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EULAR Task Force on Gender Equity in Academic Rheumatology: Preliminary Survey Findings

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on behalf of EULAR Task Force on Gender Equity in Academic Rheumatology

Background:

Women represent an increasing proportion of the overall rheumatology workforce, but are underrepresented in academic rheumatology, especially in leadership roles [1].

Objectives:

The EULAR Task Force on Gender Equity in Academic Rheumatology has been convened to establish the extent of the unmet need for support of female rheumatologists, health professionals and non-clinical scientists in academic rheumatology and develop a framework to address this through EULAR and EMEUNET.

Methods:

To investigate gender equity in academic rheumatology, an anonymous web-based survey was targeted at the membership of EULAR and Emerging EULAR Network (EMEUNET) and their wider networks. The survey was developed based on a narrative literature review [1], best practice from The Association of Women in Rheumatology, a survey of task force members and face-to-face task force discussions. Personal experiences were explored and 24 potential interventions to aid career advancement were ranked. Statistics were descriptive with significance testing for male/female responses compared using chi-squared/t-tests. The level of significance was set at $p<0.001$.

Results:

A total of 301 respondents from 24 countries fully completed the survey. By profession, 290 (86.4%) were rheumatologists, 19 (6.3%) health professionals, and 22 (7.3%) non-clinical scientists. By gender, 217 (72.1%) were women, 83 (27.6%) men, and 1 (0.3%) third gender. By age, 203 (67.5%) were 40 or under. By ethnicity, 30 (10.0%) identified themselves as ethnic minority. A high proportion of respondents reported having experienced gender discrimination (47.2% total: 58.1% for women and 18.1% for men) and sexual harassment (26.2%: 31.8% and 10.8% respectively) (Figure 1). Chi-squared tests on the numbers on which these proportions were based showed statistically significant differences between women and men in having experienced gender discrimination ($X2=36.959$ ($df=1$), $p <0.001$) and sexual harassment ($X2=12.633$ ($df=1$), $p <0.001$). The highest-ranked interventions for career advancement regardless of respondents' gender included: leadership skills training; speaking/presentation/communication skills training; information on training/career pathways;

effective career planning training; support on grant writing applications; and high-impact scientific writing master-classes (Figure 2). Only 8 of 24 proposed interventions showed a significantly higher ranking ($p<0.001$) by female respondents and these typically related to promotion of female role models and gender-balance in committees, editorial boards and research funding (Figure 2).

Conclusion:

The results of the survey will inform the development of task force policy proposals for interventions to support career advancement among EULAR and EMEUNET members. The identified interventions have potential to support career advancement of all rheumatologists, health professionals and non-clinical scientists regardless of gender.

References:

[1] Andreoli L, Ovseiko PV, Hassan N, Kiltz U, van Mens L, Gossec L, et al. Gender equity in clinical practice, research and training: Where do we stand in rheumatology? Joint, Bone, Spine: Revue du Rhumatisme. 2019;86(6):669-672.

Figure 1: Perceived gender discrimination and sexual harassment, 301 responses

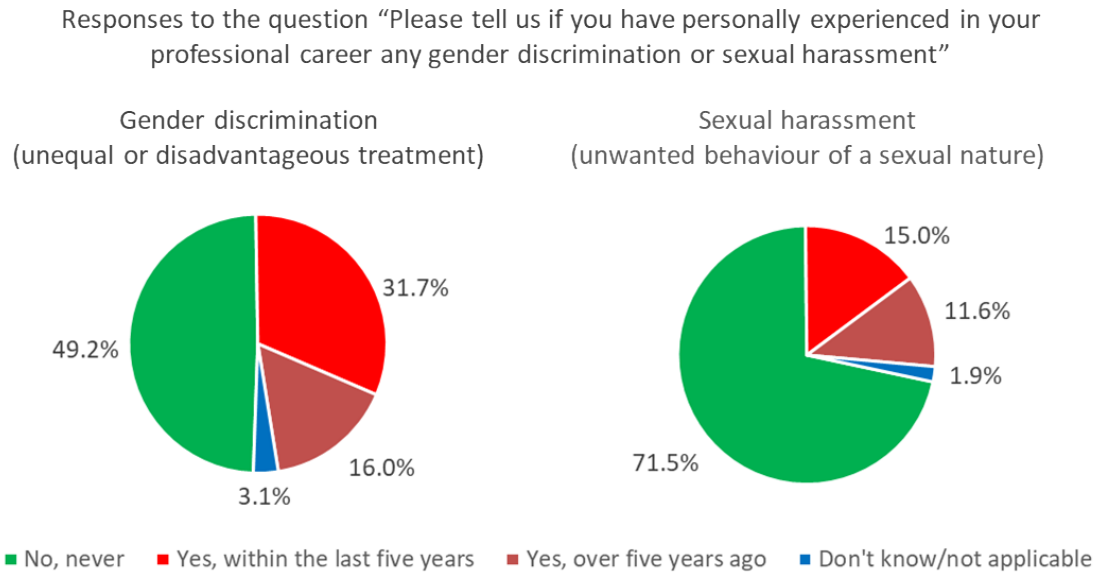
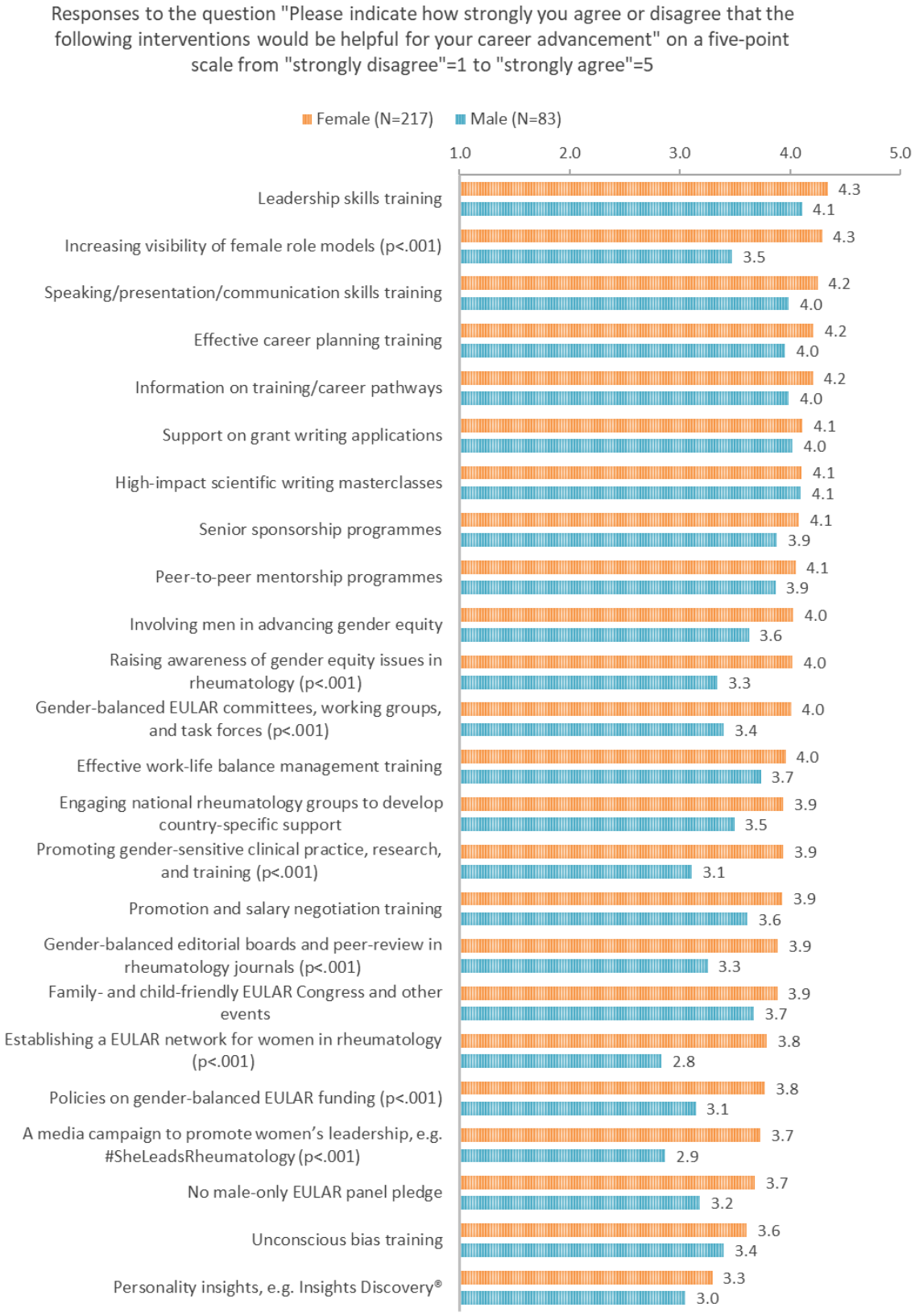


Figure 2: Mean perceived utility of potential interventions for career advancement by gender and statistically significant gender differences (p<.001), 300 responses



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