

**CORR Insights** 

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# **CORR** Insights<sup>®</sup>: What Are the Rates and Trends of Women **Authors in Three High-impact Orthopaedic Journals** from 2006-2017?

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## Where Are We Now?

he gender gap in authors publishing medical research is narrowing, and the current study by Hiller and colleagues [3] confirmed this by showing that the overall proportion of women first authors in three high-impact orthopaedic journals increased from 11% in 2006 to 17% in 2017. This is an important finding in a field dominated by men, and likely

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reflects the modest increase in women entering the workforce [1].

Although the evidence is encouraging, there's a catch. As the authors point out, the proportion of women in the last-author position remained flat, with 9% of women last authors in 2006 and 10% in 2017. Last authorship often signifies senior authorship, and is a position of prestige (and one that may count more heavily in academic appointments and promotions processes). While it might be possible that women simply prefer not to be senior authors, the study findings could imply that women face more difficulties with career advancement and moving up the organizational ladders of leadership. For instance, in the 2015-2016 academic year, only one orthopaedic surgery department chair and 8.7% of professors of orthopaedic surgery were women [1]. And it was not until this year that the American Academy of Orthopaedic Surgeons named its firstever woman president.

## Where Do We Need to Go?

Reporting the percentages of women versus men in article bylines is a

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good conversation starter, but we now need to ask ourselves whether the orthopaedic hierarchy is setup properly so women can meet their full potential in the field. It is not just about increasing the percentage of women getting into orthopaedics, but about ensuring that women are given the same opportunities to rise to the top and lead. But how do we achieve this? We need to continue changing the culture. Strategies to educate about the importance of gender diversity in our field and equal growth opportunities should target not just women, but also men [5]. We all need to be able to talk more about these issues both locally through regular meetings and workshops at residency programs and on a national level at the annual society meetings. This is of relevance in the current era where fallout from the #MeToo movement has made it harder for women professionals to find men to support their careers [5]. Men may be more reluctant to mentor women because they fear unsubstantiated accusations of sexual harassment being perceived as credible. But it's possible that men are using the #MeToo movement to excuse the denial of opportunities to women. Future studies need to delve deeper into factors related to gender inequality in academic promotion and leadership positions in orthopaedic surgery.

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## **How Do We Get There?**

Recent strategies from the American Board of Orthopaedic Surgery to diversify its leadership positions by dedicating a percentage of positions to women are encouraging. But they may fall short until women truly feel welcome in our field, in a nonjudgmental and equally supportive growth environment. We must ensure that hospital workgroups, search committees, and academic departments are working toward gender parity. Because of under-representation, women cannot affect the changes necessary in orthopaedics by themselves. We all need to work collectively to eliminate gender inequality in orthopaedic surgery.

Targeted efforts to improve mentorship and increase early exposure to the field such as the Perry Initiative, the Ruth Jackson Society, and Nth Dimensions have proven successful but perhaps not successful enough [2, 4]. I would argue that more men need to get involved with these programs. We must encourage orthopaedic residency programs and departments in which women are severely underrepresented to vigorously pursue diversity in their selection criteria and hiring practices. We must eradicate the "old boys club" stereotype of orthopaedic surgery. We should prioritize the invitation of women to speak at grand rounds and at national meetings. We should encourage more female orthopaedic surgeons to participate and complete leadership programs. It is only in our interest as a profession to create working conditions that promote the flourishing of all members.

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