

British Journal of Surgery article calls for men to take action on gender bias

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The relatively few women who have earned leadership positions in the surgical world should not be expected to carry the burden of fighting gender bias and men must actively join the effort with intentional, innovative action, argues an article in the *British Journal of Surgery*, co-written by the head of general surgery at Toronto's St. Michael's Hospital.

While the future of the surgical profession depends on recruiting and promoting talented people, irrespective of [gender](#), it's incumbent on men to help combat the implicit and explicit biases that have kept women from advancing in the field, write researcher Dr. Fahima Dossa and Dr. Nancy Baxter, a [colorectal surgeon](#) at St. Michael's.

"The first female British surgeon, Margaret Ann Bulkley, spent her entire career from 1795 through 1865 pretending to be a man named James Barry. Although [surgery](#) has come a long way in the last two centuries, most people still think of a typical surgeon as a confident man and gender biases continue to limit women's careers," said Dr. Baxter.

Overcoming commonly held perceptions and biases is important, the article argues, noting that women are less often introduced by their title and are thus commonly mistaken for non-physician members of the medical team. Meanwhile, women can be penalized when they have the same traits thought desirable from male leaders: decisive, confident and firm.

"For women, exhibiting these leadership characteristics is discordant with the prevalent gender identity of women as collegial and compassionate. This has social consequences: competent women are perceived as less likeable," said Dr. Dossa.

"Addressing such subconscious biases can be challenging, but is vital for change to occur. Terms such as emotional or abrasive should be avoided when describing women, particularly leaders. Despite having at least equivalent outcomes as men, women surgeons can find their competence questioned and outcomes scrutinized."

The article argues change must begin with more female [medical students](#) being encouraged to pursue surgery and that standardized reference letters—highlighting ability rather than effort, appearance or family considerations—could help reduce [gender bias](#) in trainee selection. Surgeons must also be aware of how they provide feedback, and ensure there are equal opportunities in the operating room.

While a possible unintended consequence of the #MeToo movement is that men may be even less willing to mentor women in surgery, that trend cannot be allowed to continue, Dr. Baxter said.

"As men are overrepresented in leadership positions, this exclusionary behaviour compounds the difficulties that women face in finding adequate mentorship and sponsorship," she said.

"The few women surgeons in leadership positions should not be expected to carry the burden of mentoring all other women in surgery because of unfounded fears of false accusations of harassment."

A commitment to a [zero tolerance policy](#) for sexual harassment—which affects women at every level, from medical students to senior surgeons—would also improve mental health and job satisfaction for

female surgeons and keep capable [women](#) from being pushed out of the profession.

The [article](#) is published in the December issue of the *British Journal of Surgery*.

More information: F. Dossa et al, Reducing gender bias in surgery, *British Journal of Surgery* (2018). [DOI: 10.1002/bjs.11042](https://doi.org/10.1002/bjs.11042)

Provided by St. Michael's Hospital

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