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RESEARCH LETTER

Challenges in the uptake of advanced endoscopy among women gastroenterologists: A survey

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Dear Editor,

The number of women applying for medical schools has been increasing over decades. However, intervention-focused specialties such as neurosurgery, cardiology and gastroenterology are overwhelmingly represented by men [1]. In India, female gastroenterologists are still only up to 150 (5%), of which only five to 10 of them have held leadership positions and only 15% to 20% do advanced endoscopic procedures. The concept of "leaky pipeline", wherein the trend of women leaving science and technology at various stages of their training due to multiple reasons prevails in gastroenterology, restricting the number of women in the field. Women face challenges in balancing their professional and personal lives as major time of training coincides with the time women are supposed to start a family. Long working hours, on-call duties, disparity in pay, promotions and leadership positions can make it difficult for women to maintain a work-life balance [2, 3].

To understand the trends/problems of Indian women gastroenterologists practicing or aspiring to choose advanced endoscopy, we conducted a survey among Indian female gastroenterologists by virtue of a digital form distributed in a scientific meeting held in February 2023. The meeting was attended by 150 women in medical fraternity. The survey was offered to only female gastroenterologists/fellows and responses of only Indian participants (55) were analyzed. The study included 50 participants, of which 40% (20) were above the age of 40 (senior gastroenterologists) with 50% (10) of them being above 50 years. Only 28% (13 out of 45) of the total had completed their training in advanced endoscopy (ERCP/EUS training for a minimum of one year), 10% (five out of 50) of them were currently undergoing training in gastroenterology, 72% (36 of 50) were married and 28% (10 of the 36 married) felt that maternity had been a hindrance to their career growth. Almost half of the women (48%) reported that they had taken a leave in their early career journey due to personal reasons, which is much higher than what was reported by Burke et al., wherein about 35% of female gastroenterologists had taken maternity leave withing first three years of practice, in comparison to only 3% of males who took paternity leave [4].

About 14% (seven out of 50) of the participants had trouble training with opposite gender seniors when asked for in the survey. Almost 10 out of the 32 female gastroenterologists (30%) who did not pursue advanced endoscopy training were scared to undergo training because they felt radiation exposure would affect their fertility later, as 60% of our participants were below the age of 40 years (Fig. 1). Of the 45 established gastroenterologists, 33 were working in private, corporate sector and 12 in government sector. Eighteen per cent (six of 33) of non-government practitioners reported experiencing pay disparity. About 24% (12/50) of the participants felt that the standard size of endoscopes, irrespective of the gender of the performer, affected their training experience (ergonomic issues).

The perceived barriers to growth of Indian female gastroenterologists (45 of the 50) that were reported are lack of peer support (30%), lack of work-life balance in gastroenterology (46%), lack of women role models (40%) and lack of good training opportunities in the form of open fellowship programs in the country (54%) (Fig. 2).

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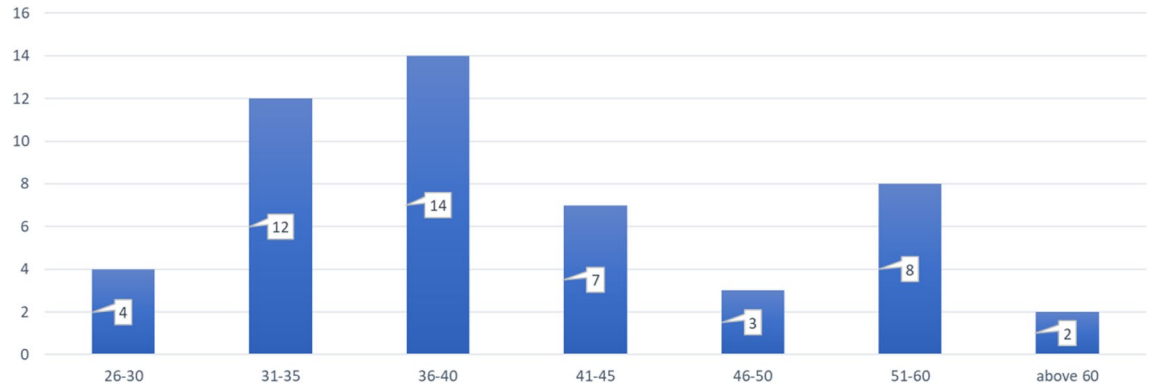

Fig. 1 Age distribution of participating endoscopists in our survey

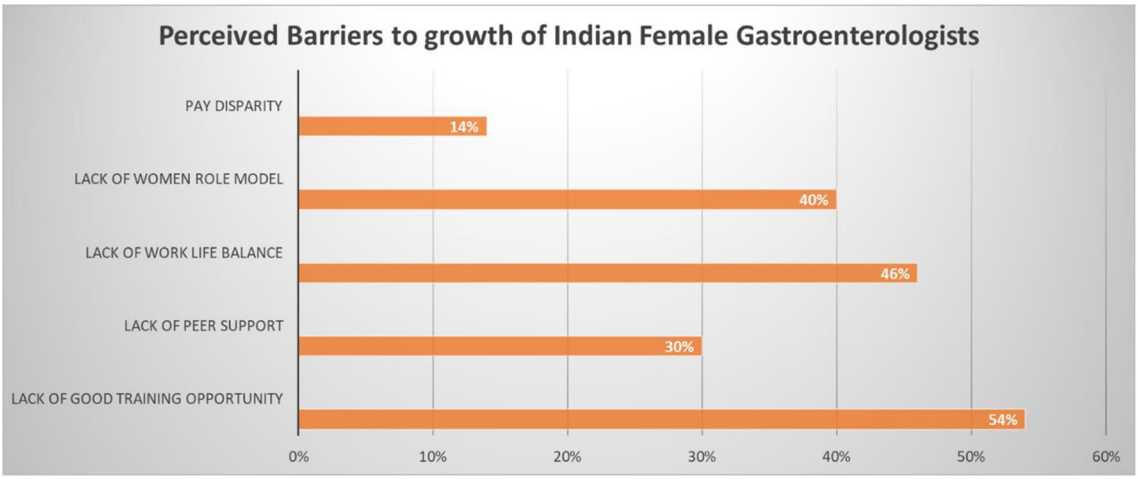

Fig. 2 Reported barriers to growth and participation of Indian female gastroenetrologists for pursuing advanced endoscopy training

The appropriate measures suggested by our participants (all 50) to make gastroenterology a more inclusive branch were supportive workplace policies such as childcare and maternity leaves, availability of facility including creche for mothers to be able to focus on work and devote more time to training (56%), availability of flexible work schedules (58%) and female peer support (48%), having female mentors (42%). About 74% of the people felt that current GI societies should make special programs for access to advanced endoscopy training for everyone. A few (34%) also felt that certain ancillary training measures in the form of stress management and time management can possibly help women handle work better (Fig. 3).

The challenges highlighted by Indian female practitioners in our survey are similar to the problems reported globally. Starkey et al. reported the standard size of endoscopic dials and the heavy endoscopic ultrasound (EUS) scope, cause more fatigue and discomfort to females as they have smaller hands [5]. Similarly, Harvin reported that women were at higher risk of musculo-skeletal and occupational injuries related to endoscopy and laparoscopy [6]. In a study conducted by Mishra et al., the impact of gender as a factor in career advancement and training in India and other South Asian countries has been highlighted. The study revealed that 40% of females reported experiencing gender bias in recruiting, training and a salary gap between genders. Additionally, 11% reported radiation as a hazard to fertility and a significant career deterrent. A substantial 60% reported career interruptions due to pregnancy and childcare [7]. Diamond et al. revealed that, of the 581 academic female gastroenterologists they studied, only 11% held the rank of professor, compared to 30% of the 1859 males in their study [8]. A survey in 2019 of gastroenterology division chiefs, program directors and American Society for Gastrointestinal Endoscopy (ASGE) lead members revealed that 76% of the people reported having a mentor, with women being more likely to have more than one mentor (80% vs. 65%). In the same survey, women reported that a same-sex mentor was important (60% vs. 25%), with the main reasons being role model desired behaviors and career development [9].

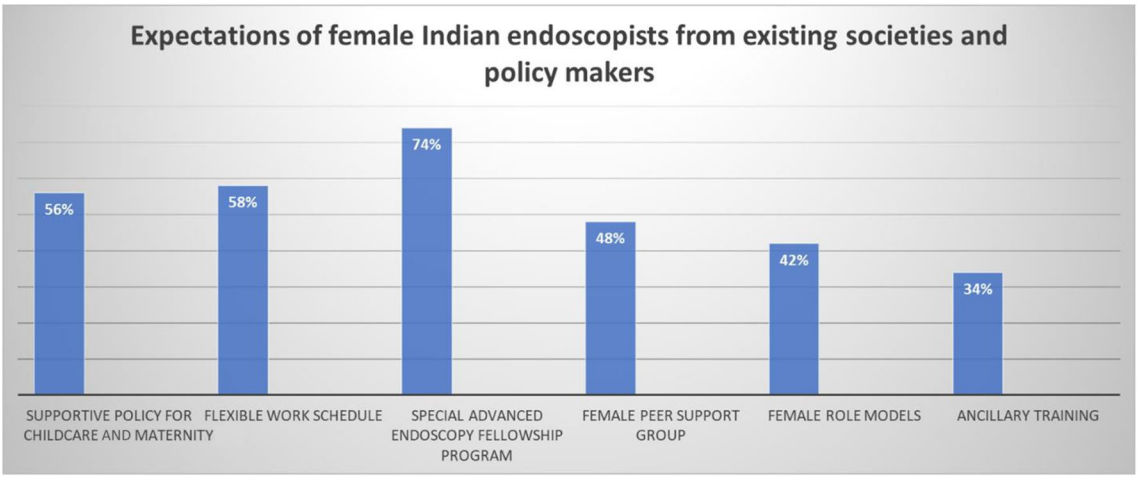

Fig. 3 Changes and reforms suggested by participants to aid women in pursuing advanced endoscopy training

There are certain limitations to our study; firstly, this survey exclusively included opinions from females and not from the male contemporaries. The survey also did not include adequate number of trainee gastroenterologists and therefore the factors that motivate or impede a young practitioner from pursuing advanced endoscopy training could not be ascertained. Additionally, 40% (20) of those surveyed were over the age of 40 years and have therefore completed their basic gastroenterology training at least a decade ago, at which time the avenues for pursuing advanced endoscopic training were significantly limited. This factor may need to be accounted for in further studies.

The study on women gastroenterologists in India highlights several challenges that contribute to their underrepresentation in the field. Addressing these challenges is crucial for promoting the success and advancement of women gastroenterologists in India. By promoting diversity, equal opportunities and mentorship, the field can foster the growth and success of women in gastroenterology, ultimately leading to a more equitable and inclusive profession.

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Declarations

Conflict of interest AKG, SM, RB, PP, JEVH, LK, SFM, ZN and DNR declare that he has no conflict of interest.

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