

Access this article online

Website: www.ijaweb.org

DOI: 10.4103/ija.IJA_1116_20

Quick response code



Striding towards the pinnacles of professional growth, scientific epitome, and leadership: India's women anaesthesiologists

Madhuri S Kurdi, Manisha D Katikar¹, Vanita Ahuja², Ridhima Sharma³

Department of Anaesthesiology, Karnataka Institute of Medical Sciences, Hubli, Karnataka, ¹Department of Anaesthesiology and Critical Care, Balwant Institute of Neurosurgery and Intensive trauma Unit, Solapur, Maharashtra, ²Department of Anaesthesia and Intensive Care, Government Medical College and Hospital, Chandigarh, ³Department of Anaesthesiology, Superspeciality Paediatric hospital and Postgraduate teaching Institute, Noida, Uttar Pradesh, India
E-mail: drmadhuri_kurdi@yahoo.com

Women anaesthesiologists in the past have many a times had to deal with negative behaviours of surgeons. A case of a male surgeon telling a lady anaesthesiologist “You should not be working. You should be at home looking after the children” has been reported in a survey. Another instance wherein a female anaesthesiologist was always spoken to by the surgeon via a third person whenever they were working together has also been reported.^[1] Well, do such negative attitudes towards women anaesthesia practitioners exist in the operation theatres even today? It is said that gender inequality at work is likely to be still rampant in some parts of the world. Though the professional opportunities are at par for female anaesthesiologists in our nation, they still face challenges.

It is not very easy for people to pursue speciality careers in medicine and that too in the field of anaesthesia. Administering anaesthesia is a balancing act. For a woman anaesthesiologist who balances multiple roles on the professional and personal fronts, it is a much tougher job. Women very often have to interrupt their careers to accommodate their spouse's careers and to manage issues like pregnancy and child upbringing. Many women do not get their family's support and hence have given up the golden opportunities in their careers. Conflicts between the career and family, lifestyle issues, and conflicts at the workplace may make the woman anaesthesia practitioner distressed in her everyday life. Providing a calming work and home environment will definitely make her feel empowered and her perfection at work will further improve. A doting mother, loving wife, and a perfect daughter-in-law in the house, this same

lady undergoes a magnificent transformation when she wears her operation theatre scrubs. She is now ambitious, strong, fearless, and commanding and ready to put to use her fine clinical skills and knowledge. Her God-gifted compassionate nature creates an emotional bond and a soothing attachment with the patient. This legacy of the important role of women in anaesthesia has been carried forward through the years. India's Rupa Bai Furdoonji became the world's first woman physician anaesthesiologist. She worked to administer chloroform in Hyderabad during the years 1889–1917. She worked under Edward Lawrie, the Principal of Hyderabad Medical School. Edward Lawrie had lauded her for her skills in the book “A Report on Hyderabad Chloroform Commissions” published in 1891. He had recommended her for higher studies to Edinburgh from where there was no looking back for her.^[2] Thus, good work does not see gender and does get its due recognition with time. Today, women in anaesthesia in our nation, make up a significant proportion of the anaesthesia fraternity as successful clinical practitioners, researchers, and teachers. Gender inequality does not truly exist. What exists is the choice of anaesthesiologists on the basis of their clinical competence, punctuality, and rapport with the surgeon. A change in the patriarchal mindset of the society will help the woman anaesthesiologist balance well between her family and professional work. This will improve her professional efficiency. Nevertheless, the changes in society are now taking place quite fast and women are getting the full support of their families for their education and jobs.

Another important aspect arises in the field of academics. There are several international

publications which portray the under-representation of women in anaesthesiology literature and in the top tiers of academic practice. A scoping review by Bosco *et al.* concluded that women are under-represented in academic positions, in journal authorship, as editorial board members, and as award recipients.^[3]

A recent study concluded that although the incidence of female authorship has significantly increased from 2010 to 2018, women represent less than a third of first authors and less than a fifth of last authors of original research papers published in three international anaesthesiology journals with high impact factors—the British Journal of Anaesthesia, Anesthesiology, and Anaesthesia.^[4]

A study, on original research articles, published in two high-impact anaesthesiology journals, Anesthesiology and Anesthesia and Analgesia over the past 15 years demonstrated that women made up a higher percentage of first authors on manuscripts with female senior authors. More non-experimental studies had female senior authors than experimental studies; also, there were more female first authors in the sub-specialities of neuro-anaesthesia, obstetric anaesthesia, pain management, and paediatric anaesthesia.^[5]

Demailly *et al.* found that the visibility of women remains lower than that of men, particularly on social networks dedicated to science research (e.g., Research Gate).^[6]

A systematic review of 52 studies published between 1985 and 2015 found consistent evidence for ideas like women are more interested in teaching than in research, participation in research can encourage women into academic medicine, and that women lack adequate mentors and role models.^[7]

Interestingly, these facts mentioned in international literature do not match with the picture in our nation. A glimpse into the immediate past issues of the Indian Journal of Anaesthesia (IJA) revealed quite a good number of articles with women as first authors in almost every issue. The February, April, June, and July 2020 issues have almost 50% of articles with women as first authors. There are several “all girls” original articles and case reports in the past issues of the IJA.^[8,9] This current issue of the IJA is an “all women” issue and is decked with almost 100% of all articles, including original articles by female anaesthesiologists as first or corresponding authors.^[10-17] We firmly believe that this

women's issue of our journal will definitely inspire our country's women anaesthesiologists and serve as an impetus to research and leadership.

An analysis of the February 2020 supplement of the IJA with abstracts of award papers selected at the Indian Society of Anaesthesiologists national conference (ISACON) 2019 revealed a sizeable number of female award paper nominees^[18] – Kop's award [Cardiac anaesthesia (6/10), Obstetric anaesthesia (8/10), Paediatric anaesthesia (7/10), Neuroanaesthesia (7/10), Clinical Pharmacology (5/10), Pain (7/10), Trauma and Critical Care (4/10), Practitioners forum (6/9)], TN Jha award and KP Chansoriya Travel Grant (9/15), Jaipur award (Day Care Anesthesia 6/10, Pain 5/10, Airway 6/10), Ludhiana E-Poster award (4/7)]. These statistics speak very well for themselves. This sparkling representation of Indian women on the podium of award paper presentations, as authors of good quality original articles in scientific journals, their excellent performances as peer reviewers and editorial team members and their promising participation as popular faculty at conferences depicts their academic progress. They are certainly getting stronger by the day.

Attaining senior medical faculty posts in teaching in Western countries depends a lot on the quality and the quantity of research work done by the faculty. This was not the case in India in the yester years. It is only of late that the Medical Council of India made research publications in indexed journals mandatory for academic promotions in medical colleges to improve the research output of our country. We have had and are still having many senior women faculty members in anaesthesiology departments of medical colleges in India. A majority of them have been teaching, inspiring, influencing, supporting, caring, and nurturing their students. Their vast clinical experience, educational qualities, and motherly attitude have created a great impact on several students. This has played an important role in shaping the future generation of anaesthesiologists. Some of the teachers have refused job transfers to other cities or places just to take care of their families, and in the bargain have sacrificed their academic promotions to higher faculty positions. Many of them have managed tough administrative positions in medical colleges, army, and corporate hospitals as departmental heads, hospital superintendents, commandants, and deans; in fact, several women anaesthesiologists in our country are actively pursuing anaesthesia practice and teaching even beyond 60 years of age. These successful

teachers and practitioners serve as mentors or “inspirational role models” for the younger generation anaesthesiologists. Nowadays, there has been a rising trend in women choosing anaesthesiology as their speciality for postgraduate training (both MD and DNB).

The under-representation of women in professional committees and their lagging behind in leadership positions in anaesthesiology is another issue in world literature.^[19] What could be the possible reasons for the under-representation of women in leadership roles? The reason for women not interested in pursuing a leadership position has been usually attributed to the family commitments and household responsibilities.^[20] Women certainly have all the qualities of leadership and can lead even during difficult times. Who can forget Virginia Apgar and her achievements? She received the title of “America’s best known anaesthesiologist: male or female.” She directed the division of Anaesthesia at Columbia University in 1940. At a time when American Society of Anesthesiologists (ASA) finances were disorganised, she held the treasurer’s role and successfully placed the ASA and its journal Anesthesiology on a sound financial footing.^[21] The first President of the South Asian Confederation of Anaesthesiologists was a lady anaesthesiologist—our very own Dr. VM Divekar. The Indian Society of Anaesthesiologists (ISA), however, has had only six lady anaesthesiologists as national Presidents since its inception in 1947 and one lady Editor-in-Chief of the IJA since 1953; few other lady anaesthesiologists have been Governing Council members, state presidents and secretaries and a few have been leading sub-speciality and superspeciality organisations.

It is likely that due to the tough balancing of professional and personal issues, our lady anaesthesiologists may develop disinterest in academics and organisational activities. ISA mentorship programs could probably help them in this regard. The modern Indian woman has clarity, confidence, knowledge, is technology savvy, knows how to handle erratic schedules, and strike a fine professional life–home balance; nonetheless, our women anaesthesiologists are showing their efficiency today as frontline corona warriors and home warriors managing disturbed professional and domestic schedules. Michelle Obama once said, “There is no limit to what we women can accomplish.” We, therefore appeal to our women anaesthesiologists to nurture academic and leadership dreams and to

combine clinical practice and family care with good quality high-impact research. The zeal for research has to come from within them and the time needed for it has to be shared or created. They should think that “Research” is their baby which needs to be nurtured and grown. They need to arise, awake, and stretch their wings to realise their true potential in leadership. We believe that with perseverance, hard work, and passion, they can definitely achieve. It is beyond doubt that the “Mom! I won!” and the joy of a hug and a peck on our cheeks from our children are blissful, but equally joyful are our other achievements. Does the joy of seeing our articles published in reputed journals, the experience of being office bearers of organisations, the involvement in guideline and reviewer panels, the applause received on well-delivered lectures, the satisfaction of doing a complicated case, the happiness of a well conducted seminar for our postgraduate students not match the joy of motherhood? Well, it does, and we need to work hard and make up our minds to experience it. All of us should recollect one of the verses from the Manu Smriti which says, “*Yatra Naryastu Pujyante, Ramante Tatra Devataa*” meaning “Gods reside in places where a woman is worshipped.” We conclude by saying that India’s women anaesthesiologists are moving ahead. In fact, they should and they can, but only if they want to!!

Submitted: 18-Aug-2020

Revised: 21-Aug-2020

Accepted: 21-Aug-2020

Published: 01-Sep-2020

REFERENCES

1. Strange Khursandi DC. Unpacking the burden: Gender issues in anaesthesia. *Anaesth Intensive Care* 1998;26:78-85.
2. Ala N, Bharathi K, Subhaktha PK, Gundeti M, Ramachari A. Dr. (Miss) Rupa Bai Furdooji: World’s first qualified lady anaesthetist. *Indian J Anaesth* 2010;54:259-61.
3. Bosco L, Hastie M, Flexman A, Lorello G. Women in anaesthesia: A scoping review. *Br J Anaesth* 2020;124:e134-47.
4. Rong L, Anderson LP, Ahouma MM, Huynh S, Emerson J, Khan F, et al. Female authorship in Anesthesiology in 2010-2018: A bibliometric study (abstract). In: The anesthesiology annual meeting; 2019 October 19-23; Orlando, Florida. Abstract A4146. Available from: www.asaabstracts.com/strands/asaabstracts/printAbstract.htm?year=2019&index=12&absnum=1094&type=archive/1/. [Last accessed on 2020 Aug 16].
5. Miller J, Chuba E, Deiner S, De Maria S Jr, Katz D. Trends in authorship in anesthesiology journals. *Anesth Analg* 2019;129:306-10.
6. Demailly Z, Brulard G, Selim J, Compere V, Besnier E, Clavier T. Gender differences in professional social media use among anaesthesia researchers. *Br J Anaesth* 2020;124:e178-84.
7. Edmunds LD, Ouseiko PV, Shepperd S, Greenhalgh T, Frith P, Roberts NW, et al. Why do women choose or reject careers in academic medicine? A narrative review of empirical evidence.

- Lancet 2016;388:2948-58.
8. Rustagi PS, Nellore SS, Kudalkar AG, Sawant R. Comparative evaluation of i-gel[®] insertion conditions using dexmedetomidine-propofol versus fentanyl-propofol –A randomised double-blind study. *Indian J Anaesth* 2019;63:900-7.
 9. Vaidya MU, Gangakhedkar GR, Shetty AN, Waghalkar PV. A rare occurrence of acid exposure to UV radiation among operation theatre personnel. *Indian J Anaesth* 2020;64:230-2.
 10. Gopan G, Kumar L, Anjana RB, Sudhakar A, George R, Menon VP. Intraoperative factors contributory to myocardial injury in high risk patients undergoing abdominal surgery in a South Indian population. *Indian J Anaesth* 2020;64:743-9.
 11. Gupta N, Kumar A, Harish RK, Jain D, Swami AC. Comparison of postoperative analgesia and opioid requirement with thoracic epidural vs continuous rectus sheath infusion in midline incision laparotomies under general anaesthesia- A prospective randomised controlled study. *Indian J Anaesth* 2020;64:750-5.
 12. Sripriya R, Ravindran C, Murugesan R. Comparison of recovery characteristics with two different washout techniques of desflurane anaesthesia-A randomised controlled trial. *Indian J Anaesth* 2020;64:756-61.
 13. Singh S, Jha RK, Sharma M. The analgesic effect of bilateral ultrasound-guided erector spinae plane block in paediatric lower abdominal surgeries: A randomised, prospective, trial. *Indian J Anaesth* 2020;64:762-7.
 14. Gupta R, Kaur H, Kaur S, Mahajan L, Kaur T. A randomised double-blind study to compare the pain relief with two doses of ketamine in chronic low back pain patients. *Indian J Anaesth* 2020;64:768-73.
 15. Jain A, Singariya G, Kamal M, Kumar M, Jain A, Solanki RK. COVID-19 pandemic: Psychological impact on anaesthesiologists. *Indian J Anaesth* 2020;64:774-83.
 16. Bakshi S G, Paulin SV, Bhawalkar P. A randomised controlled trial to evaluate the perioperative role of intra-operative dexmedetomidine infusion in robotic assisted laparoscopic onco- surgeries. *Indian J Anaesth* 2020;64:784-9.
 17. Joseph N, Kumar L , Shyamsundar P, Balakrishnan S, Kesavan R, Rajan S. Evaluation of segmental epidural blockade following standard test dose versus test dose with addition of saline in abdominal surgeries. *Indian J Anaesth* 2020;64:790-5.
 18. Award Abstracts: *Indian J Anaesth* 2020;64(Suppl S1):2-83.
 19. Wong CA, Moonesinghe SR, Boer C, Hemmings HC Jr, Hunter JM. Women in anaesthesia, a special issue of the *British Journal of Anaesthesia*. *Br J Anaesth* 2020;124:e40-58.
 20. Bryant LD, Burkinshaw P, House AO, West RM, Ward V. Good practice or positive action? Using Q methodology to identify competing views on improving gender equality in academic medicine. *BMJ Open* 2017;7 e 015973.
 21. Calmes SH. A history of women in American anesthesiology. In: Eger EI II, Saidman LJ, Westhorpe RN, editors. *The Wondrous Story of Anesthesia*. New York, NY: Springer; 2015. p. 185-203.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Kurdi MS, Katikar MD, Ahuja V, Sharma R. Striding towards the pinnacles of professional growth, scientific epitome, and leadership: India's women anaesthesiologists. *Indian J Anaesth* 2020;64:739-42.