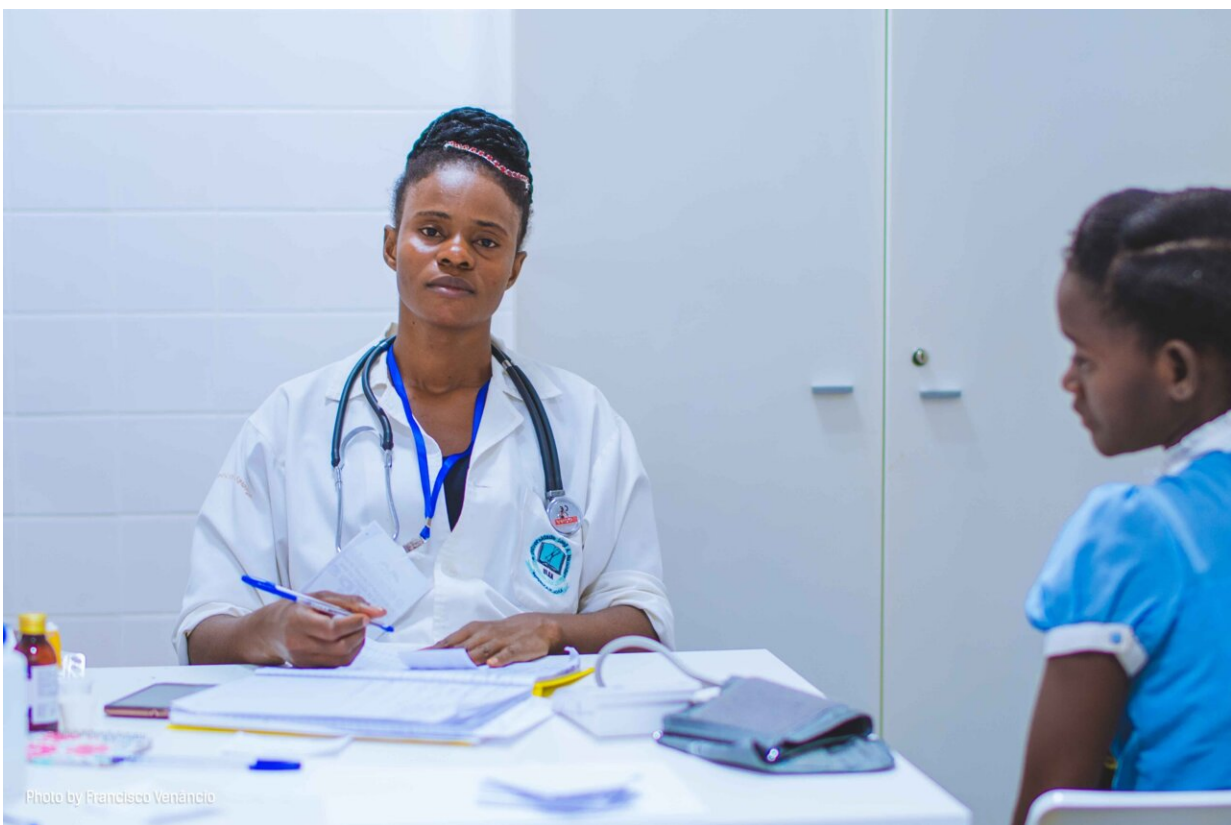


Survey: More work needed to combat discrimination, inequity in cardiovascular workforce

October 18 2021



Credit: Unsplash/CC0 Public Domain

Underrepresented racial and ethnic minorities in the cardiovascular workforce continue to experience a lack of representation and face

discrimination, inequitable job negotiations and burnout in their professional lives, according to an analysis of the 2015 Professional Life Survey conducted by the American College of Cardiology. The analysis published today in the *Journal of the American College of Cardiology*.

"Despite calls for racial and ethnic diversification in medicine or cardiology, there has been little change. Putting into place methods to support those who are underrepresented in medicine is critical moving forward," said Kevin Thomas, MD, FACC, associate professor of medicine at the Duke University Research Institute and lead author of the study.

The ACC's third decennial Professional Life Survey was conducted by the ACC Women in Cardiology Section and on behalf of the ACC Diversity and Inclusion Task Force to assess the professional experience of cardiologists. The survey included 2,245 respondents who provided racial/ethnic data. Of the respondents, 1,447 identified as white, 564 as Asian or Pacific Islander and 37 as multiracial. Underrepresented racial and ethnic minorities (URMs), those identifying as Black, Hispanic or Native American, counted for 197 of the respondents.

The researchers looked at the 197 URM respondents to assess career satisfaction and advancement, personal and family issues, discrimination, mentoring, job negotiations and burnout rates compared with the other racial and [ethnic groups](#).

"This particular group has never been singled out in analyzing the data from the 2015 Professional Life Survey, and the results are very revealing about how much work there is still left to do," said Thomas.

Over 91% of URM respondents were satisfied with their career and felt their level of advancement and career opportunities were similar to their peers. Along the same lines, 85% of URMs were satisfied with their

family lives outside of work. These results are at odds with previous research and data showing URM's are at a disadvantage for job and financial advancement. The researchers said that prior studies have focused on advancement and leadership in academic settings, whereas this study included cardiologists in private practice and academics who may have different experiences.

However, over half (52.3%) of URM's reported experiencing discrimination, compared with 36.4% of [white respondents](#). Women of all racial and ethnic groups were more likely than men to report discrimination (57-69.2% compared with 13.9-44.6%, respectively). When broken down, men were more likely to report race and religion-based discrimination, whereas nearly all women reported gender discrimination, and URM women in addition reported frequently experiencing race-based discrimination in the workplace.

Compared with white cardiologists, URM cardiologists were less likely to negotiate or prioritize salary, benefits and work hours in their first job (white cardiologists reported 20.6%, 23.3%, 31.3% in each category respectively, versus 13.6%, 10.9%, 19.3% respectively from URM cardiologists). As their careers advanced, URM's placed more emphasis on salary, benefits and work hours compared with white cardiologists, which according to researchers is potentially a marker that URM's are placed at a disadvantage in these categories at the start of the careers and showcasing there is a greater need to overcome systemic barriers.

White cardiologists were more likely than URM's to report higher rates of burnout, however URM's experienced more isolation and non-inclusive work environments. The researchers said greater learned resiliency over their lifetime from URM's may contribute toward reporting lower rates of burnout.

The authors offered four recommendations for professional

organizations and health systems based on their findings:

- Collect gender and racial and ethnic identities of members using classifications similar to the 2020 U.S. Census
- Partner with racial and ethnic-specific professional organizations to develop and implement diversity and inclusion efforts
- Implement bias and antiracism training among leaders
- Develop leadership pathways for women and URM members

This study had several limitations, including a response rate of 21%, which might limit the representative validity of each group. Similarly, combining Black, Hispanic and Native American individuals into one group obscures the unique experiences between each of these groups, and comparing URMs to whites can perpetuate the idea of white race being the standard. Finally, the 2015 Professional Life Survey was not specifically designed to assess racial/ethnic diversity topics.

More information: Perspectives of Racially and Ethnically Diverse U.S. Cardiologists: Insights From the ACC Professional Life Survey, *Journal of the American College of Cardiology* (2021). [DOI: 10.1016/j.jacc.2021.09.002](https://doi.org/10.1016/j.jacc.2021.09.002)

Provided by American College of Cardiology

Citation: Survey: More work needed to combat discrimination, inequity in cardiovascular workforce (2021, October 18) retrieved 19 April 2024 from <https://medicalxpress.com/news/2021-10-survey-combat-discrimination-inequity-cardiovascular.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.