Women in Surgery Essay Competition

"***What can surgical associations do to encourage more women to pursue a career in surgery***?”

“Don’t you think it’s a little unfair,” a fellow medical student once asked me, “that there’s a whole initiative for Women in Surgery, but not one for Men in Surgery?”

He meant no offence, but I was still a little affronted by the notion. To imply that we do not need a ‘Women in Surgery (WinS)’ movement is to deny the fact that the playing field is not level. It ignores the fact that for centuries, women have been barred entry into surgical fields, underestimated and undervalued in contrast to their male counterparts. Hurdles have been present at every stage of the process, from medical school admission to surgical training and career advancement. Thanks to the brilliant efforts of bold lobbyists and pioneers before us, much progress has been achieved. In 1919, there were only four women Fellows of the Royal College of Surgeons of England. This number rose to 1184 in 2009 and continues to climb1.

Nevertheless, there is still a paucity of females in surgery, especially in more senior positions. NHS Digital reports that in 2018, 54% of foundation trainees in surgery were women, yet only 12% of consultant surgeons were women2. In fact, across all specialties, there were more male consultants than women. These statistics are suggestive of insidious deterrents preventing women from attaining higher career grades. This essay aims to offer a personal perspective into the challenges faced by women interested in surgical professions, and potential approaches surgical associations can adopt to address the current gender imbalance*.*

Social media has become an omnipresent reality in our everyday lives – 90% of doctors were reported to use social media in 2011, with even greater usage rates amongst medical students3. This makes it an indispensable tool that surgical associations should take advantage of. Social media campaigns have been used in the past to spark dialogue and oppose bigotry. The #ILookLikeASurgeon hashtag4 trended worldwide on Twitter, where aspiring and practicing surgeons alike posted photos of themselves to advocate for greater diversity in surgery, garnering over 250 million impressions within a year. Similarly, surgical associations ought to harness the power of social media through similar initiatives to stamp out any misconceptions women might have that discourage them from pursuing surgical professions. Inviting female surgeons to share their experiences and advice via Instagram ‘stories’ could have a tangible and magnifiable effect in boosting recruitment and retention, a good example being ASGBI’s #HowIBecameAWomanInSurgery campaign. A single post could go a long way in challenging the norm and empowering multitudes of young girls.

Hashtag movements also create online communities where female surgeons, trainees and medical students from all walks of life are able to network, seek guidance and gain job or research opportunities. Surgery has often been dubbed an ‘old boys club’, a daunting misnomer for many. Now, more than ever, virtual communities have unprecedented value and could quell feelings of isolation associated with being in a minority group. Many medical schools have their own ‘Women in Surgery’ societies, and the Royal College of Surgeons in England’s WinS Forum provides excellent advice for women in chasing their professional aspirations. If more surgical associations (particularly those of subspecialties where women are glaringly underrepresented) were to establish their own WinS committees, this would vastly increase engagement and provide necessary resources some women might otherwise not have access to. Studies show that positive role models motivate students to consider careers in surgery5-8 – associations can meet this demand through mentoring schemes or by highlighting the achievements of female surgeons through dedicated conferences, awards or scholarships. One great example is the Association of Women Surgeons Podcast, a series of inspiring interviews featuring leaders in their respective fields9.

A 2019 BMJ survey of women in surgical disciplines reported that 88% of respondents felt that surgery was still a male-dominated field, with 59% experiencing discrimination against females10. Misogynistic comments are too often dismissed as ‘banter’, and many find it hard to speak up especially in a setting where they feel outnumbered. This can be jarring for medical students to witness during clinical years or even during shadowing schemes. A 2005 US study found that 92.8% of female students had come across at least one incident of gender discrimination and sexual harassment in medical school11. First and foremost, surgical associations need to acknowledge that discrimination does indeed exist, that it is a form of career repression, and that it should not be tolerated12. Proactive steps should be taken to prevent misconduct from occurring in the first place – surgical associations can collaborate with Human Resource departments to reinforce anti-harassment regulations, improve training and streamline the reporting process. Where codes of conduct are not being adhered to, associations should ensure that complainants (regardless of gender) are supported when reporting offenders, and importantly, follow through to ensure that these complaints are handled appropriately by employers. Hotlines could be set up for individuals to get reassurance and advice if they feel hesitant to come forward.

The measures outlined above will help protect against explicit gender discrimination, but it is critical for surgical associations to also stay committed in the fight against covert gender bias. This is often difficult to self-identify, as it has been embedded into our consciousness by age-old societal expectations and cultural assumptions14. Workshops aimed at eradicating implicit bias should be conducted to help members recognize their own unknowing prejudices and encourage them to challenge preconceived stereotypes and gender-normative assumptions. This has previously been shown to be effective in increasing gender-equity-promoting actions13. Table 1 describes a sample worksheet aimed at provoking reflective thought14 – uncomfortable questions can help us confront intrinsically biased behaviour, both in ourselves and in others. Consistent education in ‘bias transformation’ will raise awareness of this pervasive problem and bring about systemic cultural reform, quashing subliminal gender bias before it translates into decision-making.

**Table 1. Reader Exercises14**

Listed are a series of suggested reader exercises for examining the role that implicit gender bias may have played in past interactions.

|  |  |
| --- | --- |
| Exercise | Description |
| 1 | Look back and reread recommendation letters you have written for female and male candidates. What was your focus? Was it the normative gender traits? How likely were you to discuss skill and intellect? Did it vary with the gender of the surgical trainee? |
| 2 | Think of a time when you experienced gender discrimination, either as a witness or as a victim of this. Did you leave or consider leaving your place of employment? |
| 3 | Review interactions you have had with mentorship, either as a mentor or as a mentee. What were the components of this relationship? How was this relationship successful? How could it have been improved on? Did gender dynamics play any role in these interactions? |

Before starting medical school, I got the opportunity to shadow a consultant in Obstetrics and Gynecology. It had been a thrilling week of interesting procedures, from emergency caesarean sections to laparoscopic oophorectomies. Yet what I remember the most is the surgeon telling me, as we left the operating theatre on the final day for the last time, “if you want to be a mother, this is probably not a good specialty for you.” As an impressionable Year 12, I thought *oh, okay then –* and in my mind a huge cross was immediately etched across O&G as a viable career option, even though I’d grown increasingly keen in the specialty over the course of the attachment.

Women have perennially been fed the problematic narrative that we must balance work and family, and if we cannot cope, sacrifice one over the other. But when did the onus fall solely on mothers? In the aforementioned BMJ study, nearly half of the participants said that improved quality of life and flexibility in part-time pathways would attract more women into surgery. 34% stated that the profession was not conducive to motherhood and family life, with 16% citing childcare issues10. This indicates that existing measures (less than full-time training and maternity leave) might not be providing adequate support15. Associations could set up advisory committees to provide guidance to pregnant surgeons or new parents who might have specific problems regarding managing work and their caring responsibilities, such as unreasonable job contracts or overly stringent criteria for paid maternity leave. To lower the attrition rate of female surgeons, associations can assign ‘diversity managers’ to identify personalized solutions for minority employees facing challenges staying in their current positions16. Focus groups and interviews should be conducted to collect more information on what other strategies might be needed – these could start from as early as the family planning stage.

Going back to the question posited by my course mate at the start of this essay, my answer was - and still is - a firm and resolute no. We need to champion for Women in Surgery because historically, we have been overlooked. We need a unified voice to embolden more women to pursue the career paths they desire and to increase the visibility of women in surgery. The upward trends of increasing participation are encouraging to see, for they demonstrate the capability of the surgical workforce to evolve. Surgical associations have the power and responsibility to further improve current demographics and create an even more inclusive environment for the generations of surgeons to come.

Word Count: 1384

**References**

1. Royal College of Surgeons. (n.d.). *History of Women in Surgery.* Retrieved from <https://www.rcseng.ac.uk/careers-in-surgery/women-in-surgery/history/>
2. Moberly, T. (2018). A fifth of surgeons in England are female. *BMJ*, k4530. https://doi.org/10.1136/bmj.k4530
3. George, D. R., Rovniak, L. S., & Kraschnewski, J. L. (2013). Dangers and opportunities for social media in medicine. Clinical obstetrics and gynecology, 56(3), 453–462. https://doi.org/10.1097/GRF.0b013e318297dc38
4. Logghe, H. J., McFadden, C. L., Tully, N. J., & Jones, C. (2017). History of Social Media in Surgery. Clinics in colon and rectal surgery, 30(4), 233–239. https://doi.org/10.1055/s-0037-1604250
5. Erzurum, V. Z., Obermeyer, R. J., Fecher, A., Thyagarajan, P., Tan, P., Koler, A. K., Hirko, M. K., & Rubin, J. R. (2000). What influences medical students' choice of surgical careers. Surgery, 128(2), 253–256. https://doi.org/10.1067/msy.2000.108214
6. Baxter, N., Cohen, R., & McLeod, R. (1996). The impact of gender on the choice of surgery as a career. American journal of surgery, 172(4), 373–376. https://doi.org/10.1016/S0002-9610(96)00185-7
7. O’Connor, M.I. (2016). Medical School Experiences Shape Women Students’ Interest in Orthopaedic Surgery. Clinical Orthopaedics & Related Research 474, 1967–1972.. doi:10.1007/s11999-016-4830-3
8. Flint, J.H., Jahangir, A.A., Browner, B., & Mehta, S. (2009). The value of mentorship in orthopaedic surgery resident education: the residents' perspective. The Journal of bone and joint surgery. American volume, 91(4), 1017-22 .
9. Association of Women Surgeons. Association of Women Surgeons Podcast [Audio podcast]. Retrieved from https://awspodcasts.libsyn.com/website
10. Bellini, M. I., Graham, Y., Hayes, C., Zakeri, R., Parks, R., & Papalois, V.. (2019). A woman’s place is in theatre: women’s perceptions and experiences of working in surgery from the Association of Surgeons of Great Britain and Ireland women in surgery working group. BMJ Open, 9(1), e024349. https://doi.org/10.1136/bmjopen-2018-024349
11. Stratton, T. D., McLaughlin, M. A., Witte, F. M., Fosson, S. E., & Nora, L. M. (2005). Does students' exposure to gender discrimination and sexual harassment in medical school affect specialty choice and residency program selection?. Academic medicine : journal of the Association of American Medical Colleges, 80(4), 400–408. <https://doi.org/10.1097/00001888-200504000-00020>
12. Sturgiss, E. Sexism in surgery: It’s time to do something. Retrieved from <https://reporter.anu.edu.au/sexism-surgery-it%E2%80%99s-time-do-something>
13. Carnes, M., Devine, P. G., Baier Manwell, L., Byars-Winston, A., Fine, E., Ford, C. E., Forscher, P., Isaac, C., Kaatz, A., Magua, W., Palta, M., & Sheridan, J. (2015). The effect of an intervention to break the gender bias habit for faculty at one institution: a cluster randomized, controlled trial. Academic medicine : journal of the Association of American Medical Colleges, 90(2), 221–230. https://doi.org/10.1097/ACM.0000000000000552
14. Phillips, N. A., Tannan, S. C., & Kalliainen, L. K. (2016). Understanding and Overcoming Implicit Gender Bias in Plastic Surgery. Plastic and reconstructive surgery, 138(5), 1111–1116. https://doi.org/10.1097/PRS.0000000000002668
15. Association of Surgeons in Training. Pregnancy, maternity leave and less than full-time training during surgical training. In: <https://www.asit.org/resources/archived-articles-documents/pregnancy-maternity-leave-and-less-than-full-time-training-during-surgical-training/res1046>
16. Furnas H. J. (2016). Discussion: Understanding and Overcoming Implicit Gender Bias in Plastic Surgery. Plastic and reconstructive surgery, 138(5), 1117–1118. https://doi.org/10.1097/PRS.0000000000002669