

Is the glass ceiling breaking for women in health science careers?

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Definition: glass ceiling—that invisible barrier to advancement that minorities, including women, face to reach the top.

Despite the movements for female equality and empowerment, few women occupy top scientific decision-making positions and this is partly due to the many societal challenges they face during their advancing careers. Being a current female medical student, it is a difficult debate subject to write about; however, it is a very important matter for women worldwide.

Women have been battling to achieve equality for a long time in all areas of life, not only in science. In medicine, there are still some medical specialities, like academia and surgery, where it is still difficult and challenging for women to get to the top. Some studies have found that this is due to women not pushing themselves into these roles and feeling that they are not worthy of these positions.¹ Some studies have found that women will not apply for certain jobs if they have not matched all the criteria in the job description, whereas men will apply for the job even if they do not have any of the job description requirements.¹

An example of where women seem to have a glass ceiling in medicine is consultancy. Women account for 59% of the medical workforce but they only account for just 28% of consultancy jobs.² This is even reflected in the BMA members, with 45% being women but only 30% taking up positions on its committees.² In general, it has been found that women are paid 18% less than male counterparts as the glass ceiling seems to be holding back the highest fliers.³ This seems to suggest that the medical glass ceiling has undoubtedly not been broken. Women still seem to be held back from achieving top consultancy jobs, whether it is because women do not think they are good enough for the position, family life choices or because men seem to dominate that medical speciality.⁴

However, it is important to publish and support women who do break the glass ceiling on a global scale as it inspires so many other women to focus on their career prospects. A good example is Dr Audrey Elizabeth Evans, who was born to a lower-class family in York, England. Since the age of 5, she knew she wanted to be a doctor.⁵ However, in her time, this path was never encouraged for females and, therefore, she knew it would be a difficult route. However, despite this, she managed to get a place at the Edinburgh University Medical School.⁵ Unfortunately, during her time at medical school, she developed a memory problem and failed her first year. Despite this, Audrey was determined to have a career as a doctor and when she got to her clinical years, she exceeded. Her communication and empathy with patients was something others desired. She then went on to complete her residency in Boston, USA, where she was the only female doctor.⁵ This did not discourage her but fuelled her desire to work hard and fulfil her dream career. She is now a world-renowned oncologist with a desire to live out her legacy as the doctor who cared. Even at the age of 92, she was still fundraising for organisations within the oncological field.⁵ Her case study shows that every woman who has a career dream should not be put off, regardless of societal challenges, and that they should persevere.

On a positive note, the glass ceiling in medical schools seems to have been broken, where there is normally a higher female:male ratio (55%:45%).⁶ The encouragement from other successful women is potentially now making a difference to the future health care system for women. As long as women in academic medical centres are supported and encouraged to apply for positions higher up, women's attitudes and confidence will grow and allow us to break through this glass ceiling that exists in parts of our society. As the gender ratio changes in medical schools, the number of female consultancies shall increase in the next 10–20 years.⁷

The concept of the glass ceiling can be controversial, with the

metaphor itself first being used by feminists.⁸ This term may now be out of date and, in fact, in our society, gender differences are more recognised and this is something we are trying to rectify. There is a parallel phenomenon called the glass escalator. The glass escalator refers to the way men, namely heterosexual white men, are put on a fast track to higher up positions when entering women-dominated sex-segregated professions, for example, preschool teachers, childcare workers and nurses.³

Globally, in dental care, we are seeing an increase in female dentists.⁹ There are obstacles for women once they enter a dental career path, including attitudes and practical obstacles in continuing or advancing their careers.¹⁰ Some of these barriers have been identified, including socio-cultural challenges, dual family responsibility, workplace challenges and lack of role models. However, in some parts of the world, there is an increase in the number of women applying to dental schools.¹¹ Fifty per cent of dental undergraduates in the UK are female and, in 2020, more than 50% of all practising dentists will be female.¹²

In veterinary science, the issue is very similar in that it is estimated that around a quarter of leadership roles are held by women. This is despite women accounting for almost 60% of practising vets and 80% of veterinary degree undergraduates.¹³ There are many and varying reasons why women are less likely to end up in leadership positions, although these are not unique to the veterinary industry. As previously mentioned, traditionally, women have been less likely to put themselves forward for leadership positions due to a lack of confidence.^{14,15} However, with the increasing number of women applying to study veterinary science at university, in future there will be more females taking up leadership roles.¹⁶

A company development called the Athena SWAN Charter was developed in 2005, encouraging women to advance their career in science, technology, engineering, maths and medicine (STEMM).¹⁶ This was a company advertised during my time as a biomedical science undergraduate. It was good to hear that employers were striving to recruit more women into higher positions, seeking to eliminate some of the barriers that women typically face.¹⁶ This suggests that the glass ceiling still exists, but we are cracking the surface and if more companies like Athena SWAN are formed throughout the UK, many women will be encouraged to apply for top science jobs. The Athena SWAN Charter drives forward the systemic changes needed by institutions to continue encouraging gender equality in STEMM departments.

A major social change that has occurred in all specialities of science is that 70% of all women with younger children are now working outside the home, as compared with previous generations.¹⁷ It is clear that child-rearing and family responsibilities have a great impact on a woman's working life.¹⁸ The responsibilities for family caretaking continue to fall disproportionately on women, and this fact could explain why women abandon their careers in the advanced stages.¹⁸

In conclusion, women have broken the glass ceiling in many ways, and we have smashed the glass ceiling in many professions. However, currently, in science overall, there still seems to be a glass ceiling and we are only cracking the surface of it. It appears that the new incoming science undergraduate students are majority female and this will hopefully lead to more of them applying and gaining higher positions in their field.¹⁹ Our society is also changing, with women working outside the home, as compared with previous generations. All these factors suggest that the glass ceiling for women in science is fading and that more women are gaining top jobs in science. It is hoped, one day, that the term 'glass ceiling' will be a term of the past.

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