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Commentary and Opinions

"Choose a softer field": how gendered mentorship and institutional culture limit women in surgery

« Choisis une spécialité plus douce » : comment le mentorat genré et la culture institutionnelle freinent l'avancement des femmes en chirurgie

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Introduction

Surgery has long been celebrated as a field of skill and resilience, yet this tradition obscures structural factors that disadvantage women through implicit biases and unequal mentorship. The seemingly benign advice, given predominantly to women, to "choose a softer field" reflects a deeper cultural assumption: that surgical excellence is inherently masculine, systematically pushing women toward "appropriate" roles while excluding them from the operating room.

We observe that despite rising female enrollment in medical schools worldwide, equity in surgery remains elusive. A retrospective analysis of 2,588 awards across 22 surgical societies (1936-2023) found that only 35% of awards in 2023 went to women, up from 22% in 2006, a marginal increase despite women's growing presence in the field.[1] Such under recognition signals to trainees that equal effort or ability will not yield equal acclaim, undermining confidence and ambition from the outset.

Bias takes root early in training environments. A qualitative study of female surgical trainees revealed recurring themes of discouragement, isolation, and lack of support.[2] Participants described being redirected toward specialties considered more compatible with family life or gentler skill sets. Framed as concern for work-life balance, these well-intentioned remarks nonetheless curtail women's aspirations and reinforce gendered career trajectories.

Disparities in case experiences within the operating room further obstruct progress. Less intricate or technically demanding procedures are performed on female trainees, limiting their chances of gaining advanced skills and self-assurance.[3] This unequal distribution of operative experiences is not a reflection of personal aptitude but rather of an educational system that saves the most difficult tasks for people who fit into stereotypical gender roles.[3,4]

Evaluations compound these inequities. Even when performance is equal, women are consistently rated as needing more guidance, as demonstrated by Cookenmaster and colleagues.[4] Their study showed that both faculty and residents exhibit gender perception bias during assessments of operative autonomy, often perceiving male trainees as more competent despite equivalent operative performance.[4] These biased evaluations reinforce the false belief that women are less suited for surgery and create persistent obstacles to their advancement throughout training.

The presence or absence of mentorship is crucial. Many female trainees lack access to mentorship, research collaborations, speaking engagements, and authorship opportunities due to informal networks and a lack of role

models. The internal conflict that many women experience when they face the choice between being women or surgeons is captured in Sheridan and Quinton's recent study.[5] A culture that promotes long hours, intense competition, and emotional stoicism qualities traditionally associated with masculinity create a false dichotomy that forces women to suppress essential aspects of their identities to fit in.

To dismantle these barriers, we urge surgical institutions to move beyond symbolic gestures. Institutions must implement formal mentorship programs that intentionally pair trainees and include bias awareness training. They must adopt standardized, gender-blinded evaluation tools. Award committees and conference organizers should monitor and transparently report gender representation. Only through deliberate structural reforms can surgery uphold its ideals of precision and excellence by rewarding merit over conformity.

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