

Report of National Board of Polish Cardiac Society on compliance with principles of equality in Polish cardiology community

Katarzyna Mizia-Stec^{1,2}, Agnieszka Tycińska³, Aleksandra Ciepłucha⁴, Agnieszka Kapłon-Cieślicka⁵, Adam Torbicki⁶, Przemysław Leszek⁷, Marcin Fijałkowski⁸, Michał Hawranek⁹, Marcin Grabowski⁵, Marek Gierlotka¹⁰, Marek Grygier⁴, Maciej Kempa¹¹, Marcin Kurzyna⁶, Przemysław Mitkowski⁴, Tomasz Pawłowski¹², Mateusz Tajstra¹³, Izabella Uchmanowicz¹⁴, Robert J Gil¹²

¹1st Department of Cardiology, Medical University of Silesia, Katowice, Poland

²ERN GUARD Heart Network

³Department of Intensive Cardiac Care, Medical University of Białystok, Białystok, Poland

⁴Chair and 1st Department of Cardiology, Poznan University of Medical Sciences, Poznań, Poland

⁵1st Chair and Department of Cardiology, Medical University of Warsaw, Warszawa, Poland

⁶Department of Pulmonary Circulation, Thrombo-Embolic Diseases and Cardiology, Center for Postgraduate Medical Education at European Health Center Otwock, Otwock, Poland

⁷Heart Failure and Transplantology Department, Mechanical Circulatory Support and Transplant Department, National Institute of Cardiology, Warszawa, Poland

⁸1st Department of Cardiology, Structural Heart Disease Clinic with Lipoprotein Apheresis Unit, Medical University of Gdansk, Gdańsk, Poland

⁹3rd Department of Cardiology, Faculty of Medical Sciences in Zabrze, Medical University of Silesia, Katowice, Poland

¹⁰Department of Cardiology, University Hospital, Institute of Medical Sciences, University of Opole, Opole, Poland

¹¹Department of Cardiology and Electrotherapy, Faculty of Medicine, Medical University of Gdansk, Gdańsk, Poland

¹²Department of Cardiology, National Institute of Medicine, Ministry of Internal Affairs and Administration, Warszawa, Poland

¹³4th Chair and Department of Cardiology, SMDZ in Zabrze, Medical University of Silesia, Katowice, Poland

¹⁴Department of Nursing, Faculty of Nursing and Midwifery, Wrocław Medical University, Wrocław, Poland

Correspondence to:

Prof. Katarzyna Mizia-Stec,
MD, PhD,

1st Department of Cardiology,
Medical University of Silesia,
Ziołowa 47, 40–635 Katowice,
Poland,

phone: +48 32 359 88 90,

e-mail: kmiziaszec@gmail.com

Copyright by the Author(s), 2024

DOI: 10.33963/v.phj.102416

Received:

September 2, 2024

Accepted:

September 2, 2024

Early publication date:

September 3, 2024

INTRODUCTION

The Polish Cardiac Society (PCS) supports compliance with the principles of equality that form the basis of the current policy of the European Society of Cardiology and the Parliament of the European Union. To achieve these goals, the PCS National Board has established the Equality Commission for the 2023–2025 term. For an initial evaluation of understanding of compliance with the principles of equality and counteracting discrimination, the Commission conducted an online survey among all PCS members. This article is a report of data from that survey, and a discussion of the problem of inequality in the context of the Polish cardiology community.

METHODS

The survey was available online from February 22, 2024, to March 24, 2024; invitations to complete it were sent out weekly to 4949 PCS members in total. 749 (15.1%) eventually took part in the survey. The respondents inclu-

ded women (F, 54%) and men (M, 46%); the largest age groups were 46–55 years (28%) and 36–45 years (25%). Sixty-four percent of respondents were physicians, 11% were heads of department, 10% heads of a sub-unit/laboratory, and 10% residents. The most frequently declared subspecialties in cardiology were: clinical (40%), imaging (27%), heart failure (18%), interventional (17%), intensive care (13%), and electrophysiology (11%); 15% of respondents did not identify any subspecialty. The forms of employment were contract 50%, full-time 44%, and a combination of full-time and contract 6%.

The answers to the questions were analyzed for the entire population and additionally in separate groups depending on the respondents' gender (in groups F and M). They are presented below as percentages.

RESULTS

The most important survey data concerned the following areas of functioning of the Polish

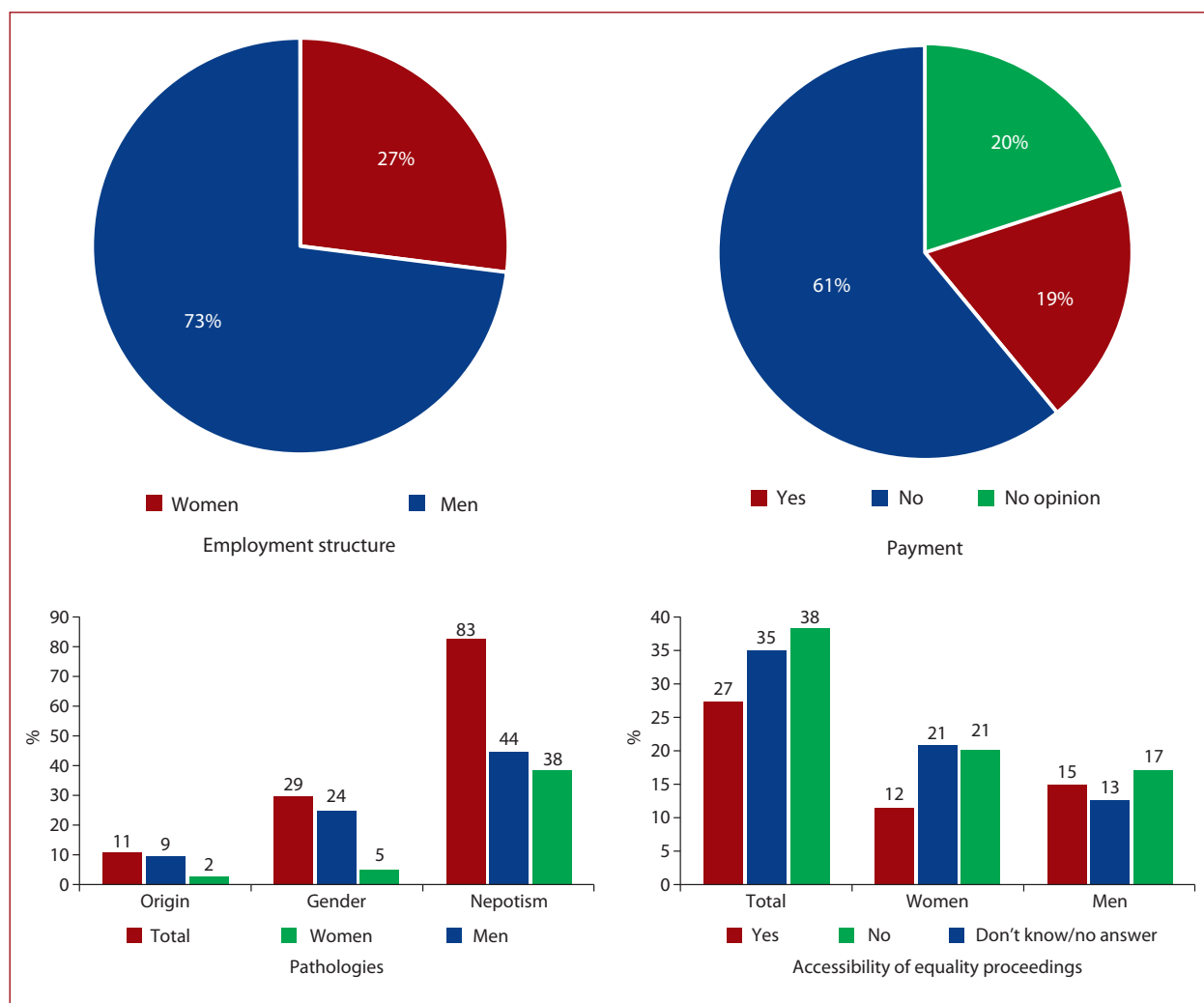


Figure 1. Results of survey on principles of equality performed among Polish Cardiac Society members

cardiology community: the structure of employment and professional relations, wages, pathological phenomena, restrictions on the paths of action in the field of compliance with the principles of equality (Figure 1), and parity within the structures of the PCS.

Employment structure and professional relationships

The results of the survey indicate that men predominate in managerial and deputy managerial positions (73% and 61%, respectively); the specialities represented by these respondents are clinical cardiology (32% and 35%) and interventional cardiology (28% and 21%).

Answers to questions about professional relationships indicate that 21%–23% of respondents believe that their head of department does not appreciate their skills (irrespective of the gender of the manager or the respondent). Lack of appreciation of skills by colleagues was a concern to only 12% of female respondents (with regard to F — 15%, and to M — 9%), and to only 8% of male respondents (with regard to F — 7%, and to M colleagues — 9%).

Wages

Adequate remuneration for occupational risk was acknowledged by only 19% of respondents (F 13%, M 26%), and as many as 61% reported a disproportion in this aspect (F 64%, M 56%). Adequate remuneration was associated with such subspecialties as invasive cardiology, electrophysiology, anesthesiology, and intensive therapy. Other specialities were reported sporadically. One third of the respondents (32%; predominance of women: F 52% > M 9%) agreed with the statement that “women’s earnings are lower than men’s”; 40% disagreed (male predominance: F 19% < M 64%), as many as 28% did not answer this question (F 29%, M 27%).

Inappropriate phenomena

Our survey shows information about numerous cases of bias and favoritism in professional and scientific activities. As many as 43% of respondents (F 46%, M 43%) knew about incidents of bias and favoritism in applying for academic degrees and grants. The particular type of favoritism (a multiple choice question) concerned was as many as 83% nepotism (F 42%, M 45%), 29% gender

(F 16% > M 3%), and 11% origin (F 8% > M 6%). Similar observations were made with regard to bias and favoritism in various types of reviews.

A very high percentage of respondents reported information about mobbing incidents — men against women — 50% (F 66%, M 31%) and women against men — 31% (F 26%, M 35%). Similarly, a very large proportion (61%) of respondents reported that they experienced violation/damage from their superiors — 61% (F 65%, M 56%).

Restrictions on paths of action in compliance with principles of equality

Available paths of compliance with the principles of equality are provided in units where only 27% of respondents work (F 22%, M 28%); as many as 35% (F 40%, M 28%) report the lack of such solutions, and as many as 38% of individuals (F 38%, M 38%) had no information on this subject. Obligatory training on compliance with the principles of equality was provided in only 13% of units (F 8%, M 18%) and in 70% of units there was none of this type of training (F 77%, M 63%); 17% (F 15%, M 19%) of respondents did not have any information on this subject.

Parity in structures of PCS

The question concerning F/M parity in PCS structures (50/50) was most often answered negatively: 47% of respondents (male predominance: F 33%, M 64%) did not see a need for such parity; 38% of respondents gave an affirmative answer (F 52%, M 22%), 15% of respondents did not comment on the issue.

The majority (60%) of respondents did not support the idea of the position of President of the PCS being held by a woman and a man alternately (F 47%, M 74%); a comparable number of respondents either supported such a solution (21%; F 29%, M 11%) or expressed no opinion (19%; F 24%, M 15%).

DISCUSSION

This survey on compliance with the principles of equality indicates numerous disproportions and inappropriate phenomena in the cardiological environment, such as overrepresentation of men in managerial positions, disproportions in remuneration, mobbing, nepotism, and inequality. Key inequality issues refer to gender equality, including a disproportionately low number of women in managerial and decision-making positions, fewer women receiving research grants, and a pay gap in the same positions.

Most scientific publications on inequalities in cardiology also are devoted to gender issues. In the United States, data analogous to ours have shown that although more and more women are among medical students, such an increase is not reflected however in a greater number of women holding managerial positions or being principal investigators in key research [1]. The same article pointed to an invariably low percentage of women being the first

author of articles published in leading cardiology journals (20% in 2010 and 21% in 2019). Similarly, authorship analysis on articles showing research results in 2011–2020 shows that in only 30% of publications a woman did hold the first position among the authors [2]. In the literature, there is also data showing that women employed in hospitals or scientific institutions are offered lower wages compared to men [3, 4]. Interestingly, gender inequalities (e.g. concerning remuneration) are visible not only in surgical specialties dominated by men, but also in specialties in which the predominant number of physicians are women [3]. There are published data showing women's lower chances of promotion and there being a greater risk of abuse against women [5].

In Poland, the issue of gender inequality in medicine has been raised, among others, in the report *'Glass ceiling or escalators. The position of women at medical universities'* prepared by the Polki w Medycynie foundation [6] and the report by Koniecznyńska et al. [7], in which very similar data have been presented. It seems that this trend also translates into women adopting a conservative, or perhaps balanced, approach to their aspiration for parity.

Equality among Polish physicians encounters various challenges not only in terms of gender, but also in the context of other aspects such as age, ethnicity, sexual orientation, and socioeconomic status. These are probably of lesser, indeed perhaps marginal, importance, as they were not reflected in our survey.

Widespread awareness of the above-mentioned phenomena is the basic assumption in adopting policies aimed at combating these inequalities.

Our survey results indicate two vital challenges. We should be aware of nepotism. This is a difficult topic but unfortunately common and perceived negatively, and it is one which should be eliminated. Even greater concern, reported by respondents, relates to mobbing and violations/damage by superiors.

Unfortunately, the mechanisms to prevent and eliminate these behaviors are implemented insufficiently, and they do not in fact function in many units. In many centers, there are no paths whatever for compliance with the principles of equality and no training in this scope.

Our survey makes us aware of these problems and obliges us to suggest remedial measures.

It is worth noting that the issue of compliance with the principles of equality is a topic of increasing interest to researchers and medical institutions around the world. Eliminating these inequalities in medical institutions requires structural changes, the promotion of equality policies, supporting discriminated-against communities in their professional development, and increasing awareness of these problems throughout society as a whole. Survey results form a good starting point for further discussion and the development of the principles of good practice in this regard.

To sum up, our survey on compliance with the principles of equality conducted among PCS members indicates numerous disproportions in the cardiology community, such as the predominance of men in managerial positions and gender disproportions in remuneration. The presence of inappropriate behaviors such as mobbing, nepotism, and unequal treatment is of major concern. Mechanisms to prevent and eliminate these behaviors are implemented to an insufficient manner, and in many cardiology units they are absent at all.

Article information

Conflict of interest: None declared.

Funding: None.

Open access: This article is available in open access under Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) license, which allows downloading and sharing articles with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially. For commercial use, please contact the journal office at polishheartjournal@ptkardio.pl

REFERENCES

1. Goel R, Sartori S, Vogel B, et al. Geographic mapping of gender disparities in authorship of cardiovascular literature. *J Am Coll Cardiol.* 2024; 83(24): 2458–2468, doi: [10.1016/j.jacc.2024.03.427](https://doi.org/10.1016/j.jacc.2024.03.427), indexed in Pubmed: [38866449](https://pubmed.ncbi.nlm.nih.gov/38866449/).
2. Mehran R, Kumar A, Bansal A, et al. Gender and disparity in first authorship in cardiology randomized clinical trials. *JAMA Netw Open.* 2021; 4(3): e211043, doi: [10.1001/jamanetworkopen.2021.1043](https://doi.org/10.1001/jamanetworkopen.2021.1043), indexed in Pubmed: [33687441](https://pubmed.ncbi.nlm.nih.gov/33687441/).
3. Forster CS, Polak CA, Chen C, et al. Association between gender and salary among pediatric hospital medicine physicians. *Hosp Pediatr.* 2024; 14(7): 507–513, doi: [10.1542/hpeds.2023-007567](https://doi.org/10.1542/hpeds.2023-007567), indexed in Pubmed: [38832448](https://pubmed.ncbi.nlm.nih.gov/38832448/).
4. Jagsi R, Griffith KA, Stewart A, et al. Gender differences in the salaries of physician researchers. *JAMA.* 2012; 307(22): 2410–2417, doi: [10.1001/jama.2012.6183](https://doi.org/10.1001/jama.2012.6183), indexed in Pubmed: [22692173](https://pubmed.ncbi.nlm.nih.gov/22692173/).
5. Dy-Hollins ME, Hall DA, Cahill CM, et al. A qualitative study of facilitators, barriers, and gender disparities in academic neurology. *Neurology.* 2024; 103(1): e209392, doi: [10.1212/WNL.0000000000209392](https://doi.org/10.1212/WNL.0000000000209392), indexed in Pubmed: [38885474](https://pubmed.ncbi.nlm.nih.gov/38885474/).
6. Dyskryminacja kobiet w polskiej ochronie zdrowia cz. I [article in Polish]. <https://remedium.md/publikacje/raporty/dyskryminacja-kobiet-w-polskiej-ochronie-zdrowia-raport-bedac-mlodym-lekarzem-x-pol-ek-w-medycynie-cz-i> (accessed: July 31, 2024).
7. Koniecznyńska M, Paszek E, Undas A, et al. Women in leading positions among authors in cardiology papers: Is the gender gap closing? *Pol Heart J.* 2024; 82(6): 647–650, doi: [10.33963/v.phj.100772](https://doi.org/10.33963/v.phj.100772), indexed in Pubmed: [38845425](https://pubmed.ncbi.nlm.nih.gov/38845425/).