

Workplace discrimination

Issues concerning [harassment](#), [bullying](#), and [discrimination](#) are not unknown to medical specialties and are likely to be present in neurosurgery as well ¹⁾.

The role of [women](#) in Western society has changed dramatically in the past several decades. Despite this, many [gender inequality](#) still exist for professionals in the health care sector. In neurosurgery, a disproportionately small percentage of the [workforce](#) in the [United States](#) and [Canada](#) is [female](#). These figures are lower than most reported in other medical specialties. A review critically examines factors that may be influencing women's ability to advance in demanding subspecialties such as neurosurgery.

The literature on women in medicine, and surgery, in particular, were reviewed to identify different issues facing women currently in practice in neurosurgery. In addition, the concerns of prospective trainees were examined.

There remain many challenges for women entering neurosurgery, including unique [lifestyle](#) concerns, limited [mentorship](#), outdated career programs, and deep-seated societal beliefs. [Discrimination](#) and [harassment](#) are also contributing factors.

If neurosurgery is to continue to progress as a subspecialty, the issue of [gender inequality](#) needs to be scrutinized more closely. Innovative programs must be developed to meet the needs of current female faculty members and to ensure attracting the brightest individuals of both genders into a career in neurosurgery ²⁾.

Surgeons who abuse other healthcare workers are in violation of institutional bylaws and compliance regulations and create a hostile environment at work which adversely affects efficient productivity and violates specific State and Federal laws which prohibit discrimination based on race, color, sex, religion, or national origin ³⁾.

The impact of workplace discrimination has gained [recognition](#). Nearly two-thirds of all medical [residency](#) applicants reported being asked inappropriate or potentially illegal [interview](#) questions. The use of such questions during neurosurgery residency interviews has not yet been studied.

Limoges et al. evaluated the [prevalence](#) of inappropriate or potentially illegal questions in residency interviews and the impact on applicants' rank lists.

All 2018 to 2019 United States neurosurgery resident applicants were anonymously surveyed. The [survey](#) included 46 questions focused on demographics; if they were asked questions regarding rank list, [age](#), [gender](#), marital status, family planning, religion, sexual orientation, or disability, and whether such questions affected their rank list formation.

Of 265 surveyed United States applicants, 133 (50%) responded. Most respondents were male (78%), 24% were married, and 10% had children. During the formal interview, 94% were asked at least 1

inappropriate or potentially illegal question. About 78% reported being asked about marital status, and 29% were asked about intent to have children. About 46% said being counseled on their personal life, 30% were asked about their ethnic background, and 15% were asked about their religion. A total of 2 candidates reported questions about mental illness/disability, and 2 candidates reported being asked about sexual orientation. About 45% of applicants that were asked at least 1 of these questions ranked those programs lower.

Nearly all (94%) neurosurgical residency applicants reported being asked at least 1 inappropriate or potentially illegal question during interviews. The results indicate that inappropriate questions negatively affected program rankings ⁴⁾.

Gender-based discrimination affects [women](#) more frequently than men in [spine surgery](#). These experiences likely contribute to the low [prevalence](#) of [female](#) spine surgeons. Efforts to mitigate bias and support the professional development of [female neurosurgeon](#), orthopedics, and spine communities are encouraged ⁵⁾

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²⁾

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³⁾

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