

Gender, Culture, and Leadership in Cardiology

Report from the C-Change Survey

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Women in Cardiology (US)

From near parity in medical school, women fall to 43% of internal medicine residents, 22% of cardiology fellows, 20% of assistant professors in cardiology, and 9% of full professors in cardiology. *Carnes & Baird*

Sex Differences in Faculty Rank Among Academic Cardiologists in the United States

Survey Results: A Decade of Change in Professional Life in Cardiology

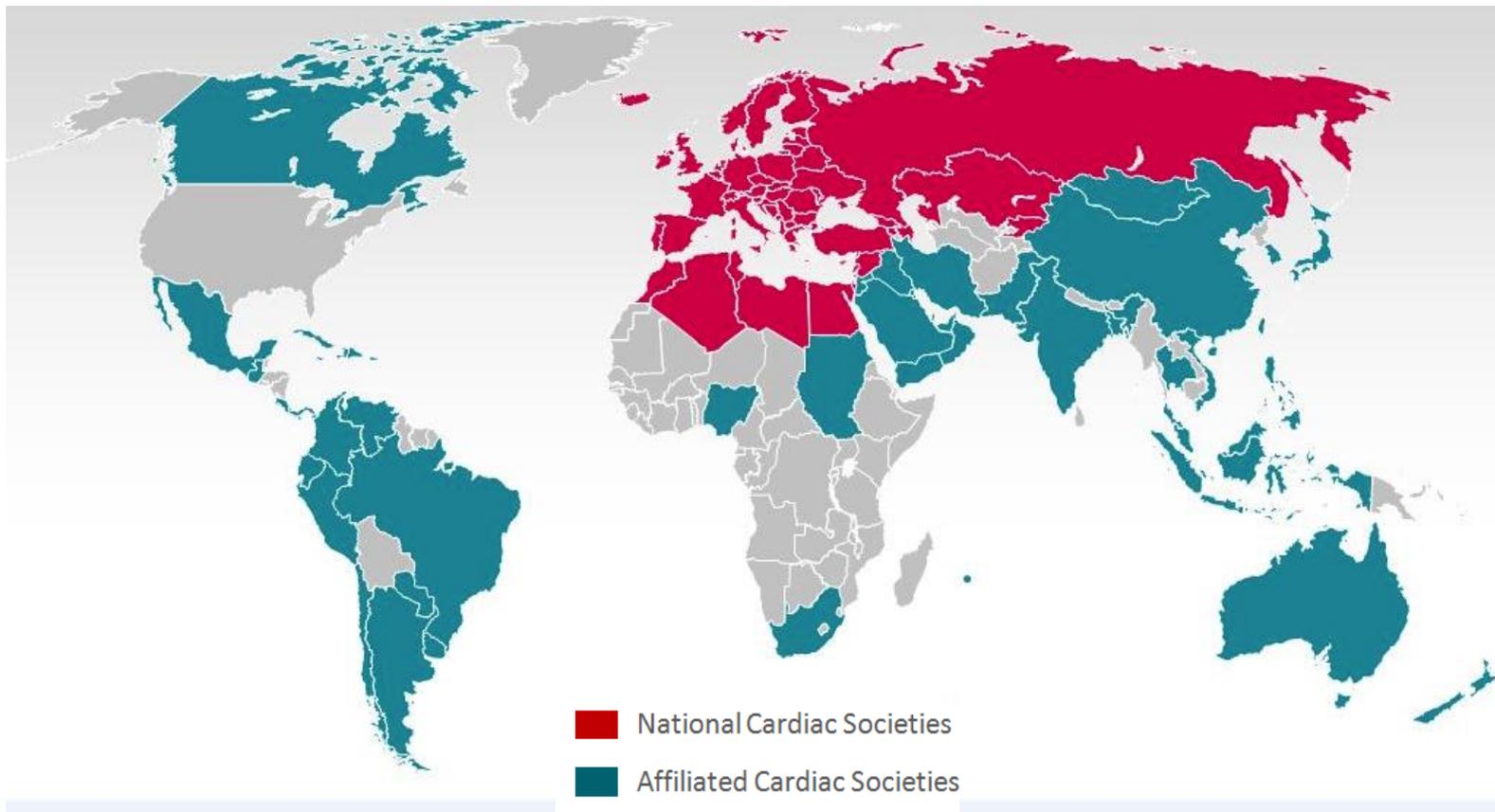
A 2008 Report of the ACCW

Work Activities and Compensation of Male and Female Cardiologists

Reshma Jaggi, MD, DPHIL,^a Cathie Biga, RN,^b Athena Poppas, MD,^c George P. Rodgers, MD,^d Mary N. Walsh, MD,^e Patrick J. White, MPH,^f Colleen McKendry, MSTAT,^g Joseph Sasson, PhD,^f Phillip J. Schulte, PhD,^g Pamela S. Douglas, MD^g

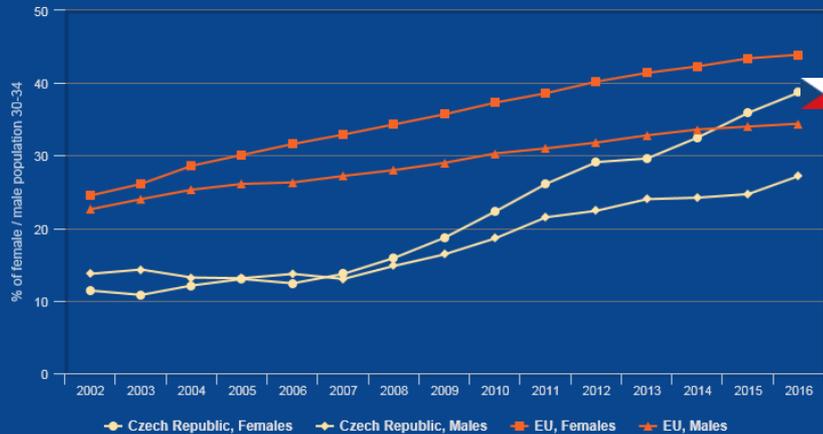


The ESC: A European-Global Perspective



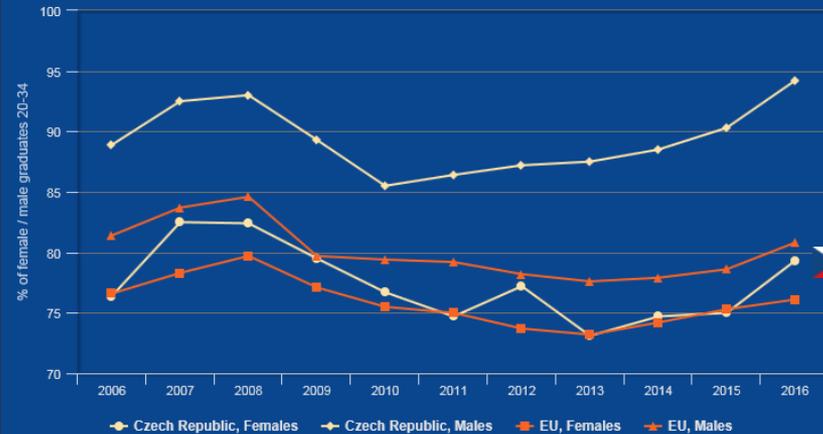
Women / men with tertiary educational attainment

(as % of the female / male population aged 30 to 34)



Employment rate of recent female/ male graduates

(as % of employed female / male graduates aged 20 to 34)



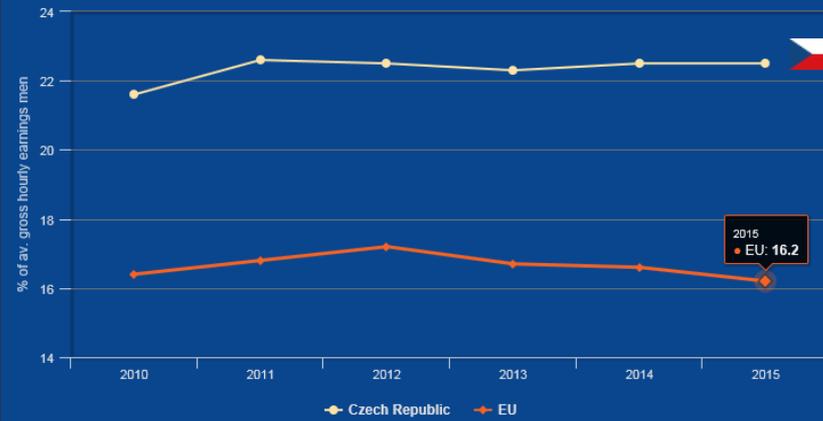
Women in senior management positions

(as % of board member positions), source: EIGE



Gender pay gap in unadjusted form

(Difference between average gross hourly earnings of male and females employees, as % of average gross hourly earnings of men)



Czech Republic vs. EU

THE C - CHANGE INITIATIVE

The C - Change (for Culture Change) initiative is dedicated to **improving the culture** of medicine through research and action.



THE C-CHANGE QUESTIONNAIRE

Which dimensions shape cardiologists' professional & social lives?



Vitality	Being energized by work, burnout
Self-Efficacy in Career Advancement	Self-confidence in ability to succeed in career
Institutional Support	Institutional commitment to faculty advancement, receives appropriate feedback and credit
Relationships/Inclusion/Trust	Relationships and feelings of trust and inclusion, able to express views authentically
Values Alignment	Alignment of personal values and observed institutional values, value placed on teaching, service and clinical excellence
Ethical/Moral Distress	Feeling ethical or moral distress and being adversely changed, developing undesirable behaviors such as aggression, self-promotion, deceit
Respect	Feeling respected; organizational tolerance of bullying
Leadership Aspirations	Aspiring to be a leader in cardiology/cardiovascular science
Work-Life Integration	Institutional support for managing work and personal responsibilities
Gender Equity	Perceptions of equity for female cardiologists/ cardiovascular scientists

ESC COHORT (in partnership with National Cardiac Societies)



17 ESC member countries:

EAST: Bulgaria, Romania, Czech Republic, Poland, Hungary

NORTH: United Kingdom, Sweden, Denmark, Norway

SOUTH: Greece, Spain, Israel, Italy

WEST: France, Germany, Switzerland, Netherlands

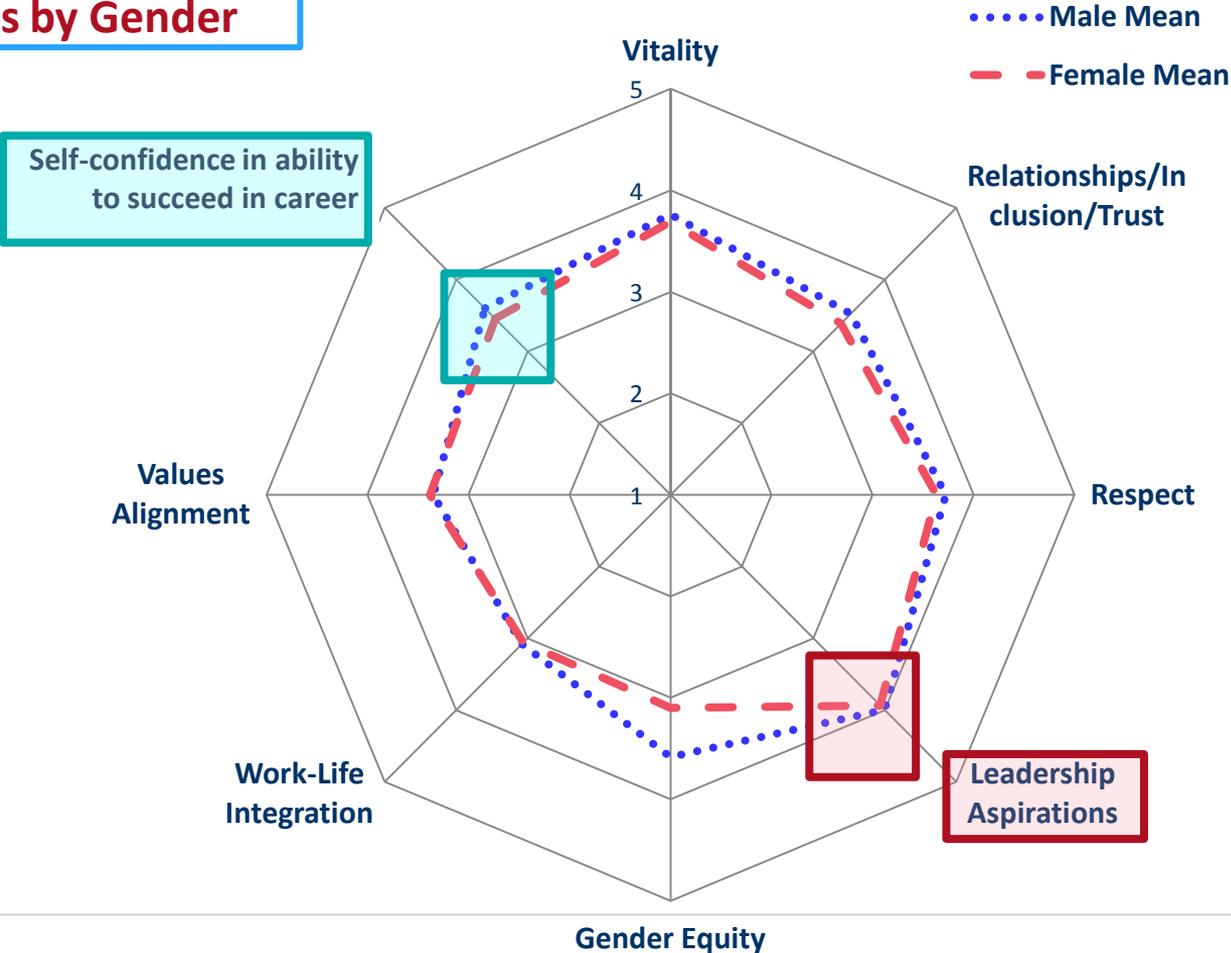
4,761 ESC members responded
69% clinicians; 20% PhD + others
59% men / 41% women (vs 69% - 31% actual)

Analysis by:

- *Gender*
- *Age (<40y; 40-54y; >55y)*
- *Health System (Private vs National)*
- *Geographical region (ENSW)*

Responses by Gender

Responses by Gender



LEADERSHIP ASPIRATIONS

Males and females ESC members have similar career aspirations

ASPIRING TO BE A LEADER IN CARDIOLOGY/CARDIOVASCULAR SCIENCE

	Male	Female
Mean (range 1-5)	4.00	3.94
Selected items	Agree	
<i>I want to be influential in making change happen in my dept/institution</i>	82%	81%
<i>My vision for health care motivates me to push for change</i>	76%	80%
<i>Leading change that improves patient care or advances cardiology is a goal of mine</i>	90%	89%

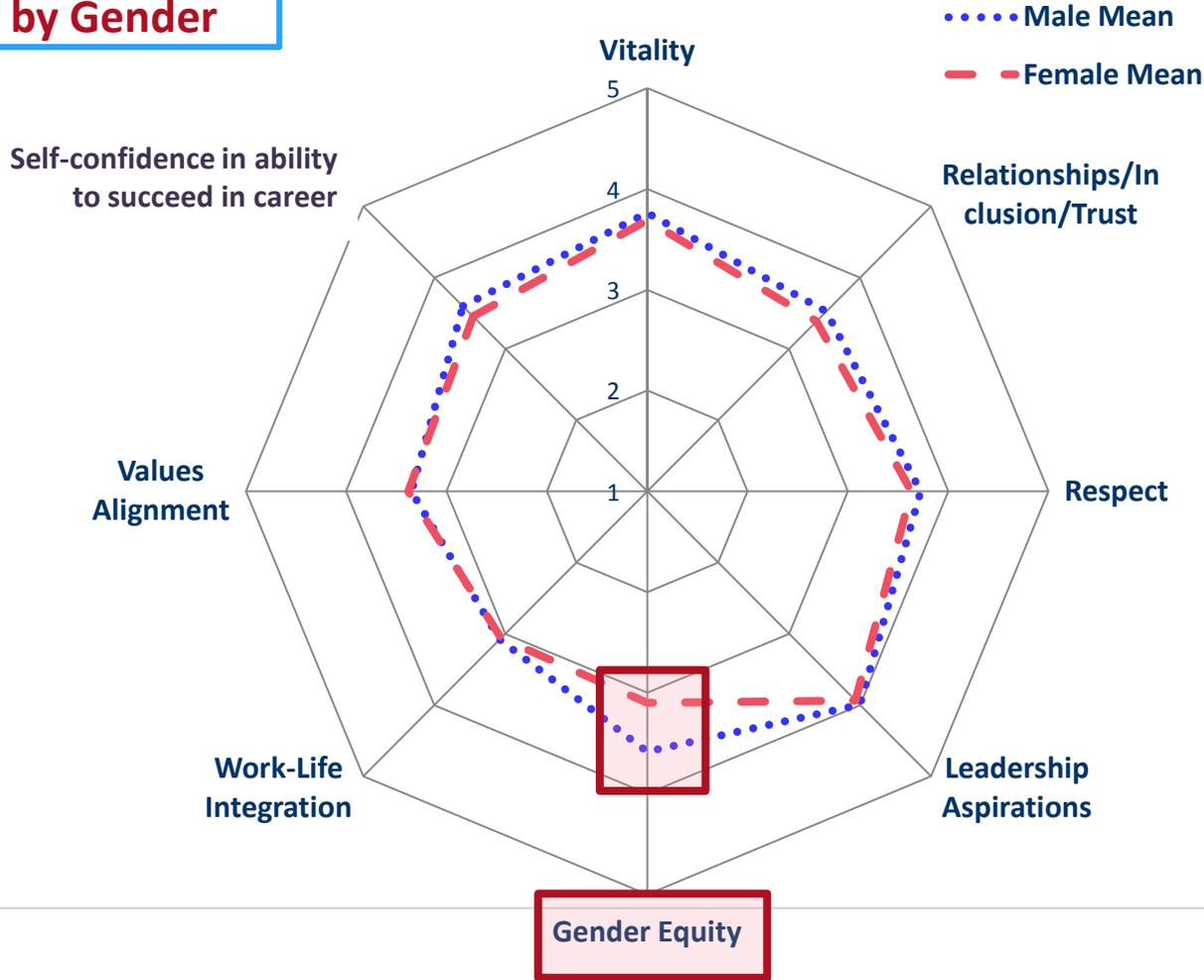
	Northern		Western		Eastern		Southern	
	M	F	M	F	M	F	M	F
Mean (range 1-5)	3.97	3.96	3.98	3.82	3.94	3.95	4.04	3.95

Myth 1:

Women don't want the big jobs.

- Women aren't ambitious.

Responses by Gender

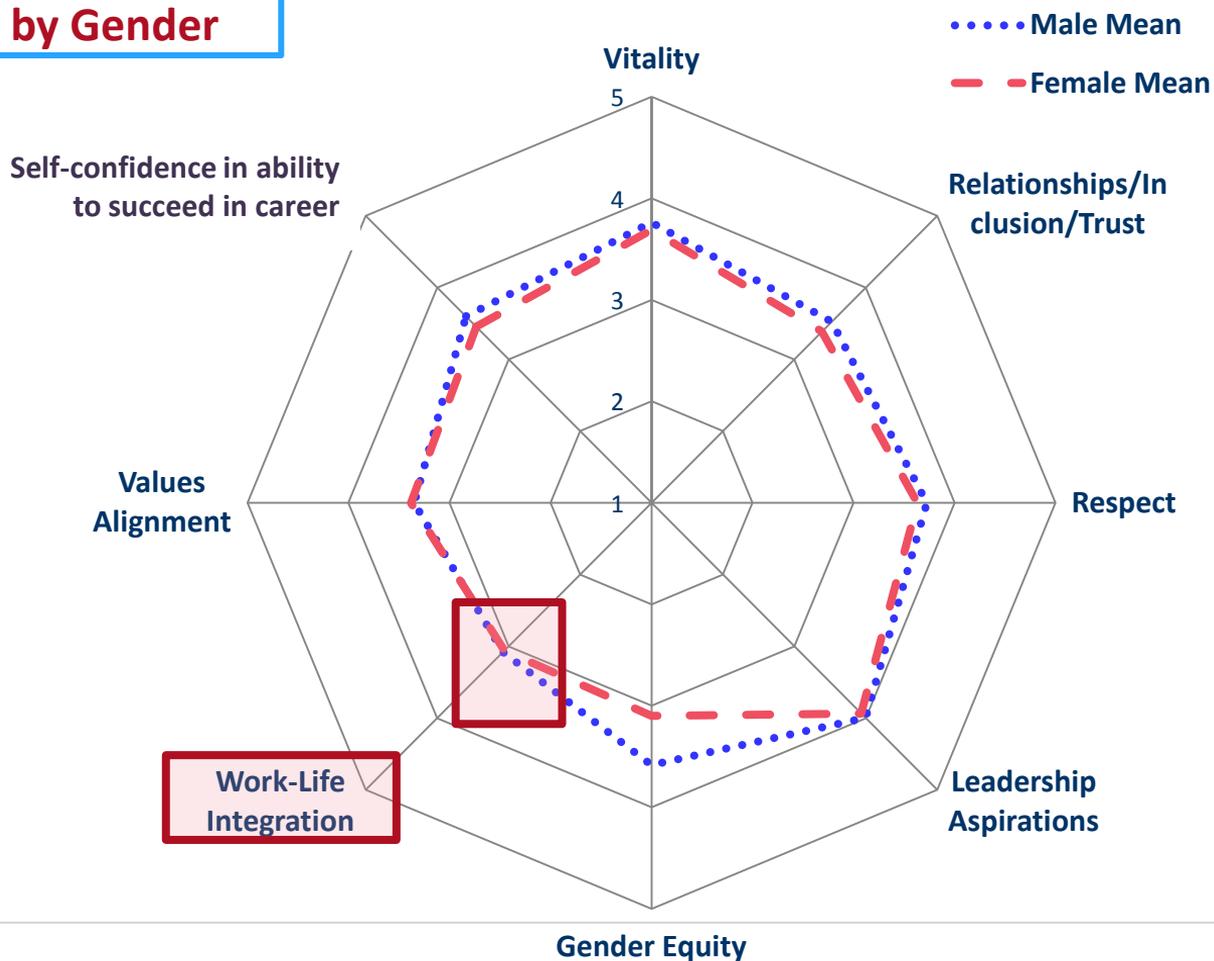


GENDER EQUITY/1

Female professionals feel less supported in achieving their full career potential

PERCEPTION OF EQUITY FOR FEMALE CARDIOLOGISTS/CV SCIENTISTS		
	Male	Female
Mean (range 1-5)	3.58	3.10
Selected items	Agree	
<i>I am aware of one or more instances in which a female colleague was treated unfairly because of gender</i>	17%	37%
<i>It is harder for female professionals to get ahead here than for male professionals</i>	28%	55%

Responses by Gender



WORK – LIFE INTEGRATION *(Institutional support for managing work and personal responsibilities)*

❑ A significant amount of members feels that personal sacrifice is required to succeed professionally

INSTITUTIONAL SUPPORT FOR MANAGING WORK AND PERSONAL RESPONSIBILITIES

	Male	Female
ESC mean (range 1-5)	3.03	2.90
Selected items	Agree	
<i>It is difficult to succeed here without sacrificing personal and/or family commitments</i>	61%	66%

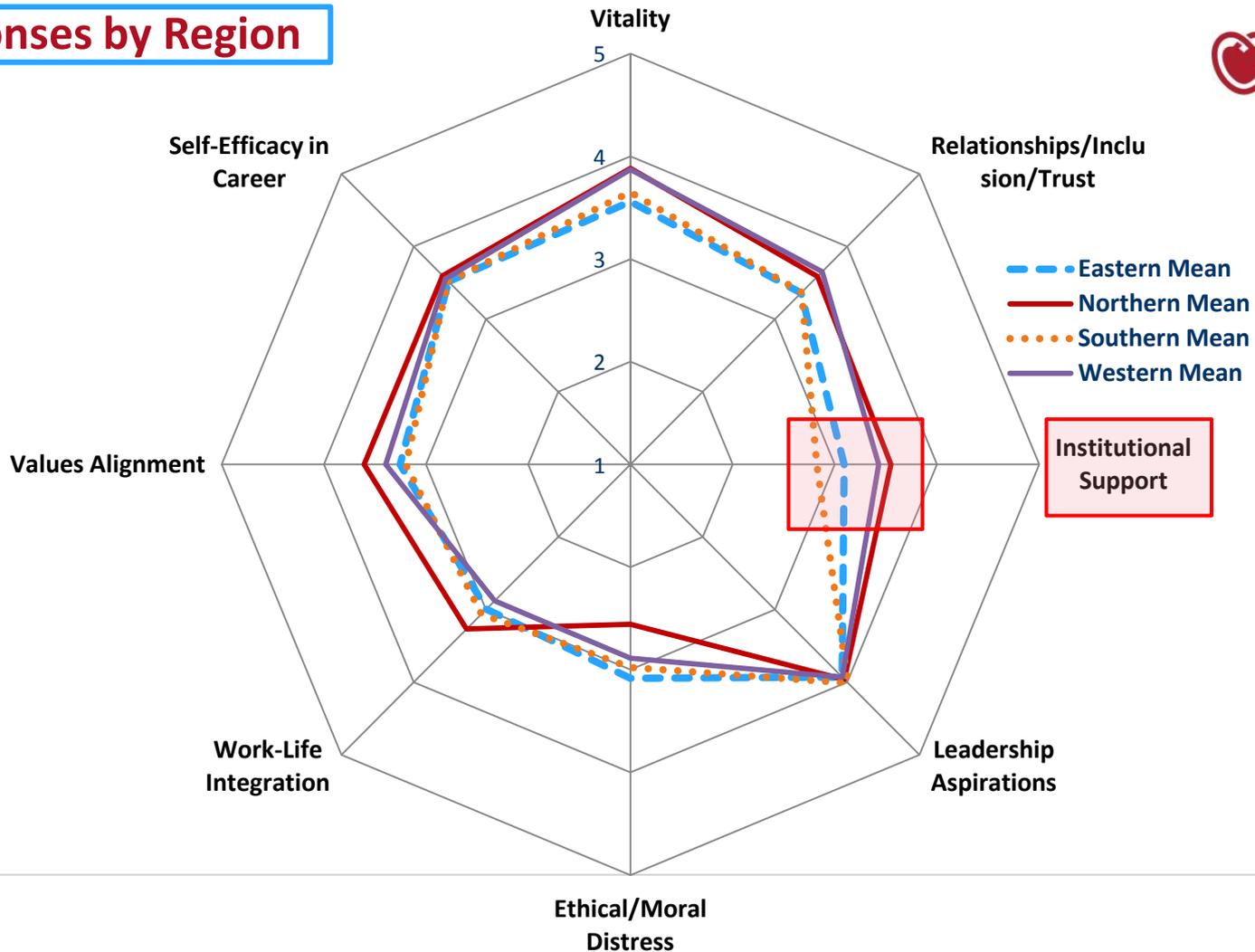
Myth 2:

Women are more concerned about work-life balance than men

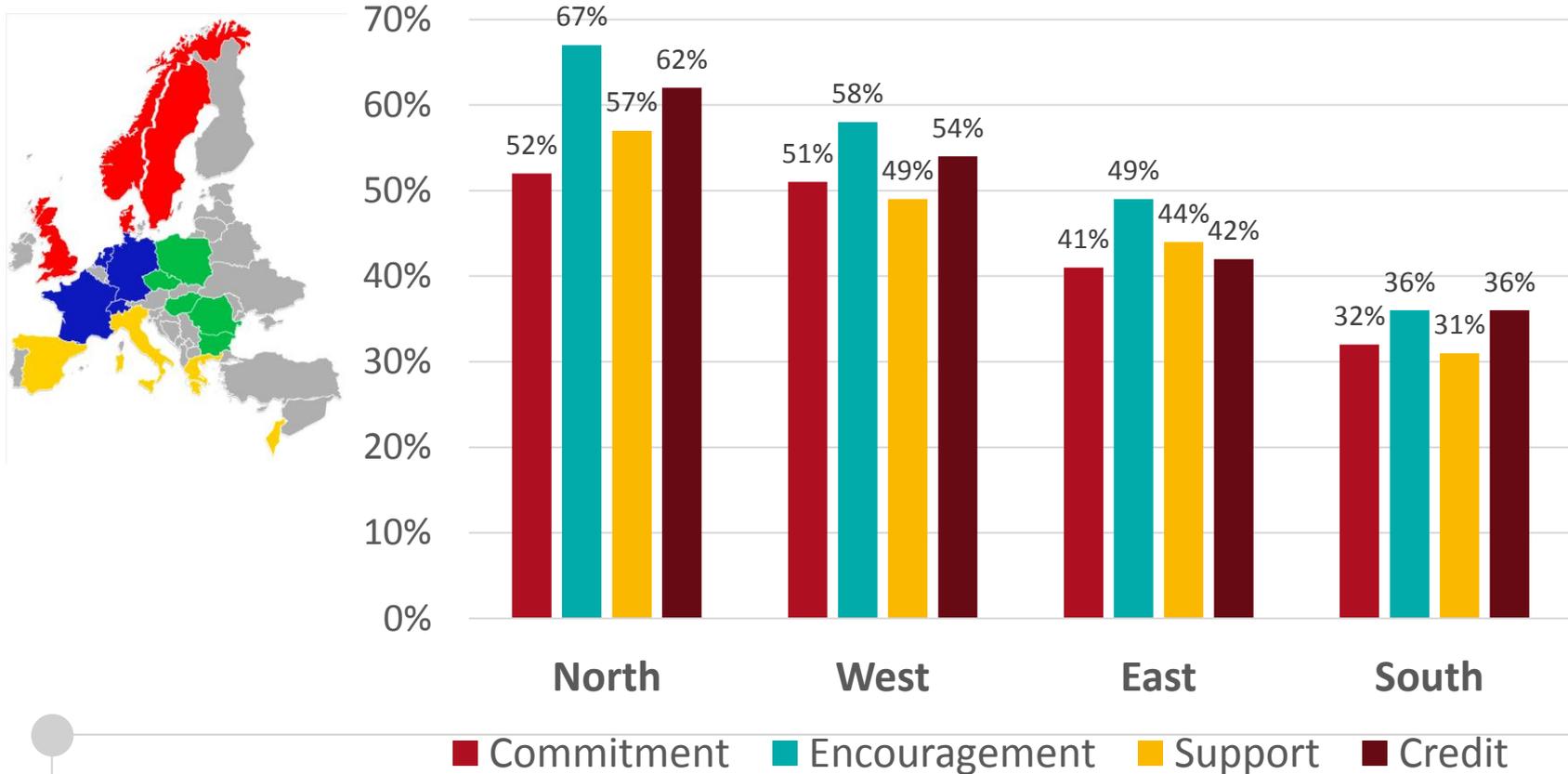
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Responses by Region

Responses by Region

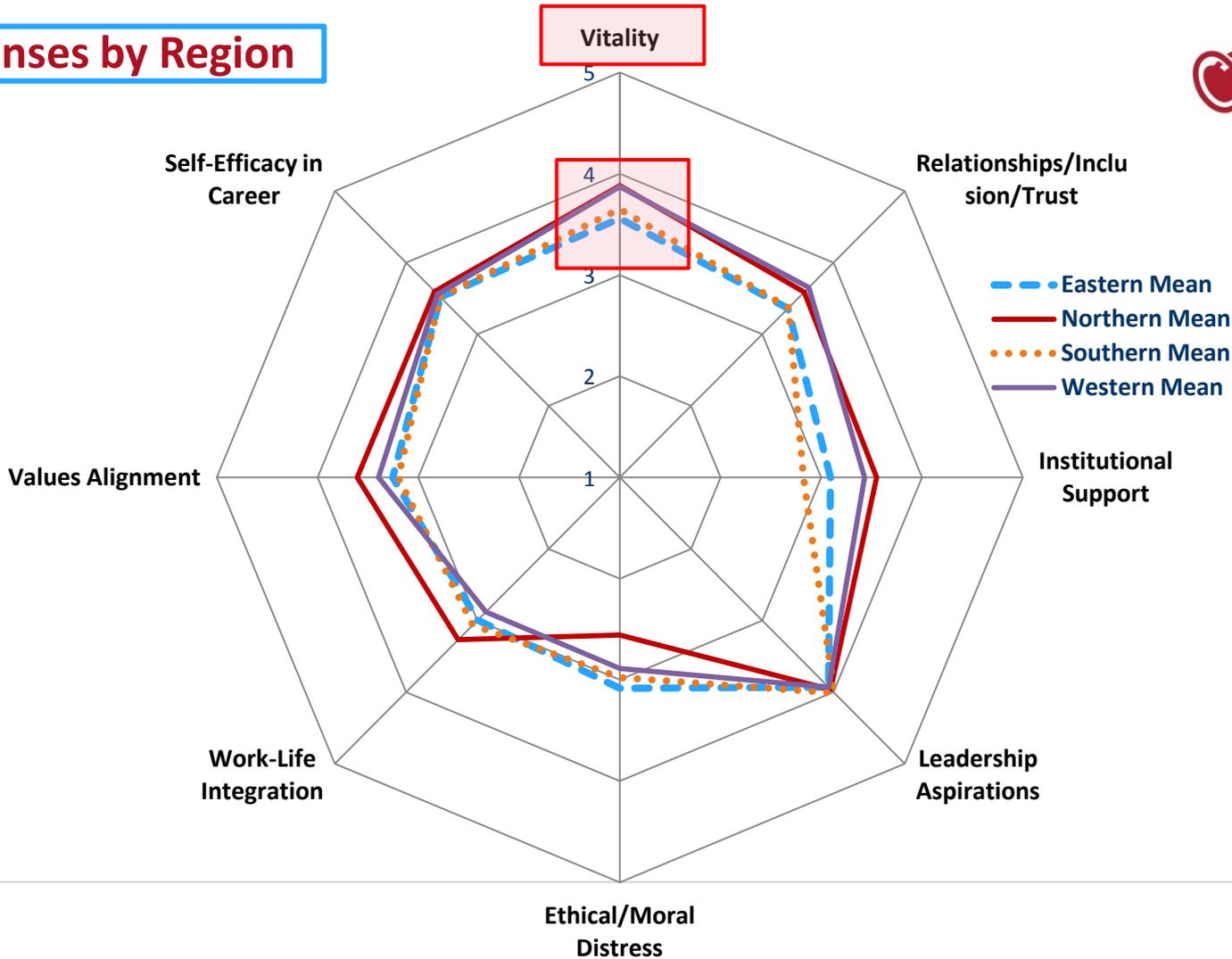


Institutional Support in Cardiology Departments across Europe



Investing in People and Promoting an Encouraging and Supportive Culture at Work is a Transformational Low-Cost Intervention.

Responses by Region





“loss of enthusiasm for work, feelings of cynicism, and low sense of personal accomplishment”

Detected by the 2015 Medscape Survey in **46%** of Cardiologists

Burnout is associated (personally) with high levels of divorce, depression, alcohol and drug addiction and suicide, and (professionally) with lower quality care and higher levels of medical errors.

VITALITY *(Being energized by work, burnout)*

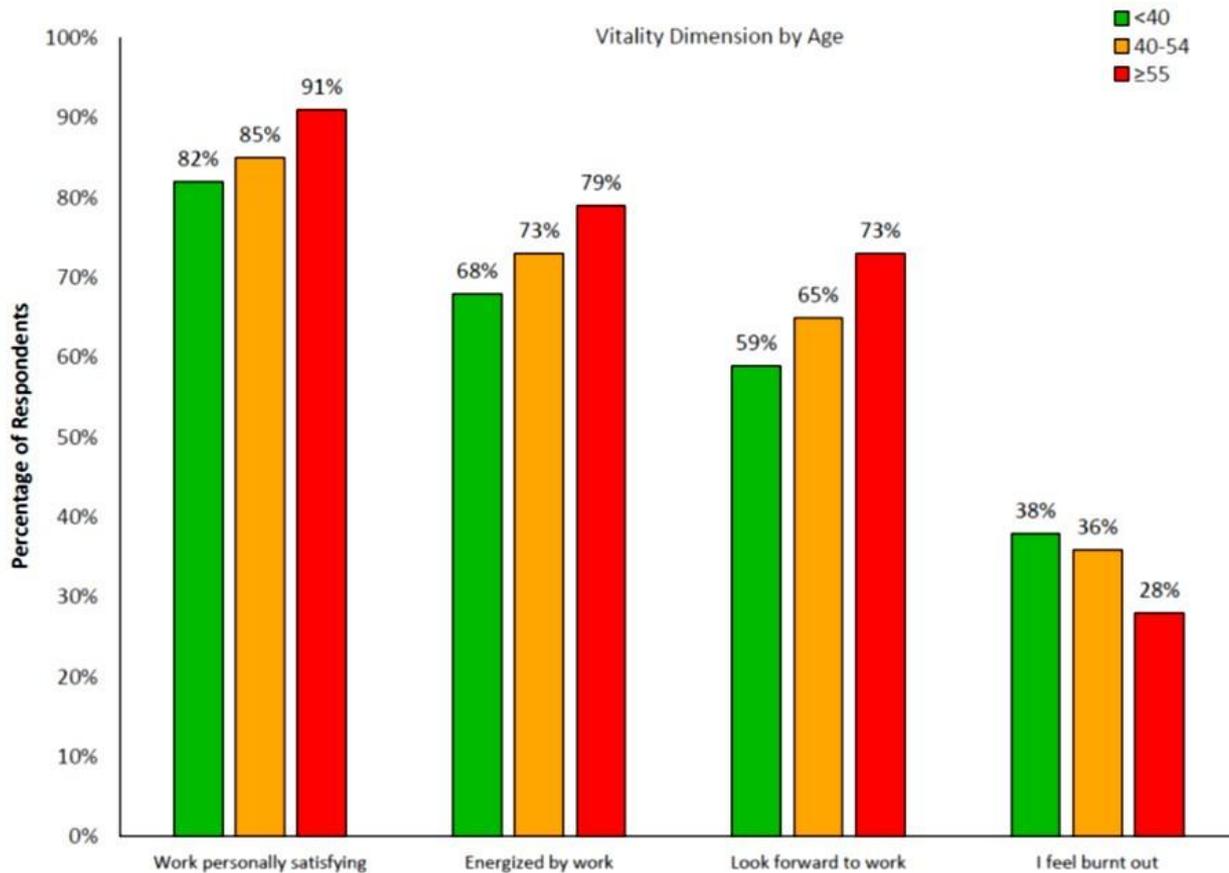
By Gender and Region

❑ Most ESC members feel energized by work **BUT** self-reported burnout highest in **Eastern and Southern regions**.

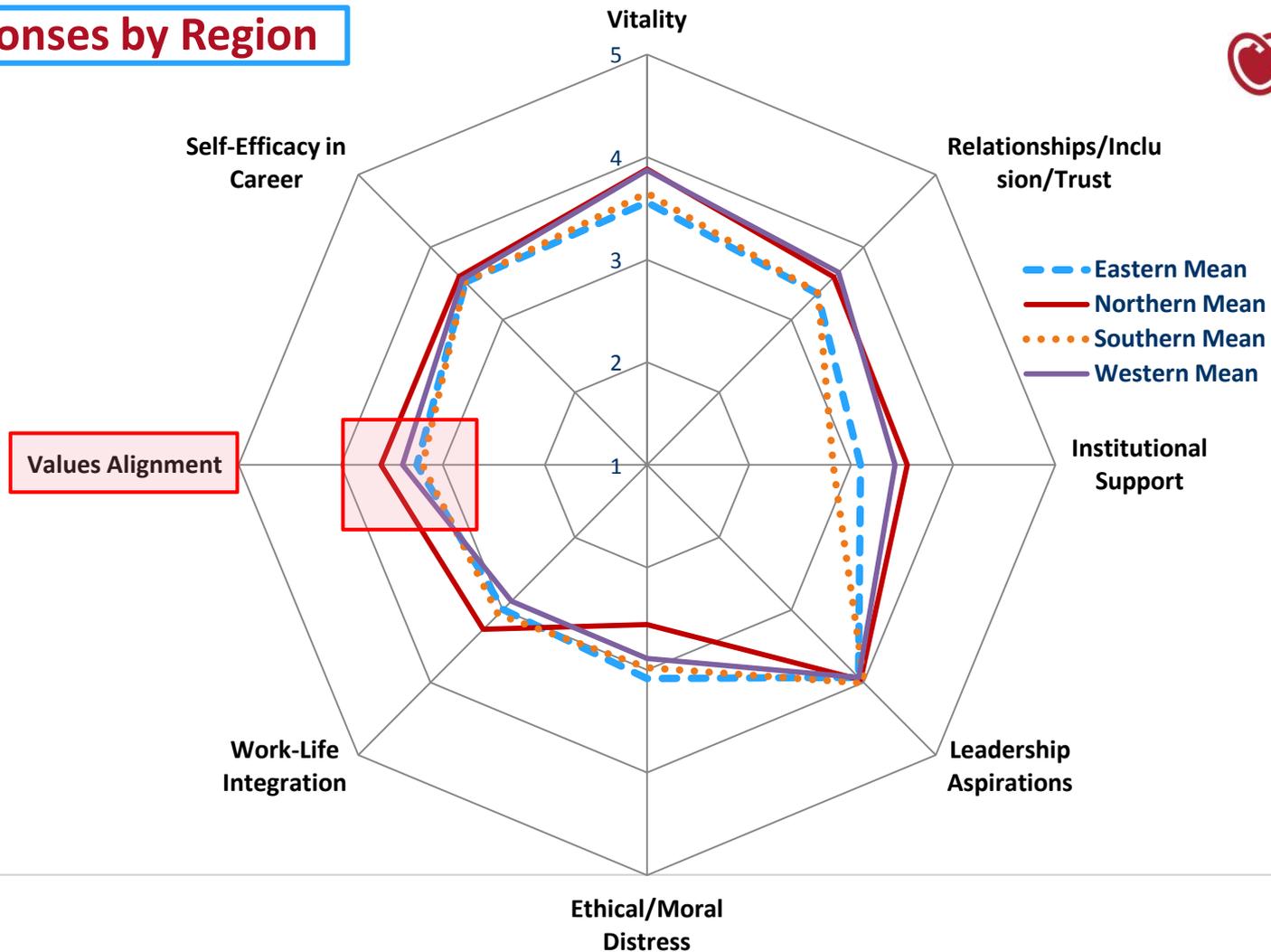
BEING ENERGIZED BY WORK		
	M	F
Mean (range 1-5)	3.76	3.69
Selected item	ESC Agree	
<i>I feel burnt out</i>	31%	39%
<i>I feel energized by my work</i>	73%	74%

<i>I feel burnt out</i>							
Agree							
Northern		Western		Eastern		Southern	
M	F	M	F	M	F	M	F
32%	34%	27%	35%	35%	45%	31%	41%

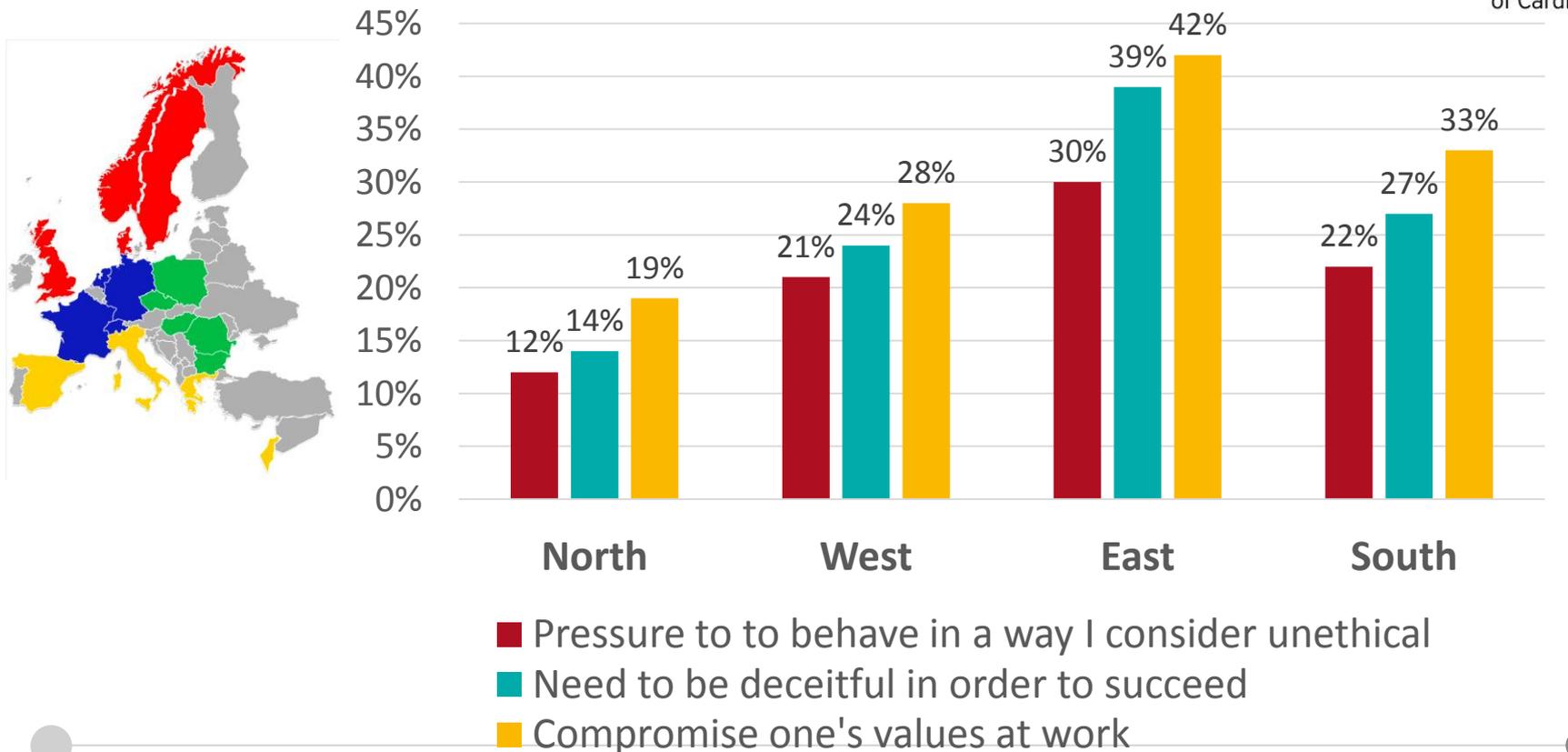
The First 50 Years Are The Hardest!



Responses by Region



Are your Values Aligned with those of your Workplace?



SUMMARY

- ❖ The C-change questionnaire has uncovered a number of **important regional** and **gender difference** in the culture of the working place in Cardiology across Europe
- ❖ Cardiologists in both Eastern and Southern regions would benefit from improved work environments, with emphasis on **institutional support**, improved **communication** and **transparency**, **better work-life balance** and importantly internal discussion and **revision of the current institutional ethos**.
- ❖ Findings dispel many **myths** on what hinders the **career progression** of women. Women are as ambitious and committed as men but **prejudice** and **lack of opportunities** are still a problem in many regions and areas of cardiology.
- ❖ Both men and women find it difficult to **reconcile professional demands and personal life**, they both aspire to **better training opportunities**, **better standards** and **stronger focus on quality of care delivered** (vs quantity), **better leadership** and vision, **more opportunities for research** and **stronger international connections**.

How can the ESC help?

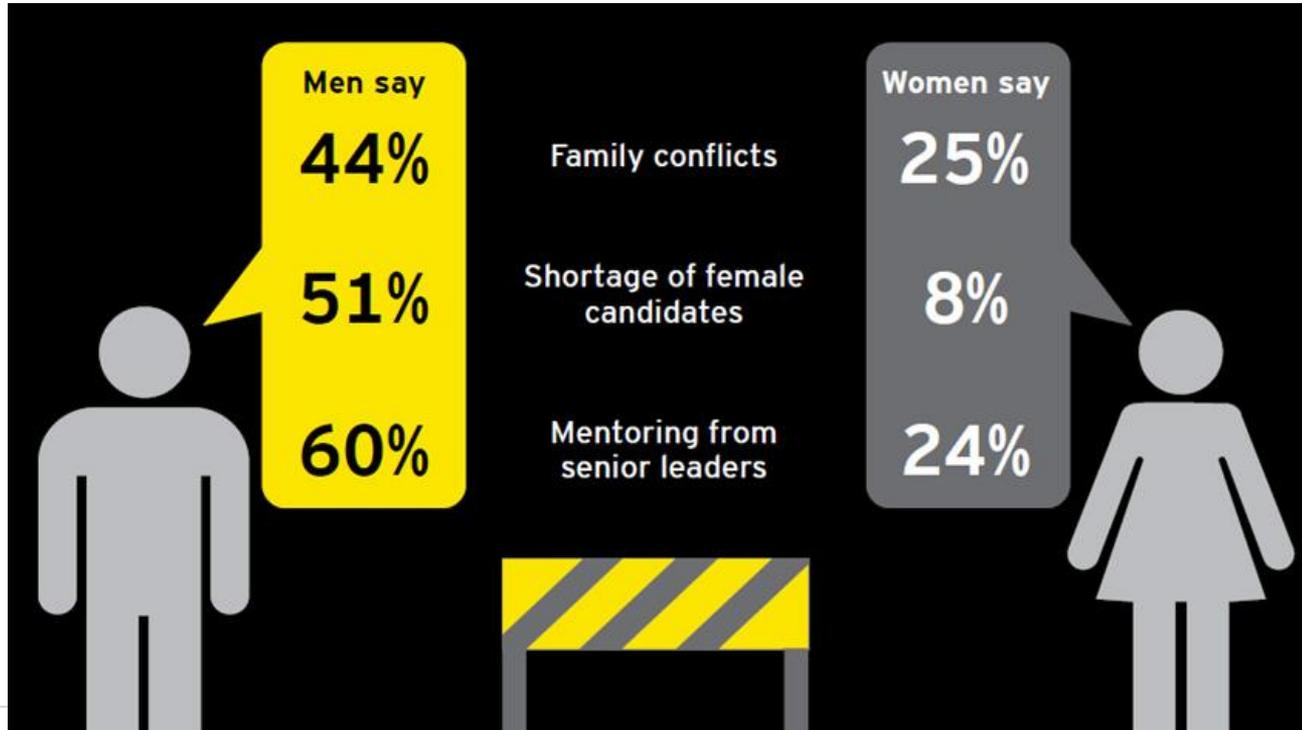
WHAT IS THE ESC PLANNING TO DO?

In most cases “*the System*” is to blame. Lobbying (e.g., via NCS, national politicians & EU) and training individuals to deal more effectively with their local reality has a value.

- ❑ The ESC will continue to support **leadership training** and introduce new opportunities, e.g., **negotiation skills** and **people management**.
- ❑ Strong investment on **setting standards & certification, training and continuing medical education**.
- ❑ Increase training opportunities and mobility across Europe to promote the **generation & practice of high-quality evidence-based cardiology** and **disseminate good practice**.



Barriers to women reaching leadership: what do women and men think is getting in the way?



What should the ESC do to best support its members?

1. Continue to support **high-quality independent medical education**;
2. Issue very clear guidelines on setting **quality standards** for training and clinical practice (including staffing ratios) across Europe;
3. Promote **mobility** across Europe for trainees/researchers;
4. Be much more **proactive** in Brussels and with patient-organisations
5. Provide **more support for research** (including for registries) and train and support more **Clinician-Scientists**
6. Support the need for **work-life balance; flexibility; part-time**
7. Fight against **discrimination** & keep in touch with the membership

Why are Women Under-Represented in Academic and/or Leadership Positions in Medicine?

- 1) Women are less interested in research than men
- 2) Women lose commitment to research as their education and training progresses
- 3) Women are interested in teaching more than in research
- 4) Women lack adequate mentors and role models
- 5) Women are more concerned about work-life balance
- 6) Women experience of gender discrimination/unconscious bias

Why are Women Under-Represented in Academic and/or Leadership Positions in Medicine?

Myths vs. Reality

