

REVIEW

Interview on Advancing Women in Sports – Challenges and Future Perspectives in Sports Medicine

EXERCISE IS MEDICINE



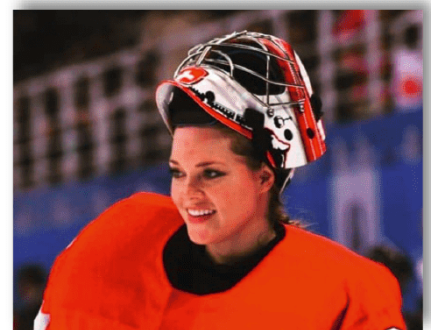
Anna Erat



Dame Inga Beale



Margot Page



Florence Schelling

Interview with Dame Inga Beale, Margot Page and Florence Schelling

Interviewees (in alphabetic order)

Dame Inga Beale is a former top rugby player, the former CEO of Lloyds London, and currently the chairman of the board of Mediclinic – a leading global healthcare organization. She is a leading advocate of gender equality, diversity and rights, with great accomplishment in introducing gender equality values and policies during her tenure at Lloyds London. Margot Page is a former Olympic ice hockey player and a member of Canada's national women's team at three IIHF women's world championships winning three gold medals. As an assistant coach, she led Canada to a silver medal in the 2005 IIHF World Women's Championships and to a victory in the Olympic Winter Games in Torino in 2006 among many other

accomplishments. Furthermore, she has worked as a coach mentor with IIHF and Swiss national teams. Florence Schelling was chosen as the most valuable player in the Soci Olympics in ice hockey and is the first general manager of a major male hockey team in the world. She has many years of experience as an international professional ice hockey player competing against women and men alike.

Interview

Girls who play sports are healthier and have a higher educational level than their peers, which in turn will positively reflect on the health of their future children. Girls who are involved in sports, particularly team sports, are also more likely to succeed in their careers and to take up leadership positions. The trend is especially clear among girls from minority groups, who appear to experience greater social and economic mobility, more confidence, lower depression and even more personal safety through sports [1]. While females as a group experience inequality in relation to boys and men, not all women and girls experience inequality to the same level and degree [2]. Apart from policies, resources and programmes in place to support women in sports, the bringing women into sports leadership will be crucial for future progress as recognized by 5th IOC World Conference on Women and Sport in 2012. In his interview, three global female leaders will share their experiences and insights in how to advance women in sports and the role of the medical professionals in this pursuit.

In your experience, which were the major motivators for you to become an athlete/join a sport that arguably was considered “unlady like”?

Dame Inga Beale: I had always been sporty at school – athletics, netball, lacrosse – and even when I started my professional career, sport was much more important to me than my “office” work. I joined a rowing club in London and got captivated by the sport, training 6 days a week and competing at the national level. After a few years of that, I was in the locker room of my local gym and saw a poster asking for women to join a rugby team. I loved rugby but I thought it was just men who played so I was intrigued that there were women’s rugby clubs. I jumped at the chance of getting involved in a very physical sport and, perhaps subconsciously, I saw it as something that would help me compete in the workplace too, or get some sort of status that I didn’t feel I had in the very male dominated profession of insurance. Rugby became a very important part of my life and the camaraderie of playing in a team was an incredible experience that kept me playing the sport for 12 years.

Margot Page: My brother played hockey and he introduced me to the game after school on the frozen lakes...I wanted to be like my big brother. My Dad was also instrumental in supporting me in pursuing whatever I wanted to do. I’ve been very lucky in my life to have people support me in whatever my dreams and goals were. It was very seldom that someone told me I could not strive for something. When you are young you do not know what you can or cannot do and should or should not do...I think that is learned...when you are supported in your dreams the sky is the limit!

Florence Schelling: I discovered hockey through my brothers and quickly developed a passion for the sport. For me it is important to have a passion for whatever I do, and have fun while I am doing it. Some people in my surrounding questioned whether girls really play hockey. However, it didn’t bother and it certainly

didn't keep me off the ice. I never worried about whether hockey was considered particularly "un-ladylike" or not, and I never considered myself different from boys. It is a mindset.

Did you get proper medical attention during your career that also addressed gender specific issues? Was the medical staff (including physiotherapists, mental coaches, medical doctors) trained and receptive to gender specific conditions and concerns?

Dame Inga Beale: I played for Wasps rugby club and we were part of Wasps men's club – in fact Wasps was the first men's rugby club to set up a women's team. At first we only had university teams to play against as there were no other women's rugby clubs in the country. Because we were part of a men's club we shared the same facilities as the men but rarely had physios present at our matches. We played on Sundays and the main day for sports was Saturday back then and the only medical doctors we had were the ones that were playing on the team! We had to be very self-sufficient. However, in the late 90's, as the women's sport got more popular, we started to have physios at our matches and being provided with mental coaches. Most of them were more used to dealing with men but we found them generally willing and eager to learn about how women players were different. Not just the physical side of things but the way we approached the game mentally and I believe they found this surprising.

Margot Page: When I was a player, the medical attention given to any athlete I think was lacking. As the sport of women's hockey grew, the professionalism continued to grow. Unless you were competing at the National Team level, medical issues were left up to a trainer with a basic training certificate. Once with the National Team, there was a medical doctor available. Usually they were OK with gender specific issues but you would need to be confident enough to bring it forward. I think this was for two reasons; one being the generation of players (you just did not talk about things like menstruation etc...) and two being that the medical staff did not promote that they could look after these things as well...I thought medical staff were for injuries.

Florence Schelling: I was surrounded by an amazing support team of personal trainers, sports-psychologists, physiotherapists and medical doctors. I feel as if I received great medical attention and cannot really judge whether it was gender-specific or not.

Which were the major struggles that you faced as a woman in competitive sports and what are the benefits/learnings that may be useful in your role today (as a business leader, coach and opinion leader, and general manager)?

Dame Inga Beale: The major struggle was that we were considered as second-class citizens in those days. We had very small audiences and did not even charge for people to come and watch our matches – generally we persuaded friends and family to come along and support on a wet, grey, winter Sunday afternoon. No crowds meant no funding or sponsorship and we relied on the players paying a fee every time they played just so that we could cover the cost of the kit and transport to matches. However, a rugby team is very diverse – you need short strong players, tall strong players, quick on their feet players, leaders, followers...all sorts to make up a team. In rugby no-one can win a match on their own – it takes a team effort. I therefore learnt the power of a high performing team working in unison towards the same

goal and I also recognized that each individual was needed for the skills they brought as individuals to the team effort. We definitely didn't want players who were all alike. That is a key learning I have taken with me into my professional career hence I stress the need for diversity and the need to bring all the team along with you.

Margot Page: The biggest one was the fact that whatever I was doing I always had to prove myself to those around me, men and women. It was above and beyond what my male counterparts had to do. This was as a player, a coach and a mentor coach. I really needed to be confident and well-prepared in no matter what I was doing since I played and had my career in a male dominated sport. I was surprised that women were a part of the group I needed to prove myself to as you would hope they would be your ally. I think this is slowly changing now but still an area that needs to get better.

This only made me a better coach and person. It made me study the game in detail and be ready for any challenge that came my way and be accountable for things when I did not know. I was always prepared and was constantly seeking mentorship and feedback so that I could give my best.

I am a very confident person now because of this and do not get intimidated easily. I stand up for what I believe in. I want to relay this on to other young females.

Florence Schelling: There were tons of challenges and struggles, but I tried to approach them from a positive angle. For instance, I never earned money the way male players did. So I had to raise the bar, push myself to get better, and attract attention through my hard work and merits in order to receive sponsorships and external funding. Still today, I aim to learn from each situation – positive and negative situations alike – and push myself to become the best. This mindset I can apply to my job still today.

In your opinion, what actions are needed to support women in competitive sports long-term and in the future? Please particularly also consider the role of the medical community.

Dame Inga Beale: Access for all. As there hasn't traditionally been the same funding for women's sport, often only those with their own financial means get access to sport at all and there's an opportunity to reach a much broader talent source if there is school and community funded programmes. The same applies to access to the best medical resource – a range of services, affordable to all, would support young developing players. Too often sports medicine is also focused on men so we need to ensure sports physicians are attuned to, and consider the physical differences in, women's physiology to be able to repair from injury and to enhance their own performance. The same focus on men is true for sports kit design. While cricket started as a male sport, the first recorded match that women played in was in 1745 so it may be surprising to know that the first ever cricket shoe designed specifically for women only hit the market in 2020. It was designed with input from the players themselves and physiotherapists and is a great way of showing how collaboration in the broader eco-system of sport can bring about new innovation.

Margot Page: We need to make sure that females in all roles of sport, not just players, are seen by our young females in sport. Players, Coaches, Medical staff, Equipment Managers, Officials, Administrators...all of them! If young females have this type of role-modeling they will see it as a future option and continue to help grow our sport. Professionalism is also a must. This means that any staff for our National Teams and youth teams alike are well-educated in their fields as it pertains to girls and women. A good example is our

Medical Community...things such as mental health, proper diet and other gender specific issues should be discussed and promoted specifically for females. A comfortable and safe environment for this to occur needs to be established as well. It cannot be ignored if we want to develop strong, confident, independent young women.

Florence Schelling: It is important to start early in childhood to build self-confidence, to encourage girls to speak up, and for females to pursue roles which are traditionally male dominated. Through education, information sharing, supportive family, friends and staff, as well as through proper programmes supporting girls in sports, we can shape mindsets and empower girls. The earlier the better!

Interviewer

Dr. Anna Erat MD/PhD is a former internationally competitive junior alpine skier with a clinical specialization in internal medicine, sports medicine and preventive medicine. Before her medical training she conducted pre-and post-doctoral research at Harvard Medical School and the Swiss TPH. She is currently a national team doctor for the Women's U-18 Swiss Ice Hockey national team, takes care of various world class athletes ranging from ironman triathletes to formula 1 drivers, she is the first female medical director (Chefärztin) in the Hirslanden Klinik, and she recently graduated from the international director's program at INSEAD.



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