

Plastic surgery seeks to help women gain leadership positions and break through the 'plastic ceiling'

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While some progress has been made, further work is needed to achieve more equitable representation of women plastic surgeons in leadership roles, according to a special topic paper in the September issue of *Plastic and Reconstructive Surgery*, the official medical journal of the American Society of Plastic Surgeons (ASPS).

"Women bring unique qualities to leadership, yet there remain barriers to gender equality," according to the article by five leading [women](#) plastic surgeons. "Our failure to attract, nurture, and sustain women for leadership positions significantly reduces the talent pool of capable leaders in plastic surgery." The lead author is ASPS Member Surgeon Debra J. Johnson, MD, of The Plastic Surgery Center, Sacramento, Calif.

Fostering Leadership by Women in Plastic Surgery

Although they now account for half of all medical school graduates, women are still underrepresented in plastic surgery—especially in leadership positions. "Thus there are inadequate role models for the 14 percent of women plastic surgeons and 32 percent of female plastic surgery residents," Dr. Johnson and colleagues write.

The authors discuss some intrinsic and extrinsic barriers to leadership positions for women [plastic surgeons](#). Intrinsic factors include differences in career aspirations as well as a "confidence gap." The authors write, "Women are less likely to have strong mentors pushing their careers, and are hesitant to seek promotion unless they are fully qualified."

Extrinsic factors include women's continuing disproportionate responsibility for family and home

duties. Another contributing factor is "role incongruity," where women in leadership roles may be viewed as less competent due to gender-role stereotypes.

What do women "bring to the (operating) table" as leaders in plastic surgery? "While women leaders may not be as popular as their male counterparts, there is actually no difference in their effectiveness as leaders," Dr. Johnson and coauthors write.

"In fact, women more often exhibit leadership styles that are associated with greater effectiveness." Diverse leadership has been shown to result in more diverse decision-making, and thus to better organizational performance.

Dr. Johnson and colleagues recommend some steps that the specialty of [plastic surgery](#) can take to create a culture of women in leadership. Plastic surgery organizations must make a commitment to greater diversity in leadership—the current representation of three women on the 12-member ASPS Executive Committee is cited "an important milestone."

The authors call for increased mentorship opportunities for women, education on promotion criteria and equal pay for equal work, and institutional support to ease conflict with family responsibilities. They also encourage women surgeons to take active steps to prepare themselves for [leadership roles](#), such as seeking mentors and regularly discussing their career progress with supervisors.

"Women leaders are valuable and skilled assets that will help their organizations flourish," Dr. Johnson and coauthors conclude. "A commitment to nurturing the [leadership](#) potential of all [plastic surgeons](#) will exponentially increase the creativity

and influence of our specialty."

More information: Amanda K. Silva et al. Melting the Plastic Ceiling, *Plastic and Reconstructive Surgery* (2016). DOI: [10.1097/PRS.0000000000002483](https://doi.org/10.1097/PRS.0000000000002483)

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