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Invited Commentary

Commentary on: "Gender representation in leadership roles in UK surgical societies"

Representation in leadership roles, such as surgical societies and at consultant-level positions, plays a huge role in the aspiration of junior doctors. In 2018, 1138 women and 959 began their medical career by undertaking the first foundation year. Despite this, there is still a shocking disparity in the ratios of female to male consultants, with 1389 being female and 8164 male [1]. It is still unclear why there is an underrepresentation of female consultants and more specifically females in the surgical field. It is also unclear whether there are any underlying social concerns in the medical field that need to be addressed.

The article being commented on has explored potential reasons why female surgeons are greatly underrepresented at leadership roles in surgical societies. The suggestions in the study as to why surgery is a male-dominated profession were mostly centred around starting a family and sexism within the workplace [2].

These suggestions are supported by a survey conducted to examine why few women pursue a career in surgery. The results showed that 59% of participants had experienced sexism in their career[5]. As well as colleagues, this includes sexism from patients – who do not trust female doctors as there is an "unconscious bias that this is a man's profession." [3]. It is interesting to consider why sexism STILL exists in this magnitude. Sexism pervades society despite all previous efforts to combat it. It could be a result of the gender stereotypes enforced upon us by society; as many assume that women are unable to control their emotions or detach themselves from sentiment. Societal norms constantly insinuate the idea that women cannot withstand the physical and mental demands of long hours and stressful predicaments, and that men hold the "male traits" of being resilient and unmoved by their emotions [2]. These stereotypes are often subconsciously engraved in people's ideologies, and cannot be easily altered. Perhaps seeing women in leadership positions will help break societal norms and create an equal platform for women in 'a mans world'. Currently, females account for only 12% of consultant surgeons and 27% of the surgical workforce despite constituting 47% of UK doctors [1]. A shift in representation could have a large-scale impact on the medical field by empowering brilliant minds and not disabling them by selecting leaders based on their sex, colour or gender.

Female trainees, in the survey mentioned above, did express their concern towards the compatibility of raising a family and a career in surgery. Nevertheless, it was only 34% of females who reported this as their main concern and a mere 10% who highlighted unsocial working hours as a barrier [4]. Despite claims that family is the main factor women cannot do surgery, evidence such as this demonstrates that this may not be the case. This suggests that there are much larger issues underlying the true driving factors that stop women pursing a career in surgery. This should be further researched and we believe a lack of leadership in surgical societies may play a large role.

It is also particularly interesting why studies have not aimed to address the constantly flagged issue of discrimination against females in the workplace. Even when given the opportunity during a surgical career to care for their family, women face difficulties and discrimination when returning to work after a maternity leave [4,5]. Further work should be done to alleviate these unacceptable conditions in the workplace.

Evidently, women are not well represented in the medical profession, and there are many concerns stemming from that. This may be the fundamental reason that women opt not to choose a career in surgery. However, there seems to be several other underlying issues that contribute to this lack of women in surgery, such as sexism in the workplace. Nonetheless, the number of women in leadership positions in surgery is unsatisfactory, and more initiative should be taken to ensure women are supported in their career progression and family life. Everyone should be encouraged to take on leadership roles in surgical societies. The current disparity between men and women in surgical societies should be further addressed by first eliminating factors that create antisocial conditions for either party.

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