Organisational Culture & Leadership in Cardiology in Europe

Report from the C-Change Survey

Barbara Casadei

ESC President-Elect
Burnout

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

Detected in the 2015 Medscape Survey in 46% of Cardiologists
How Severe Is Physicians' Burnout?

- Cardiology: 4.29
- Nephrology: 4.3
- Plastic Surgery: 4.28
- Urology: 4.24
- Dermatology: 4.21
- Ob/Gyn & Women's Health: 4.18
- Internal Medicine: 4.18
- Family Medicine: 4.17
- General Surgery: 4.13
- Diabetes & Endocrinology: 4.12
- Allergy & Clinical Immunology: 4.12
- Emergency Medicine: 4.1
- Oncology: 4.09
- Radiology: 4.08
- Anesthesiology: 4.08
- Orthopedics: 4.05
- Ophthalmology: 4.03
- Critical Care: 4.03
- HIV/AIDS: 4.02
- Pulmonary Medicine: 4.01
- Neurology: 4.01
- Pediatrics: 3.96
- Gastroenterology: 3.91
- Psychiatry & Mental Health: 3.89
- Pathology: 3.74
- Rheumatology: 3.66
Women in Cardiology

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 & Raircy.*

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

Women Are Less Likely Than Men to Be Full Professors in Cardiology

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

A 2008 Report of the ACC Women in Cardiology

Work Activities and Compensation of Male and Female Cardiologists

Shruti Jagsi, MD, MPH, a, Cathie Biga, RN, b Athena Pappas, MD, c George P. Rodgers, MD, d Mary N. Walsh, MD, e Patrick J. White, MPH, f Colleen McKendry, MSalt, g Joseph Sasso, PhD, h Phillip J. Schulte, PhD, i Pamela S. Douglas, MD j
Diversity makes business sense

The involvement of women/minorities *(min 30%)* has been shown to:

- Improve **performance**;
- Leverage **talent**;
- Reflect the needs of a diverse population and improve **reputation**;
- Increase **innovation** and **group performance**.

*From “Why Diversity Matters”, Catalyst report, 2013*
THE C - CHANGE QUESTIONNAIRE

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?

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitality</td>
<td>Being energized by work, burnout</td>
</tr>
<tr>
<td>Self-Efficacy in Career Advancement</td>
<td>Self-confidence in ability to succeed in career</td>
</tr>
<tr>
<td>Institutional Support</td>
<td>Institutional commitment to faculty advancement, receives appropriate feedback and credit</td>
</tr>
<tr>
<td>Relationships/Inclusion/Trust</td>
<td>Relationships and feelings of trust and inclusion, able to express views authentically</td>
</tr>
<tr>
<td>Values Alignment</td>
<td>Alignment of personal values and observed institutional values, value placed on teaching, service and clinical excellence</td>
</tr>
<tr>
<td>Ethical/Moral Distress</td>
<td>Feeling ethical or moral distress and being adversely changed, developing undesirable behaviors such at aggression, self-promotion, deceit</td>
</tr>
<tr>
<td>Respect</td>
<td>Feeling respected; organizational tolerance of bullying</td>
</tr>
<tr>
<td>Leadership Aspirations</td>
<td>Aspiring to be a leader in cardiology/cardiovascular science</td>
</tr>
<tr>
<td>Work-Life Integration</td>
<td>Institutional support for managing work and personal responsibilities</td>
</tr>
<tr>
<td>Gender Equity</td>
<td>Perceptions of equity for female cardiologists/ cardiovascular scientists</td>
</tr>
</tbody>
</table>
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:**
- Geographical region (ENSW)
- Gender
- Age (<40y; 40-54y; >55y)
- Health System (Private vs National)
What if anything prevents you from being more successful in your role than you are currently?

“The burnout atmosphere at work. Lots of colleagues are burnt-out, depressed, overworked. There aren’t enough physicians for the amount of work. There is no time for education and mentoring”

Lack of Support; Overwork; Discrimination; Bullying; No Institutional Vision or Strategy; No Encouragement; Conservatism; Bureaucracy; Hierarchy; Focus on Quantity rather than Quality of Care; Isolation…

Bad management, poor leadership… Bad management, poor leadership… Bad management, poor leadership…
The Meritocracy Myth

Medicine (Cardiology) is a *meritocracy*. If you are talented and work hard you will succeed.
The Meritocracy Myth

Meritocracy = opportunities given x what does one do with them
The Meritocracy Myth

Meritocracy = opportunities given x what does one do with them

If we are concerned with finding the “best and brightest”, inequality of opportunity is a grossly inefficient system – wasting the potential of millions of health care professionals.
The Meritocracy Myth

Perception of Opportunities on offer, level of Institutional Support and Ethos of the workplace varies across Europe
Institutional Support in Cardiology Departments across Europe

North:
- Commitment: 52%
- Encouragement: 67%
- Support: 57%
- Credit: 62%

West:
- Commitment: 51%
- Encouragement: 58%
- Support: 49%
- Credit: 54%

East:
- Commitment: 41%
- Encouragement: 49%
- Support: 44%
- Credit: 42%

South:
- Commitment: 32%
- Encouragement: 36%
- Support: 31%
- Credit: 36%

The map shows the distribution of institutional support in different regions of Europe.
Ethical Distress in Cardiology Departments across Europe

Pressure to behave in a way I consider unethical
Compromise one's values at work
Geographical distribution in ESC committees e.g., Guidelines

- North: 27%
- West: 41%
- South: 19%
- East: 13%
Investing in People and Promoting an Encouraging and Supportive Culture at Work is a **Transformational Low-Cost Intervention**
Tap into the Great Resilience of your Colleagues

- **Vitality**
- **Relationships/Inclusion/Trust**
- **Institutional Support**
- **Leadership Aspirations**
- **Ethical/Moral Distress**
- **Values Alignment**
- **Work-Life Integration**
- **Self-Efficacy in Career**

- Eastern Mean
- Northern Mean
- Southern Mean
- Western Mean
LEADERSHIP ASPIRATIONS

ESC members have similar career aspirations

<table>
<thead>
<tr>
<th></th>
<th>Northern M</th>
<th>Northern F</th>
<th>Western M</th>
<th>Western F</th>
<th>Eastern M</th>
<th>Eastern F</th>
<th>Southern M</th>
<th>Southern F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (range 1-5)</td>
<td>3.97</td>
<td>3.96</td>
<td>3.98</td>
<td>3.82</td>
<td>3.94</td>
<td>3.95</td>
<td>4.04</td>
<td>3.95</td>
</tr>
</tbody>
</table>

ASPIRING TO BE A LEADER IN CARDIOLOGY/CARDIOVASCULAR SCIENCE

<table>
<thead>
<tr>
<th>Selected items</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to be influential in making change happen in my dept/institution</td>
<td>82%</td>
<td>81%</td>
</tr>
<tr>
<td>My vision for health care motivates me to push for change</td>
<td>76%</td>
<td>80%</td>
</tr>
<tr>
<td>Leading change that improves patient care or advances cardiology is a goal of mine</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>I feel encouraged to pursue leadership opportunities in cardiology</td>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>
Help creating an energizing working environment

- Vitality
- Relationships/Inclusion/Trust
- Institutional Support
- Leadership Aspirations
- Ethical/Moral Distress
- Work-Life Integration
- Values Alignment
- Self-Efficacy in Career

- Eastern Mean
- Northern Mean
- Southern Mean
- Western Mean
VITALITY (Being energized by work, burnout)

By Gender and Region

- Self-reported burnout highest in women from Eastern and Southern regions.

### BEING ENERGIZED BY WORK

<table>
<thead>
<tr>
<th>Selected item</th>
<th>ESC Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel burnt out</td>
<td>31%</td>
<td>39%</td>
</tr>
<tr>
<td>I feel energized by my work</td>
<td>73%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Mean (range 1-5)

<table>
<thead>
<tr>
<th>Gender</th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>Mean</td>
<td>3.76</td>
<td>3.69</td>
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<table>
<thead>
<tr>
<th>Region</th>
<th>M%</th>
<th>F%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>Western</td>
<td>27</td>
<td>35</td>
</tr>
<tr>
<td>Eastern</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Southern</td>
<td>45</td>
<td>31</td>
</tr>
</tbody>
</table>

I feel burnt out

<table>
<thead>
<tr>
<th>Gender</th>
<th>M</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>Mid-career 40 - 54 yrs</td>
<td>31%</td>
<td>42%</td>
</tr>
</tbody>
</table>
“loss of enthusiasm for work, feelings of cynicism, and low sense of personal accomplishment”

**Burnout** is associated (*personally*) with high levels of divorce, depression, addiction, and suicide, and (*professionally*) with lower quality care, higher levels of medical errors, a greater risk of malpractice.

**The first sign of burnout is loss of empathy and compassion.**
A large proportion of our members feel that personal sacrifice is required to succeed professionally.

### INSTITUTIONAL SUPPORT FOR MANAGING WORK AND PERSONAL RESPONSIBILITIES

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

Responses by Gender:

- Male: 61%
- Female: 66%
WHAT SHOULD THE ESC DO TO BETTER SUPPORT ITS MEMBERS?
YOU ASKED US TO:

✓ Continue to support high-quality independent medical education;
✓ Issue very clear guidelines on setting quality standards for training and clinical practice (including staffing ratios) across Europe;
✓ Promote mobility across Europe for trainees/researchers;
✓ Be much more proactive in Brussels and with patient-organisations
✓ Provide more support for research (including for registries) and train and support more Clinician-Scientists

• Support the need for work-life balance; flexibility; part-time
• Fight against discrimination & prejudice
HOW CAN THE ESC HELP?

Although in most cases “the System” is to blame, training individuals to deal more effectively with their local reality has a value.

✓ Provide high-quality leadership training, *e.g.*, how to be an effective leader, how to negotiate and manage people effectively.

✓ Continue to invest on setting standards & certification, training and continuing medical education.

✓ Increase provision of training opportunities, grants to support research and clinical training mobility across Europe and beyond to promote both the generation and practice of high-quality evidence-based cardiology.