

Meeting Reports/Abstracts

The “Other Side” of Conflict: examining the challenges of female orthopaedic surgeons in the workplace.

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Introduction

Gender bias has not been studied extensively within orthopaedic surgery, where only 8% of practicing orthopaedic surgeons in the US identify as female. As more women enter the field, it is critical to examine female orthopaedic surgeons' experiences in navigating conflict and its impact on their career and wellbeing.

Methods

An anonymous 54-question survey was distributed through the Ruth Jackson Orthopaedic Society membership roster (n=1.1K) and Women in Orthopaedics (n=1.6K), an online group exclusive to female orthopaedic surgeons in practice/training. Questions inquired about several workplace conflict scenarios.

Results

There were 373 female respondents. 55% were between 35 and 45 years old, 79% were White/Caucasian, 10% Asian/Asian American, 4% Black/African American, and 4% Hispanic/Latinx. Results showed that 73% had been described as “bossy, too assertive, pushy, demanding, or difficult”, 80% had to do more administrative work in clinic than their male counterparts, and 51% had been reported for behaviors that a male counterpart had not. Respondents who were reported noted depression (n=40), anxiety (n=69), burnout (n=85), and sleep disturbances (n=48) as emotional effects of the event. Additionally, 29 respondents reported being forced out or leaving their previous job due to workplace conflict. When asked if they would choose the same career again, 21% said no.

Discussion

Female orthopaedic surgeons encounter unique workplace challenges that diminish career satisfaction and contribute to burnout. Understanding and acknowledging this relationship between gender bias and orthopaedic surgery is essential to create a more positive working environment for female orthopaedic surgeons and encourage incoming trainees.

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Introduction

- Orthopaedic surgery is one of the least diverse fields in medicine
 - Female physicians represent 8% of practicing orthopaedic surgeons.¹
- Female physicians have a greater frequency of being
 - asked to perform nonmedical tasks,²
 - reported more than male surgeons for the same violation,³
 - less satisfied with their jobs.^{4,5}
- Workplace conflict that female surgeons experience in orthopaedic surgery has not been extensively studied.

Introduction

We know that orthopaedic surgery is one of the least diverse fields in medicine, where women make up only 8% of practicing orthopaedic surgeons. Studies show that women physicians in general are often reported more often than their male counterparts for the same violation, and often do more administrative work. However, workplace conflict that female physicians encounter within orthopaedic surgery specifically has not been extensively studied.

This is the second of four award-winning presentations from the inaugural Medical School Orthopedic Society (MSOS) symposium. MSOS is a medical student-run initiative with a mission to support “research and educational opportunities for students interested in orthopedic surgery.”

This presentation was given by Patricia Rodarte, a third-year medical student at the Warren Alpert Medical School of Brown University.

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Aim & Hypothesis

- **Aim** - To examine female orthopaedic surgeons’ experiences in navigating conflict, its context, and the impact it has on their career and well-being.
- **Hypothesis:** Female orthopaedic surgeons encounter a high rate of conflict, which contributes to less career satisfaction and higher burnout rate

Aim and Hypothesis

Our goal was to examine the conflict that female orthopaedic surgeons experience, its context, and the impact of that conflict on their career and well being.

Methods

- An anonymous 54-item survey
- Basic demographic questions
 - Race
 - Job setting
 - Years of practice
- Workplace conflict scenarios
 - Number of write ups
 - Being called “bossy, too assertive, pushy, demanding”
 - Allotment of operating room time
 - Equitable call schedule
 - Being asked to do more administrative tasks.
- The survey was distributed via a web link through the Ruth Jackson Orthopaedic Society (n=1.1K) and the Women in Orthopaedics Facebook group (n=1.6K) , a private group exclusive to female orthopaedic surgeons in practice or in training.
- Data collected over a six-week period, coded and analyzed

Methods

In order to do this, we created a survey with demographic questions and several conflict scenarios, such as the ones listed here. The survey was distributed to the Ruth Jackson Orthopaedic Society, a professional orthopaedic society dedicated to the advances of women in the field. We also distributed the survey to the Women in Orthopaedics Facebook group, which is a Facebook group exclusive to women orthopaedic surgeons in practice or in training.

Results

- **Respondents:** 373 respondents. 45% between the ages 30 and 40. 79% White/Caucasian
- **Being called Bossy:** 73% reported being described as “bossy, too assertive, pushy, demanding, or difficult” in their work setting, and 93% agreed/strongly agreed that this happens more to women.
- **Administrative work:** 80% of respondents reported doing more administrative work, and 87% agreed or strongly agreed that this is more likely to happen to women
- **Write-Ups:** 51% of respondents reported they were more likely to be written up for their behavior than their male counterparts. 74% of respondents agreed/strongly agreed that women were more likely to be written up for said behaviors than men
- **Impact:** Depression (n=40), anxiety (n=69), burnout (n=85), and sleep disturbances (n=48) were listed as emotional effects of being reported. 29 respondents noted being forced out or leaving their previous job due to workplace conflict.
- **Career Choice:** When asked if they would choose the same career again 21% said no.

Results

We had 373 respondents. The majority were between 30-40 years old and Caucasian which is consistent with the current workforce in the field. Of note, 73% reported being described as “bossy, too assertive, pushy, demanding or difficult” in the workplace, and 80% reported doing more administrative work than their male counterparts. 51% also answered that they were likely to be written up for behavior that their male counterparts had not been written up for. Surgeons who had been reported listed depression, anxiety, burnout, and sleep disturbances as emotional effects of the event. 29 respondents answered that they were forced out or left their previous job due to workplace conflict. Importantly, when asked if they would choose the same career again, 21% of women orthopaedic surgeons said no.

Discussion

- Our study aligns with previous studies that show that female physicians encounter unique challenges in the workplace, including:
 - Being deemed unprofessional when correcting performance-related issues
 - Pre-apologizing during requests
 - Having to change voice, appearance, and develop a “thick skin”⁴
- Navigating this bias on a daily basis leads to less career satisfaction and burnout within orthopaedic surgery, leading 21% of female orthopaedic surgeons noting they would not choose the same career again
- **Limitations:** The low number of URM in our study (4% Black/African American, 4% Hispanic/Latinx) does not give us the statistical power to examine the intersectionality of race and gender in workplace conflict
 - A study by Ode et al notes that within Black orthopaedic surgeons surveyed, female surgeons reported lower occupational opportunity and greater bias than male surgeons across survey items.⁶

Discussion

Our research aligns with prior studies that show that female physicians encounter unique workplace conflict. Within orthopaedic surgery, navigating this bias on a daily basis leads to less career satisfaction and greater rates of burnout, leading 21% of female orthopaedic surgeons to say they would not choose the same career again. The low number of surgeons from minority racial groups in our study does not give us the statistical power to examine the intersectionality of race and gender in workplace conflict. However, a study by Ode et al notes that even within Black orthopaedic surgeons, female surgeons reported lower occupational opportunity and greater bias than male surgeons.

Conclusion

- Female orthopaedic surgeons encounter unique workplace challenges that diminish career satisfaction and lead to burnout
- Understanding and acknowledging this relationship between gender bias and workplace conflict is essential to create a more positive working environment for female orthopaedic surgeons and incoming trainees.

Conclusion

In conclusion, our study shows us that female orthopedic surgeons have unique workplace conflict that diminishes career satisfaction and yields to greater rates of burnout. It is important to understand the relationship between gender bias and workplace conflict to create a more positive working environment for female orthopedic surgeons and incoming trainees.

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Special Thanks

Disclosures

Patricia Rodarte BS

This individual reported nothing to disclose.

Maria S Kammire BS

This individual reported nothing to disclose.

Heidi Israel PhD

This individual reported nothing to disclose.

Selina Poon, MD, FAAOS AAOS: Board or committee member Clinical Orthopaedics and Related Research: Editorial or governing board Journal of Bone and Joint Surgery - American: Editorial or governing board Medtronic: Paid presenter or speaker Orthopediatrics: Unpaid consultant Pediatric Orthopaedic Society of North America: Board or committee member Ruth Jackson Orthopaedic Society: Board or committee member Spine: Editorial or governing board Stryker: Paid presenter or speaker

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AAOS Now: Editorial or governing board Association of Women's Surgeons: Board or committee member Clinical Orthopaedic Society: Board or committee member Journal of Bone and Joint Surgery - British: Editorial or governing board Journal of Orthopaedic EXperience & Innovation: Editorial or governing board Mid America Orthopaedic Association: Board or committee member Orthopaedic Trauma Association: Board or committee member Orthopedics: Editorial or governing board Speak Up Ortho: Board or committee member Wolters Kluwer Health - Lippincott Williams & Wilkins: Editorial or governing board

Disclosures



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