



## Women in ESSKA: ESSKA's role in a diverse orthopaedic environment

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I was in my first year of residency for orthopaedic and trauma surgery when one of my abstracts about ACL surgery got accepted as a podium presentation at the ESSKA congress in Athens 2004. This was my first international congress and I was more than proud to speak in front of such a highly experienced, mostly male, audience of orthopaedic specialists. I became a regular and active participant of ESSKA congresses in the following years through to the present day. I attended educational courses and had the opportunity to teach at several of ESSKA's knee courses. I visited many leaders of ESSKA during my participation in the European Arthroscopy Fellowship. I have been a member of two of ESSKA's committees to date and was selected for the ESSKA–SLARD fellowship. Despite this active and varied involvement, through all these years something was missing: visibility and a network for female orthopaedic surgeons within ESSKA.

Traditionally, the field of orthopaedic surgery has been male dominated. Literature supports that females care better for their patients and have a stronger standing in their profession when orthopaedic surgeons resemble their patients

in gender and ethnicity. When looking at the statistics, the situation is the same—worldwide.

Yue and Khosa report that males assume 87% of academic orthopaedic surgery positions in Canada. Women are not only underrepresented in number but also in rank and academic productivity [13]. The situation in the United States is similar. In 2011 the percentage of women in residency educational programs of all fields was 46%; however, only 13.6% of all residents in orthopaedic surgery were female [12].

However, new data show that although men continue to hold a higher proportion of more respected roles within orthopaedic academia, there was a statistically significant increase in the proportion of women presenting at annual meetings of ten different North American orthopaedic societies between 2008 and 2017 [11]. This increase is at least partly due to the formation of networks, such as the Ruth Jackson Orthopaedic society [9] and other initiatives to increase diversity within the AAOS.

### The situation in Europe

The number of female involvement in orthopaedic surgery in Europe vary widely in different countries with a stronger percentage of women working as orthopaedic surgeons in the Scandinavian countries and a decrease of numbers in the Southern European Countries. Reasons for this disparity are numerous and affected by each country's society structure. However, official numbers are difficult to obtain due to our wide cultural diversity within Europe and also within ESSKA with members from 90 countries.

ESSKA's number of female members and of female scientists and orthopaedic surgeons participating or presenting at the ESSKA congress give a good average picture of the female involvement of our field in Europe.

As of now, only 6% of all orthopaedic surgeons who are members of ESSKA are female. When looking at the total membership numbers, ESSKA now has 3217 members, including full members, residents, physiotherapists,

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scientists and students. The percentage of females in all of these groups is a little higher with about 9.5%. The absolute number of female ESSKA members has continuously increased from 40 in the year 2012 to 301 in 2020.

Romain Seil wrote in his presidential editorial in KSS- TA's March 2019 issue that ESSKA will need to make a greater effort to close the gender gap in the future. He started this process and included the first two female committee chairs during his 2-year presidential period [10].

At present, ESSKA installed several women in leadership positions but wants to further reinforce their involvement. In the last 4 years, the number of women in ESSKA committees and work groups has increased from 6% in 2016 to 9% in 2020. As of now, 8.5% of all ESSKA section board members are women. However, this means that more than 90% of all leadership positions within ESSKA and ESSKA's section boards are covered by men.

## Reasons for the underrepresentation of women in orthopaedic surgery

For many students, interest in a specialty begins in medical school. The medical school rotation experience may have an important role in shaping interest and perceptions. The impact of role models on medical students is obvious [13]. O'Connor M [7]. did a literature review and came to the conclusion that successful recruitment of women to orthopaedic surgery may be improved by early exposure and access to role models. Furthermore, during an application for residency, gender bias is most evident through illegal interview questions such as family planning questions, asked to 61% of women but only to 8% of men.

Mentorship—when present—plays a role in career choice and advancement in orthopaedic surgery [4, 13]. However, Ek et al. [2] noted in an Australian study that 72% of female medical students cited a lack of woman role models as a reason for not pursuing a surgical career. The decision to pursue a certain subspecialty later in the career of an orthopaedic surgeon is again affected by strong mentorship, which represents the largest extrinsic and modifiable factor among other intrinsic factors, such as personal satisfaction and intellectual stimulation [1].

The results of a survey among all members of the Ruth Jackson Orthopaedic Society ( $n = 556$ ) led to the conclusion that at present the relatively small number of women currently practicing orthopaedics was attracted to the field because of their individual affinity for its nature *despite* the lack of role models and little exposure to the field in medical school [8]. Interestingly, in a survey among female orthopaedic surgeons in the US, 84% reported having played competitive sports in the past and having had athlete-related patient experience with the field of orthopaedic surgery [6].

Another major barrier to women entering the field of orthopaedic surgery are presumptions about the profession of an orthopaedic surgeon that discourage women to choose this field: the need for great physical strength, a busy and family-unfriendly professional schedule and a certain fraternal culture of men in orthopaedics not allowing women to be part of their network [3, 5, 6].

Back to my story: At the ESSKA congress in Glasgow I finally started talking to other representatives of our rare breed—women who participated and presented at the congress. With the immense support of Elizabeth Arendt and David Dejour, at the time the new appointed president of ESSKA, we decided it's time to start a new initiative and called it „Women in ESSKA“.

ESSKA wants to promote educational and research activities of aspiring female orthopaedic surgeons and residents. We want to look into a future in which ESSKA not only stands for cultural diversity throughout Europe, but also for gender equality in our profession, with a strong network of women in orthopaedics who will serve as role models for young female medical students and residents. Abolishing presumptions and characterisation about females in our profession and empowering women by using ESSKA's educational and scientific facilities are our core goals. It starts with small, but important steps by both men and women within our organisation; in 2020 definitely, the time has come for such an initiative.

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