



## Women in Podiatric Treatment

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### Abstract

Though female doctors still encounter discrimination and obstacles to narrowing the gender gap, the feminization of medicine is transforming the medical profession. Female doctors continue to have poorer academic rankings, less publications, fewer prizes and grants, are underrepresented in leadership roles, are less likely to choose surgical specialty, and are paid less. The profession of medicine suffers from widespread burnout, gender discrimination, and sexual harassment. Gaining gender equity requires raising awareness with the intention of implementing change.

**Keywords:** Gender Equity; Medicine; Surgical

### Introduction

The advancement of female physicians in western medicine over the past 170 years is undeniable. Historically, the medical profession has been dominated by men, with women typically working as nurses, midwives, healers, and caregivers. The passage of Title IX of the Higher Educational Act marked a significant turning point in the medical industry by outlawing sex discrimination in all federally funded educational programmes and activities, including postgraduate programmes. In just two years, the percentage of women enrolling in US medical schools doubled, and by 2012, women accounted for one-third of all doctors [1]. Over the past 50 years, women have been more prevalent in medical schools and in podiatric surgery and medicine. Contrarily, obstacles to bridging the gender gap still exist for female physicians. They are underrepresented in leadership roles, have poorer academic rankings and less publications, earn fewer honours and grants, pursue surgical specialisations less frequently, and are paid less. Burnout, gender discrimination, and sexual harassment are more common among women. The improvement of the medical community depends on raising awareness of the gender gap [2]. Currently, they outnumber men in US medical schools (50.7%). In order to promote diversity in surgical fields and change people's perceptions that women can pursue any career they choose, the I Look Like A Surgeon media campaign gained national attention in April 2017. This campaign, along with others like He for She and As A Women, all symbolise how crucial and timely this topic is, as now is the time to close the gender gap. The number of women practising podiatric medicine and surgery has progressively climbed over the past four decades, yet there still seems to be a significant and persistent gender disparity when it comes to representation in academic medicine and other positions of authority. To assess the rate at which women rose to positions of leadership within the podiatry profession through time, national and state level organisational data from several podiatry professional bodies were gathered. To help gather additional leadership data and to provide more insight into the tendencies seen, a secondary questionnaire was also created and electronically circulated to 8684 podiatric medical practitioners [3-5]. The response rate (2276/8684) was 26%. Over time, but at a slower rate than the number of women joining the field, women have become more prevalent in academia, research and publishing, most leadership roles, and board certifications. We noticed a decline in the number of women completing fellowships, giving presentations at national conferences, overseeing residency programmes, and winning grants and accolades from organisations like the American College of Foot and Ankle Surgeons and the American Podiatric Medical Association. According to the study findings, female podiatric doctors

were more likely than their male counterparts to be unmarried, to have fewer children, to spend more time in a clinical setting, to be less content with their jobs, and to have greater levels of work stress. Compared to only 6% and 5% for male respondents, 73% of female respondents said they had experienced gender discrimination at some point in their careers [6-8].

Female physicians in podiatry have grown in number at a rate similar to that of general medicine. Women now make up 39% of podiatry practitioners, up from 1% in 1969, and 47% more than they did in 2004 and 2005. Female doctors still encounter discrimination and roadblocks to success despite the feminization of medicine. Female doctors are less likely to pursue surgical specialisations, have lower reported academic rankings, fewer publications, awards, and leadership positions, earn less money, and are more likely to experience burnout, sexual harassment, and gender discrimination [9].

### Podiatric Medicine and Surgery

Although women spend more time in a clinical setting than men do when comparing podiatric medicine and surgery by subspecialties, surgery is a major priority for both genders. It's possible that communication and practise patterns between the sexes differ in addition to this. Women foster a cooperative relationship with the patient through support and compassion [10]. Contrarily, male doctors spend less time with patients, speak more authoritatively, interrupt more frequently, and project a remote kind of communication. They spend more time with the patient to feel as like they have given the patient quality care.

### Physician burnout

Physician burnout is a major issue that has a severe impact on all medical professions. Nearly half (44%) of all practising physicians are affected, and it appears to be getting worse. In the 2019 Medscape report, 39% of male doctors and 50% of female doctors both expressed burnout [11]. According to the survey, women express burnout more

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frequently than men do because they are more willing to admit to psychological issues and seek help. The higher rate of burnout among female physicians has been linked to a variety of factors, including a sense of diminished control over their work, a lower mean income, more hours worked each week, a communication style, the imposter syndrome, gendered expectations, sexual harassment, and gender bias, as well as having young children and little support at home. In addition, 39% of female surgeons are thinking about switching careers [12,13].

### Educator Positions

Women are underrepresented in academic medicine, according to the Association of American Medical Colleges (AAMC). Women hold 34% of associate professor positions, 21% of full professor positions, 15% of department chair positions, and 16% of dean positions in the academic world. The community of podiatric medicine and surgery has a dearth of women in positions of leadership. In comparison to their male counterparts, women have lower academic rankings, participate in fewer research activities, produce fewer publications, and are, on average, less qualified to sit for the Reconstructive Rearfoot Ankle (RRA) board certification exam. They are also underrepresented in roles such as editors, members of board committees, lecturers at national meetings, and members of board committees.

### Discussion

There is a widespread belief that as the proportion of women in medicine rises, more will advance academically, harassment and discrimination against women would disappear, and the income difference will narrow. The medical industry has made progress in this area, but it still lags behind engineering, Fortune 500 corporations, and academic science. When compared to men, most female podiatric doctors are less content with their professions, experience greater rates of harassment, have fewer publications and poorer academic standings, are underrepresented in leadership roles, work less hours, and have a lower incidence of RRA certifications.

Academic centres would benefit most from encouraging organisations to hire strong female doctors, while this requires institutional change. Future female physicians will benefit from this in the long run. Fortune 500 firms have implemented such measures more quickly than academia. They have profited from improved general performance and financial growth. Fortunately, important academic institutions have begun to change. The Mayo Clinic is renowned for advancing women. Since 2010, they have almost doubled the proportion of women in leadership roles, and in 2014, 70 women were promoted to associate or full professorships, more than quadrupling the proportion from a decade earlier.

The "FOCUS on Health and Leadership for Women" programme at the University of Pennsylvania aims to enhance the faculty recruitment, retention, progression, and leadership of women. Additionally, it promotes study of, and research on, women's leadership and health. One of the most robust budget lines for a Women in Medicine programme in the United States is allocated to this initiative. Additionally, a female oncologist who is now leading Yale Medicine's Department of Surgery is making revolutionary reforms in a traditionally male-dominated field. These organisations have sparked a profound cultural transformation that has made room for female doctors.

Both scientific and professional associations should work to raise awareness of the following issues in order to foster change within the podiatric medicine and surgery community: Equal opportunities for both genders in academic medicine, leadership positions, and representation at national conferences. Encourage salary transparency

while eliminating harassment.

On the basis of merit, identify and choose the best prospects. As a further precaution against lowering the standard of representation, discrimination and reverse discrimination should be avoided. Increasing gender gap awareness is essential to improving our profession in light of the feminization of medicine.

### Conclusion

Over time, but at a slower rate than the number of women joining the field, women have become more prevalent in academia, research and publishing, most leadership roles, and board certifications. We noticed a decline in the number of women completing fellowships, giving presentations at national conferences, overseeing residency programmes, and winning grants and accolades from organisations like the American College of Foot and Ankle Surgeons and the American Podiatric Medical Association. According to the study findings, female podiatric doctors were more likely than their male counterparts to be unmarried, to have fewer children, to spend more time in a clinical setting, to be less content with their jobs, and to have greater levels of work stress. Compared to only 6% and 5% for male respondents, 73% of female respondents said they had experienced gender discrimination at some point in their careers.

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### Conflict of Interest

The author has no known conflicts of interest associated with this paper.

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