4.7	3.4	4.7	18.9	7.4	60.8	.007
Trouble finding mentors with whom I related	2.6	6.1	3.1	20.5	7.0	60.7	10.8	4.1	8.8	21.6	8.8	45.9	.001
To work harder for the same opportunity compared with colleagues	6.6	5.8	5.3	21.7	9.3	51.3	15.5	4.1	9.5	20.9	4.7	45.3	.025

Abbreviations: Da, daily; Few, Few times in the past year; Mo, monthly; Ne, never; On, once in the past year; We, weekly.

4 | DISCUSSION

Recently, our group published the results of a bi-national study highlighting the prevalence of microaggressions related to ethnicity in the Western otolaryngology head and neck surgery community.[14] The phenomenon is being actively explored in the US literature; however, it has seldom been investigated in Europe.

In this study, we compared the experience of differential treatment and microaggressions between Europe and the U.S. otolaryngology communities and found both similarities and differences. Among differences, U.S. OTO-HNS experience more ethnicity-based microaggressions than their European counterparts. Notably, 31.1% of U.S. OTO-HNS were able to respond "never" regarding observing ethnicity-related microaggressions and 65.5% responded "never" to personally experiencing them. In contrast, 58.5% and 88.6% of European OTO-HNS were able to say "never" for observing or experiencing these ethnicity-related microaggressions, respectively.

Racial/ethnic inequities in otolaryngological or surgical communities are not a new phenomenon. Both microaggressions and overt discrimination can be encountered at every step of the education pathway, starting as early as primary school.[15] With regards to medical education, the inequities established in early schooling continue well into medical school and residency, where they manifest as limited access and under-representation for ethnic minorities in certain specialty fields.[12,16] In the United States, the representation of Black, Hispanic, and Native or Indigenous students remains low among medical school matriculants compared with their proportions in the general population.[12,16] According to a report by the Association of American Medical College, only 11.8% of medical school graduates were minorities in 2018.[12,16] In otolaryngology, underrepresented minorities accounted for only 6.7% of US residency applicants in 2020.[12,16] Truesdale et al. reported that the proportions of non-White physicians gradually decrease as the hierarchy ascends from resident physician to full academic professor.[7] All of these observations supported the importance of diversity and inclusion initiatives in the United States. In Europe, there is no national or continent data about the progress of minorities in medical school and otolaryngology residency programs, which limits the comparison.

While there were fewer ethnicity-related microaggressions, European OTO-HNS did report significantly higher proportions of microaggressions related to age, language proficiency, citizenship, hair texture, height/weight, clothing, and professionalism compared with U.S. OTO-HNS. Microaggressions related to language proficiency and citizenship can be attributed to ethnocentrism or the tendency for individuals to judge others through the lens of their own culture as the set standard. In comparison, microaggressions based on physical appearances and perceived professionalism are more interesting to interpret. Research has shown that physical attributes like height and attractiveness can influence occupational success, with multiple theories for why this may be the case.[17] One explanation may be that how one dresses and presents themselves is a sign of how well one fits into the dominant culture and/or communicates one's social status. Therefore, microaggressions rooted in external appearance may also be intertwined with ethnocentrism and the social constructs of the dominant population.

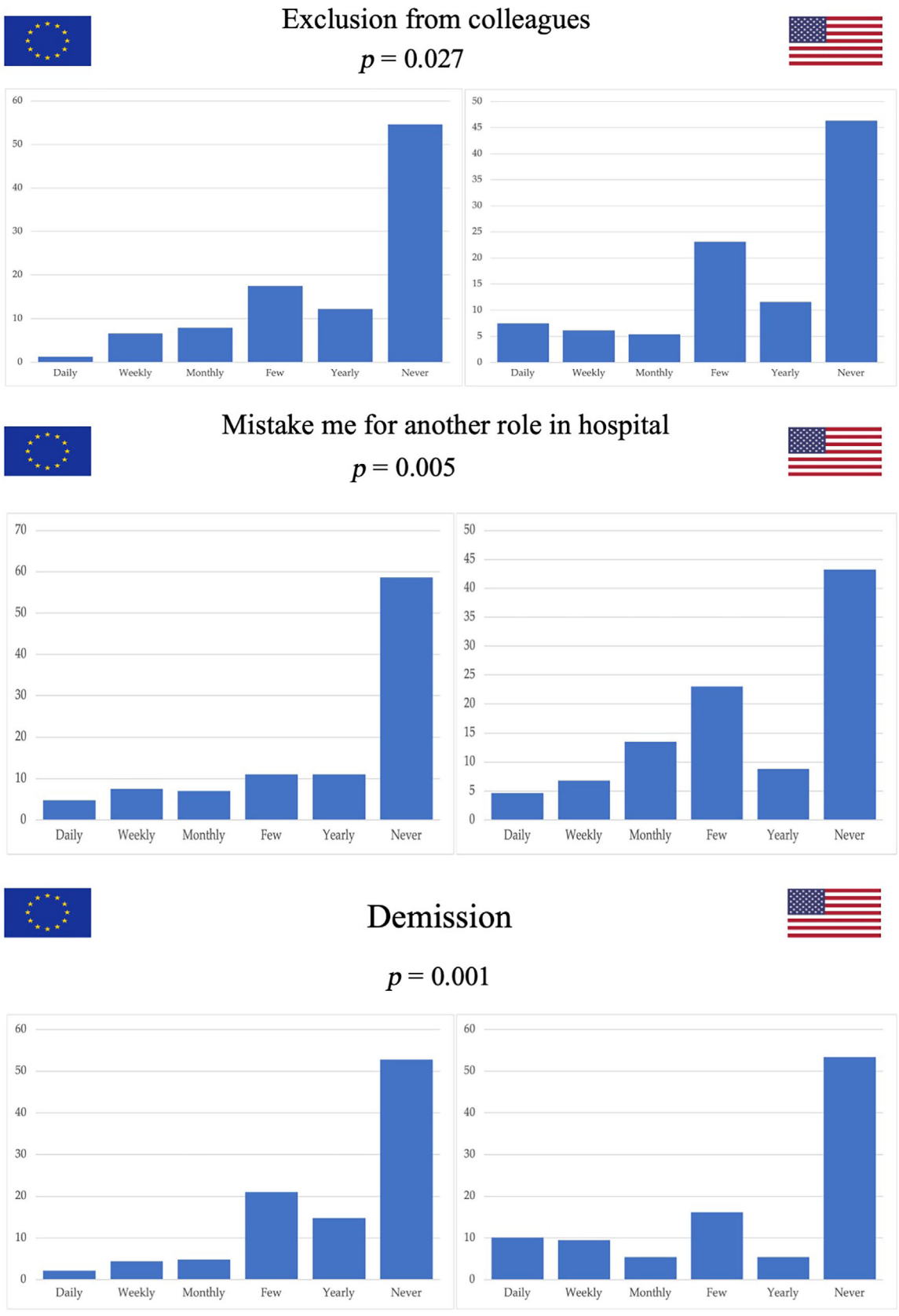

FIGURE 1 Demission, exclusion from colleagues and role confusion outcomes. American OTO-HNS more frequently reported exclusion from colleagues, confusion of hospital role, and feeling of leaving position than European OTO-HNS.

TABLE 4 Gender differences in Europe.

	Females ($N = 113$)						Males ($N = 117$)						p value
	Da	We	Mo	Few	On	Ne	Da	We	Mo	Few	On	Ne	
Observed or witnessed discrimination events													
Observation of biological sex discrimination	15.4	20.8	15.4	20.1	4.7	23.5	7.2	15.9	17.4	12.3	8.7	38.4	.014
Observation of gender identity discrimination	8.1	10.1	7.4	18.1	4.7	51.7	3.6	3.6	4.3	22.5	8.0	58.0	.005
Observation of ethnicity discrimination	4.7	10.1	12.1	17.4	4.7	51.0	6.6	6.6	6.6	16.1	5.1	59.1	.023
Personal experience of discrimination related to													
Age	8.1	15.4	13.4	22.8	9.4	30.9	7.2	5.1	8.7	16.7	12.3	50.0	.043
Biological sex	10.7	12.8	21.5	20.8	6.0	28.2	3.6	4.4	4.4	5.8	2.2	79.6	.001
Gender identity	4.1	1.4	1.4	7.4	0.0	85.8	1.5	1.5	0.7	0.7	0.0	95.6	.001
Sexual orientation	0.7	0.7	1.3	2.7	0.0	94.6	1.5	0.7	0.7	3.0	1.5	92.6	.001
Other personal experiences													
Negative assumptions about my intelligence	0.7	8.7	9.4	19.5	12.8	49.0	2.9	4.4	5.8	8.8	13.9	64.2	.140
Interruption and speaking over me	5.4	13.4	12.8	28.9	10.1	29.5	4.4	5.1	16.1	25.5	7.3	41.6	.313
Humiliation	0.0	2.7	4.7	10.1	7.4	75.0	2.2	0.7	4.4	5.1	11.7	75.9	.030
Condescending	2.7	4.1	10.8	15.5	8.8	58.1	1.5	0.7	6.6	11.8	8.8	70.6	.187
Mistake me for another role in the Hospital	7.4	10.1	14.8	18.1	8.1	41.6	1.5	2.2	3.7	8.1	11.9	72.6	.001
Surprising about my knowledge or competent	1.3	8.1	8.7	19.5	13.4	49.0	1.5	4.4	5.2	11.9	12.6	64.4	.195
Felt the need to dress or act	7.4	6.7	8.1	18.8	6.0	53.0	2.9	5.9	1.5	16.9	5.1	67.6	.001
Felt to need to work harder for same opportunities	8.2	4.1	10.9	25.2	6.1	45.6	3.7	5.9	3.7	15.4	7.4	64.0	.001

Abbreviations: Da, daily; Few, Few times in the past year; Mo, monthly; Ne, never; On, once in the past year; We, weekly.

Rosario and Wollen[18] explored the concept of hair bias amongst pharmacists, wherein providers with natural hair feel pressured to change it in favor of more Eurocentric hairstyles to look more professional ("like a pharmacist") despite that hairstyle plays no role in the actual definition of professionalism. In another qualitative study, underrepresented minority medical students reported implicit pressure to alter their hair [is this the Jean study too? I think it is based on what I read]. They also reported adapting other aspects of their behavior, such as style of speech, while on their clinical rotations to perform well. Balancing one's personality and culture with the desire to achieve in a Eurocentric environment places a mental burden on minority students that is not similarly experienced by their White counterparts.[19] Of note, these aforementioned studies were completed in the United States, and there is little available in the European literature on this topic, despite our findings that hair and clothing-centered microaggressions are reported more frequently by European OTO-HNS. To this point, European and U.S. responders are likely describing the same experiences of being treated differently, albeit through a different lens. Specifically, while Europeans recognize microaggressions toward individual facets of ethnicity (comments on hair, language proficiency, the way they dress), U.S. responders may synthesize these individual experiences into the overarching umbrella of ethnicity-based microaggressions. This difference in interpretation likely originates in the social systems found in both cultures. Whereas the United States may have more experience outwardly labeling individual events as racist or discriminatory, Europeans may be more reticent or specious in their language. Clearly, this is a phenomenon that requires further exploration.

Subgroup analyses showed that among European and American OTO-HNS, females reported observing and experiencing more microaggressions than males. These results corroborate those in orthopedic surgery, where Black female orthopedic surgeons reported lower occupational opportunity and higher discrimination events than Black and White male orthopedic surgeons.[20] Furthermore, Parini et al.[4] reported that 62% of female surgeons surveyed in Italy felt that gender affected the way they were treated at work. In this study, 59% of women reported experiencing sexual harassment at work, however only 10% reported it. Specific to otolaryngology, a Canadian study revealed that female OTO-HNS reported verbal and nonverbal sexual harassment more frequently compared with their male colleagues.[21] Pereira reported that females were underrepresented across all academic ranks in top-rated U.S. otolaryngology programs, which unquestionably exacerbates these conditions.[6] These studies should motivate our medical community to invest in

TABLE 5 Gender differences in United States.

	Females ($N = 83$)					Males ($N = 64$)						*p* value
Observed or witnessed discrimination events												
Observation of biological sex discrimination	25.5	23.4	14.9	8.5	4.3	23.4	2.3	14.0	7.0	30.3	11.6	34.9	.002
Observation of gender identity discrimination	4.3	8.5	10.6	23.4	8.5	44.7	4.7	7.0	11.6	16.3	14.0	46.5	.937
Observation of ethnicity discrimination	23.4	14.9	10.6	27.7	4.3	19.1	11.6	7.0	16.3	27.9	4.7	32.6	.399
Personal experience of discrimination related to													
Age	10.6	12.8	10.6	21.3	6.4	38.3	7.1	2.4	9.5	19.0	9.5	52.4	.456
Biological sex	25.5	10.6	12.8	14.9	2.1	34.0	7.0	4.7	4.7	4.7	4.7	74.4	.005
Gender identity	2.1	2.1	2.1	8.5	2.1	83.0	2.3	2.3	4.7	2.3	2.3	86.0	.847
Sexual orientation	2.1	0.0	0.0	2.1	0.0	95.7	2.3	0.0	4.7	4.7	0.0	88.4	.432
Other personal experiences													
Negative assumptions about my intelligence	6.4	10.6	10.6	31.9	12.8	27.7	4.7	4.7	0.0	16.3	20.9	53.5	.027
Interruption and speaking over me	10.6	21.3	12.8	25.5	8.5	21.3	7.0	2.3	7.0	25.6	16.3	41.9	.037
Humiliation	0.0	6.4	0.0	12.8	19.1	61.7	2.3	2.3	4.7	9.3	4.7	76.7	.111
Condescending	2.1	4.3	14.9	25.5	14.9	38.3	4.7	2.3	4.7	4.7	11.6	72.1	.014
Mistake me for another role in the Hospital	6.4	14.9	12.8	31.9	10.6	23.4	4.7	4.7	7.0	14.0	11.6	58.1	.022
Surprising about my knowledge or competent	6.5	6.5	6.5	28.3	17.4	34.8	4.8	2.4	9.5	4.8	2.4	76.2	.001
Felt the need to dress or act	10.6	17.0	8.5	21.3	10.6	31.9	14.0	4.7	4.7	11.6	9.3	55.8	.153
Felt to need to work harder for same opportunities	25.5	6.4	6.4	25.5	6.4	29.8	18.6	4.7	4.7	23.3	14.0	34.9	.815

Abbreviations: Da, daily; Few, Few times in the past year; Mo, monthly; Ne, never; On, once in the past year; We, weekly.

diversity initiatives and support the growing number of female physicians and surgeons worldwide.

One additional observation relates to personal identification with organized religion. Our results show that the number of people who identify themselves as atheists was much higher in Europe, although the number of respondents who identified as Christian was also higher. The relationship between organized religion and the perpetuation of racial and gender bias is documented.[22] This finding does support the complex nature of bias, discrimination, and the intersection of personal identity characteristics with perceived treatment. As such, this is another lens through which workplace microaggression may be explored in future studies.

Irrespective of geography, ethnicity, and gender microaggressions significantly impact the work and well-being of the practitioner and may be tied to increased physician burnout and resignation.[23] Combating microaggressions is an important issue in Western societies like Europe and the United States in which individuals of different nationalities, ethnicities, orientations, beliefs, and cultures live and work together.[14] Future efforts should focus on the intersection of ethnicity and gender, as women of color may be some of the most vulnerable individuals in our profession.

The study has several limitations. First, the U.S. and European populations significantly differed according to age, academic position, and religion, which may influence the responses. However, some of these features may be related to differences in the University and healthcare systems between the United States and Europe. In most European countries, the medical curriculum starts after high school and lasts 6 years, whereas in the US a 4-year undergraduate degree is required before matriculation to US medical school with few exceptions. Most OTO-HNS in Europe are board certified at 29–30 years old, which is earlier than in the United States. The same argument may be used for academic positions, which substantially vary from the United States to Europe. The differences between American and European participants in religious practices are related to cultural differences and historical events between both continents.

Second, the survey was created based on an existing climate questionnaire, but it is not a validated measurement tool. Participants may have interpreted the questions differently based on experience. As suggested in our previous work, responders may have only considered comments they personally interpreted as negative as "differential treatment," whereas microaggressions do not necessarily need to be perceived as negative by an individual to cause harm.[14] Part of our commentary is to appreciate the various lenses through which individuals may view these types of questions.

5 | CONCLUSION

Differential treatment and microaggressions related to personal characteristics varied in the United States and Europe with more ethnicity-based microaggressions in the United States and physical characteristic-based discrimination in Europe. In both regions, females were more often subject to microaggressions than males, highlighting intersectionality. More efforts are needed to tackle microaggressions and discrimination in the clinical and academic workplace of the Western community of otolaryngology.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest.

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APPENDIX A: SURVEY (SURVEY WAS SPREAD THROUGH MONKEYSURVEY)

A.1 | Part 1: demographics

1. Identification and role at work.
2. How would you define your role at work? 1 = student, 2 = resident, 3 = fellow, 4 = junior faculty, 5 = senior faculty, 6 = PA, 7 = NP, 8 = I prefer not to say), 9 = other.
3. Which race/ethnicity best describes you (1 = White, 2 = Black, 3 = Hispanic, 4 = Asian, 5 = middle eastern)? No answers for Indian American, prefer not to answer, or multiple ethnicities
4. What is your religion? 1 = Protestant, 2 = Catholicism, 3 = Christianity, 4 = Judaism, 5 = Islam, 6 = Buddhism, 7 = Hinduism, 8 = Inter/nondenominational, 9 = Atheism, 10 = No religion, 11 = Multiple, 0 = anything else. If no religion is selected, then they are no religion regardless of whatever else they selected. If there are multiple selected they are coded as nondenominational, if there is an "other" in addition to a selected religion, then the selected religion is what is coded
5. How would you describe your gender(1 = Fe, 2 = Ma, 3 = non-binary)
6. What is you sexual orientation (1 = heterosexual/straight, 2 = Gay, 3 = Lesbian, 4 = Bisexual, 5 = Asexual, 6 = Questioning, 7 = I prefer not to answer)?
7. Which of the following would you say plays the largest role in determining your self-identity (1 = gender, 2 = nationality, 3 = religion, 4 = race, 5 = I prefer not to answer, 6 = other)?
8. How would you describe your citizenship status (1 = citizen, 2 = permanent citizen, 3 = not a citizen)?
9. In which world region do you currently live (1 = Western Europe, 2 = Eastern Europe, 3 = Western offshoots, 4 = Western Asia, 5 = Africa, 6 = Latin America, 7 = Other)?
10. In what age group do you fall (1 = "18–24," 2 = "25–34," 3 = "35–44," 4 = "45–54," 5 = "55–64," 6 = "65+," 7 = "I prefer not to answer")?
11. About how long have you been at your current institution (1 = "0–3 years," 2 = "4–6 years," 3 = "7–10 years," 4 = "11–15 years," 5 = "16–20 years," 6 = ">21 years," 7 = "I prefer not to answer")?

A.2 | Part 2: observed or witnessing other experiences

1. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of AGE (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
2. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of BIOLOGICAL SEX (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
3. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of DISABILITY (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
4. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of GENDER IDENTITY (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
5. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of LANGUAGE PROFICIENCY (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
6. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of MILITARY EXPERIENCE/VETERAN (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
7. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of CITIZENSHIP (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
8. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of POLITICAL BELIEF (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
9. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of RACE ETHNICITY (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
10. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of SEXUAL ORIENTATION (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?
11. How often you have OBSERVED or WITNESSED an event in which you thought someone else was treated differently because of SOCIOECONOMIC STATUS (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution)?

A.3 | Part 3: personal experiences

Same question as Part 2.

A.4 | Part 4: others

1. Share how often you have EXPERIENCED these conditions. In the past year, at my institution people ACT AS A BARRIER TO RESOURCES (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
2. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people DON'T UNDERSTAND MY EXPERIENCES (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
3. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people DOUBT MY JUDGMENT on a matter over which I have responsibility(1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
4. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people DISMISS MY EXPERIENCE (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
5. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people EXCLUDE ME (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
6. Share how often you have EXPERIENCED these conditions. In the past year, at my institution people INTERRUPT OR SPEAK OVER ME (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
7. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people MAKE ASSUMPTIONS ABOUT MY INTELLIGENCE OR ABILITIES (usually negative) (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
8. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people MAKE DEROGATORY COMMENTS ABOUT ME(usually negative) (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
9. Share how often you have EXPERIENCED these conditions. In the past year, at my institution people MAKE ME FEEL LIKE I DON'T BELONG (usually negative) (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
10. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people MAKE JOKES ABOUT ME (usually negative) (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
11. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people ATTEMPT TO PREVENT ME FROM SUCCEEDING (usually negative) (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
12. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people ATTEMPT TO PUBLICLY HUMILIATE ME (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
13. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people PUT ME DOWN OR ARE CONDESCENDING (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
14. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people TREAT ME AS IF I AM INVISIBLE (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
15. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people SHOW LITTLE INTEREST IN MY OPINION (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
16. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people TALK ABOUT ME BEHIND MY BACK (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
17. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people MISTAKE ME FOR ANOTHER COWORKER (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
18. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people MISTAKE ME FOR ANOTHER ROLE IN THE INSTITUTION (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
19. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people GIVE ME MORE SIMPLE TASKS COMPARED WITH MY PEERS (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
20. Share how often you have EXPERIENCED these conditions. In the past year, at my institution, people ARE SURPRISED WHEN I AM KNOWLEDGEABLE OR COMPETENT (1 = daily,

2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).

21. Considering my work environment, in the past year, I have…FELT ALONE (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
22. Considering my work environment, in the past year, I have…FELT THE NEED TO DRESS OR ACT a certain way to be recognized/respected in my role (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
23. Considering my work environment, in the past year, I have…CONSIDERED LEAVING MY POSITION because of my work environment a certain way to be recognized/respected in my role (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
24. Considering my work environment, in the past year, I have…Felt like I was UNABLE TO ADVOCATE FOR MYSELF OR OTHERS when remarks were made about me or my co-workers (racism, sexism, Islamophobia, homophobia, etc. (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
25. Considering my work environment, in the past year, I have…HAD TROUBLE FINDING MENTORS WITH WHOM I RELATE (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
26. Considering my work environment, in the past year, I have…FELT THE NEED TO CENSOR MY SPEECH OR BEHAVIOR TO GAIN RESPECT OF MY PEERS (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
27. Considering my work environment, in the past year, I have…Felt the need to HIDE OR DOWNPLAY A SIGNIFICANT PART OF MY IDENTITY in order to fit in and appear more professional (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).
28. Considering my work environment, in the past year, I have…FELT I HAD TO WORK HARDER for the same professional opportunities compared with my peers (1 = daily, 2 = weekly, 3 = monthly, 4 = A few times in the past year, 5 = Once in the past year, 6 = I have not witnessed an experience like this at my institution).

TABLE A1 Personal experience, observation, or witnessing of discrimination events.

	Europe						USA						
	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	*p* value
Observation or witnessing of an event in which Someone was treated differently because of													
Biological sex	13.9	17.0	14.8	15.7	6.1	32.6	10.1	20.9	15.5	18.9	8.1	26.4	NS
Disability	6.1	6.5	5.7	14.3	6.5	60.9	4.8	6.1	10.9	14.3	6.1	57.8	NS
Gender identity	7.0	7.4	6.1	17.0	7.8	54.8	4.1	6.8	8.8	25.0	6.8	48.6	NS
Language proficiency	7.4	9.1	12.6	20.9	8.3	41.7	10.1	12.8	18.9	25.0	5.4	27.7	NS
Citizenship	5.2	7.8	10.4	20.4	10.0	46.1	3.4	6.1	6.8	18.9	9.5	55.4	NS
Political belief	4.8	6.1	9.1	16.5	5.7	57.8	6.8	9.5	12.2	23.0	6.1	42.6	NS
Sexual orientation	5.3	4.4	7.9	16.2	3.5	62.7	4.7	4.7	7.4	23.0	7.4	52.7	NS
Personal experience of different treatments because of													
Age	10.0	10.0	12.6	20.4	9.1	37.8	4.8	9.5	8.2	19.0	11.6	46.9	NS
Biological sex	7.9	8.7	10.9	11.8	2.6	58.1	12.8	8.1	14.2	14.2	6.1	44.6	NS
Disability	0.4	0.4	1.3	2.6	1.3	93.8	1.4	0.0	0.0	3.4	1.4	93.9	NS
Gender identity	3.5	1.3	2.2	4.0	0.4	88.5	2.0	2.0	0.7	5.4	0.7	89.2	NS
Sexual orientation	1.3	0.9	2.2	3.5	0.4	91.6	2.0	0.0	0.0	2.0	0.7	95.3	NS
Socioeconomic status	1.8	2.6	4.4	8.4	4.8	78.0	2.0	0.7	4.1	6.1	3.4	83.8	NS
Professional rank (position)	11.9	11.9	11.5	22.0	4.8	37.9	10.9	9.5	8.8	22.4	4.8	43.5	NS
Friendliness	11.8	18.8	16.2	17.0	3.5	32.8	6.8	14.4	18.5	25.3	7.5	27.4	NS
Religion/spiritual beliefs	3.5	3.9	4.8	14.0	7.4	66.4	1.4	1.4	4.1	18.9	8.1	66.2	NS
Relationship status	7.9	10.1	12.3	21.5	7.5	40.8	2.0	6.8	10.1	22.3	10.1	48.6	NS
Family planning	3.1	7.9	11.9	19.8	7.5	49.8	1.4	6.8	8.8	24.5	4.1	54.4	NS

Abbreviations: Da, daily; Few, Few times in the past year; Mo, monthly; Ne, never; NS, non-significant; On, once in the past year; We, weekly.

TABLE A2 Personal experience of discrimination events related to other things.

Personal experience of comments/ events about other features	Europe						USA						*p* value
	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	Da 1	We 2	Mo 3	Few 4	On 5	Ne 6	
Lack of understanding about my experiences	3.9	7.4	12.2	24.5	10.9	41.0	9.5	9.5	10.2	21.8	5.4	43.5	NS
Doubt about my judgment on a matter of my responsibility	3.9	10.5	12.7	23.7	15.8	33.3	6.1	12.9	9.5	24.5	13.6	33.3	NS
Interrupt or speak over me	5.2	10.5	13.5	25.3	11.4	34.1	6.8	9.5	12.8	29.1	6.8	35.1	NS
Assumptions about my intelligence/abilities	2.2	5.7	7.4	14.0	15.7	55.0	3.4	8.8	6.8	20.9	11.5	48.6	NS
Derogatory comment about me	1.7	3.9	9.6	16.6	10.0	58.1	4.1	2.0	2.7	15.5	11.5	64.2	NS
Make me feel like I don't belong	3.9	4.4	8.3	15.8	13.2	54.4	4.7	4.1	5.4	16.2	13.5	56.1	NS
Attempt to prevent me from succeeding	2.7	4.4	6.6	14.6	11.5	60.2	4.8	4.1	2.7	12.2	8.2	68.0	NS
Attempt to publicly humiliate me	0.4	1.8	5.7	7.9	11.0	73.2	2.0	3.4	1.4	10.1	8.8	74.3	NS
Put me down or are condescending	2.2	2.2	8.4	12.3	10.6	64.3	2.7	3.4	10.1	17.6	8.8	57.4	NS
Treat me as if I'm invisible	3.1	3.5	3.5	11.0	8.4	70.5	3.4	3.4	8.8	14.9	6.8	62.8	NS
Little interest in my opinion	1.8	5.3	9.7	24.2	18.5	40.5	5.4	4.7	8.1	18.9	15.5	47.3	NS
Mistake me for another colleagues	3.1	4.8	4.4	11.0	12.3	64.5	3.4	4.7	8.1	14.9	10.1	58.8	NS
Surprise about my knowledge/competence	1.3	6.7	7.1	16.4	13.3	55.1	4.1	4.7	7.4	16.2	10.8	56.8	NS
Felt alone	3.0	7.8	7.0	27.0	13.5	41.7	4.7	11.5	12.2	25.0	10.1	36.5	NS
Felt the need to censor my speech to gain respect	3.1	6.6	7.5	18.4	9.2	55.3	9.5	4.7	6.1	17.6	8.1	54.1	NS
Felt the need to hide/downplay a significant part of my identify to appear more professional.	4.4	4.8	5.7	15.7	10.5	59.0	7.4	7.4	4.7	13.5	6.8	60.1	NS

Abbreviations: Da, daily; Few, Few times in the past year; Mo, monthly; Ne, never; NS, non-significant; On, once in the past year; We, weekly.