Gender & Leadership in Obstetrics & Gynaecology

Master of Clinical Education Presentation

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Obstetrician/Gynaecologist

50 years of care

عناية الصحية

餘年的照護服務 Ove

Gender & Leadership in Obstetrics & Gynaecology (O&G)

PRIMARY (Institutional)

Is there gender equity of leadership within O&G training institutions in Australia & New Zealand?

SECONDARY (Membership)

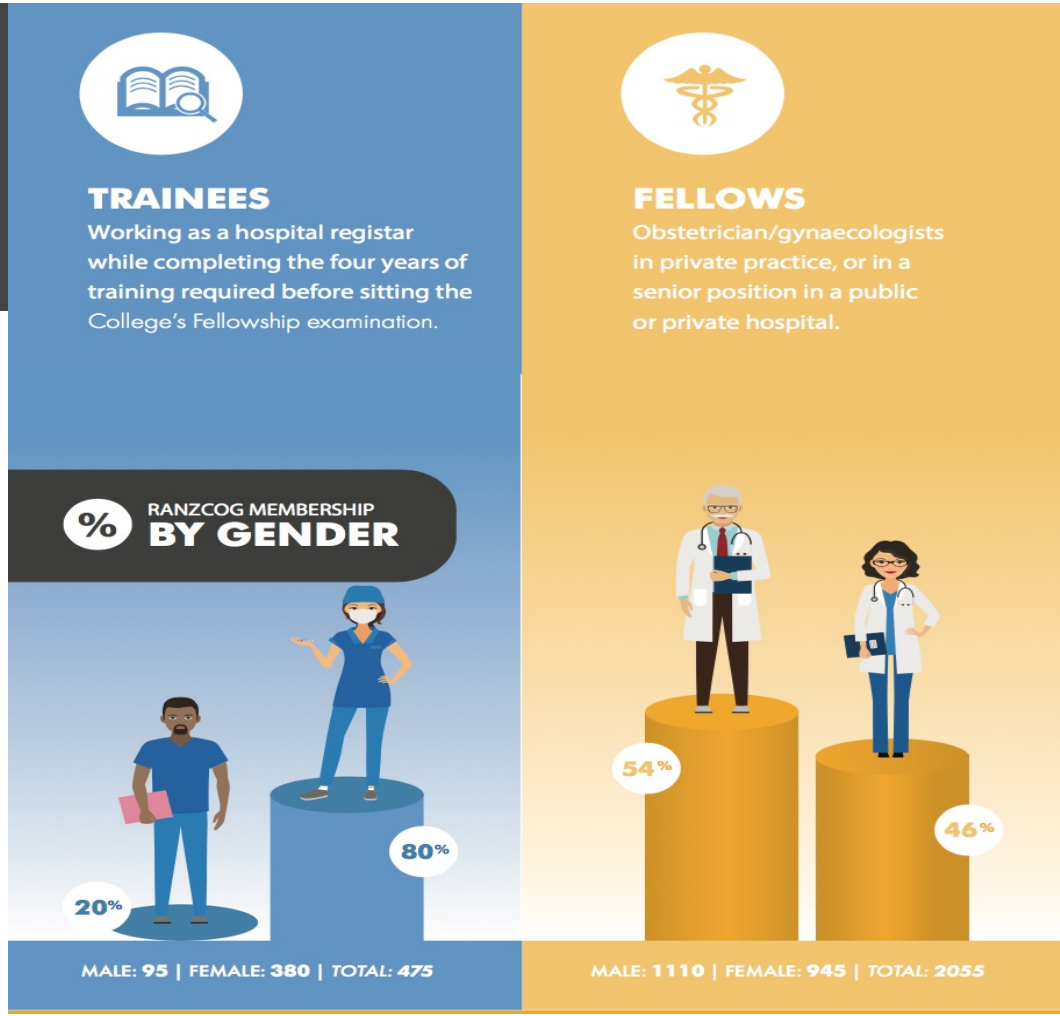
What current leadership positions to members hold?
Does desire for leadership differ between genders?
Do barriers to leadership differ between genders?
Have members experienced gender bias?
Should RANZCOG consider gender quotas?

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Excellence in Women's Health

1998
Presidency - 10 terms (1 F)
Board - 7 members (1 F)
Council – 29 members (9 F)

Membership – 62% F
Trainees - >50% F for > 2 decades



Obstet Gynecol. 2015 February ; 125(2): 471–476. doi:10.1097/AOG.0000000000000628.

Subspecialty and Gender of Obstetrics and Gynecology Faculty in Department-Based Leadership Roles

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Obstet Gynecol. 2016 March ; 127(3): 442–447. doi:10.1097/AOG.0000000000001290.

Comparison of Women in Department Leadership in Obstetrics and Gynecology With Other Specialties

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… …s and Gynecology, Beth Israel Deaconess M…

Factors Affecting Academic Promotion in Obstetrics and Gynaecology in Canada

Michelle R. Wise, MD,[1,2,5] **Heather Shapiro, MD, FRCSC,**[1] **Janet Bodley, MD, FR…**
Darren McKay, BCS,[5] **Andrew Willan, PhD,**[3,4,5] **Mary E. Hannah, MDCM, FRCS…**
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We "never" train women in Sydney

Caroline M de Costa

MJA • Volume 193 N… …11/12 • 6/20 December 2010

Australian and New Zealand Journal of Obstetrics and Gynaecology 2012; **52:** 508–512 DOI: 10.1111/ajo.12028

Arthur Wilson Oration 2012

'Hi Lucille, I'm Doctor Gold' – the changing roles of women in obstetrics and gynaecology

Prof Caroline de Costa, Obstetrics and Gynaecology, James Cook University School of Medicine, Cairns, Queensland, Australia.

Changes and challenges for women in academic obstetrics and gynecology

Vicki L. Seltzer, MD
New Hyde Park, New York

April 1999
Am J Obstet Gynecol

EDITORS MESSAGE

Women in leadership in obstetrics and gynecology: lig… the end of the tunnel?

GANESH ACHARYA

2016 Nordic Federation of Societies of Obstetrics and Gynecology, *Acta Obstetricia et Gynecologica Scandinavica* 95

Original Research

Geographic Comparison of Women in Academic Obstetrics and Gynecology Department-Based Leadership Roles

Hope A. Ricciotti, MD, Laura E. Dodge, ScD, MPH, Ashley Aluko, MD, Lisa G. Hofler, MD, MBA, and Michele R. Hacker, ScD, MSPH

OBJECTIVE: To describe and compare geographic representation of women in obstetrics and gynecology department-based leadership roles across American Congress of Obstetricians and Gynecologists (ACOG) districts and U.S. Census Bureau regions while accounting for the proportion of women practicing in each area.

METHODS: We conducted a cross-sectional observational study. To more meaningfully quantify representation of women as leaders in ACOG districts and U.S. Census Bureau regions, we calculated representation ratios—the proportion of department-based leaders who were women divided by the proportion of obstetrician–gynecologists who were women. A ratio of 1.0 indicates proportionate representation and less than 1.0 indicates underrepresentation. We calculated 95% CIs to compare representation of women in leadership roles across geographic areas. The gender of major department-based leaders (chair, vice chair, division director) and educational leaders (fellowship, residency, associate residency, medical student clerkship director) was determined from websites.

RESULTS: The proportion of department chairs who were women was highest in the West and lowest in the South Census Bureau regions. Representation ratios for women in major department-based leadership roles demonstrated underrepresentation relative to the practicing base nationally and in all four regions. Although women were underrepresented in major department-based leadership throughout the country, there was significantly higher women's representation in major department-based leadership roles in the West (ratio 0.82, 95% CI 0.68–0.99) compared with the Northeast (ratio 0.50, 95% CI 0.42–0.59) and the South (ratio 0.45, 95% CI 0.36–0.57). Similarly, in the division director role, the West (ratio 0.85, 95% CI 0.68–1.1) had significantly higher representation of women compared with the Northeast (ratio 0.50, 95% CI 0.40–0.62). Nationally, women were underrepresented as fellowship directors, proportionately represented as residency program directors, and overrepresented as medical student clerkship directors.

CONCLUSION: Representation ratios of women in major department-based leadership roles, which account for the proportion of women practicing in each geographic area, suggest that women were more likely to advance to the department-based leadership roles of chair, vice chair, or division director in the western United States.

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DOI: 10.1097/AOG.0000000000002265

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Presented as a poster at the American College of Obstetricians and Gynecologists Annual Clinical and Scientific Meeting, May 2–6, 2015, San Francisco, California.

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Each author has indicated that she has met the journal's requirements for authorship.

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The proportion of all practicing physicians in the United States who are women ranges from 23% in Utah to 40% in Massachusetts.[1] Compared with other

Methodology - 1

- **Mixed methods (quantitative & qualitative approach)**
  - Snapshot of gender & leadership landscape AND members views on leadership, gender bias and gender quotas.
- **Access public documents**
  - RANZCOG, RANZCOG accredited hospitals in Australia & NZ (98 sites), and O&G university departments in Australia & NZ (18 sites)
  - *Institutional website (& phone directory listings)*
- **Data analysis**
  - Quantitative data & descriptive statistics; chi-squared testing.

Methodology - 2

- **RANZCOG membership survey**
  - Obtain RANZCOG ethics approval
  - *Online survey* (survey monkey) – 2530 member - closed and open ended questions
- **Data analysis**
  - Quantitative data & descriptive statistics; chi-squared testing.
  - Qualitative data – free text comments.
    - **Thematic analysis** (Braun & Clark 2006) – inductive and semantic approach
    - *Repeatedly reading all responses, the generation of initial codes with categorisation of the text according to common patterns or recurring ideas, searching for themes, reviewing and refining these themes, followed by defining and naming these themes. These themes were then compared to theories and understanding about gender equality in the workplace.*

Obstetrics & Gynaecology Leadership in Australia and New Zealand

Background

This 5 minute survey aims to collect data on leadership among RANZCOG trainees and specialists.

Involvement in this survey is voluntary. Data collected from this survey is anonymous. Participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied. The purpose of the project is for research only.

This survey has been created as part of a University of Melbourne Masters of Clinical Education project. Project supervisors are University of Melbourne academics A/Prof Clare Delany and Dr Jessica Gerrard. Ethics approval was obtained from the University of Melbourne. Data from this survey will be used for publication in a mini-thesis and in the ANZJOG. Data will not be disseminated to any third party.

To indicate your consent to participate in this survey please click on the next box to commence the first question.

Thank you for your time and consideration in participating in this survey.

Kind regards,
Kirsten

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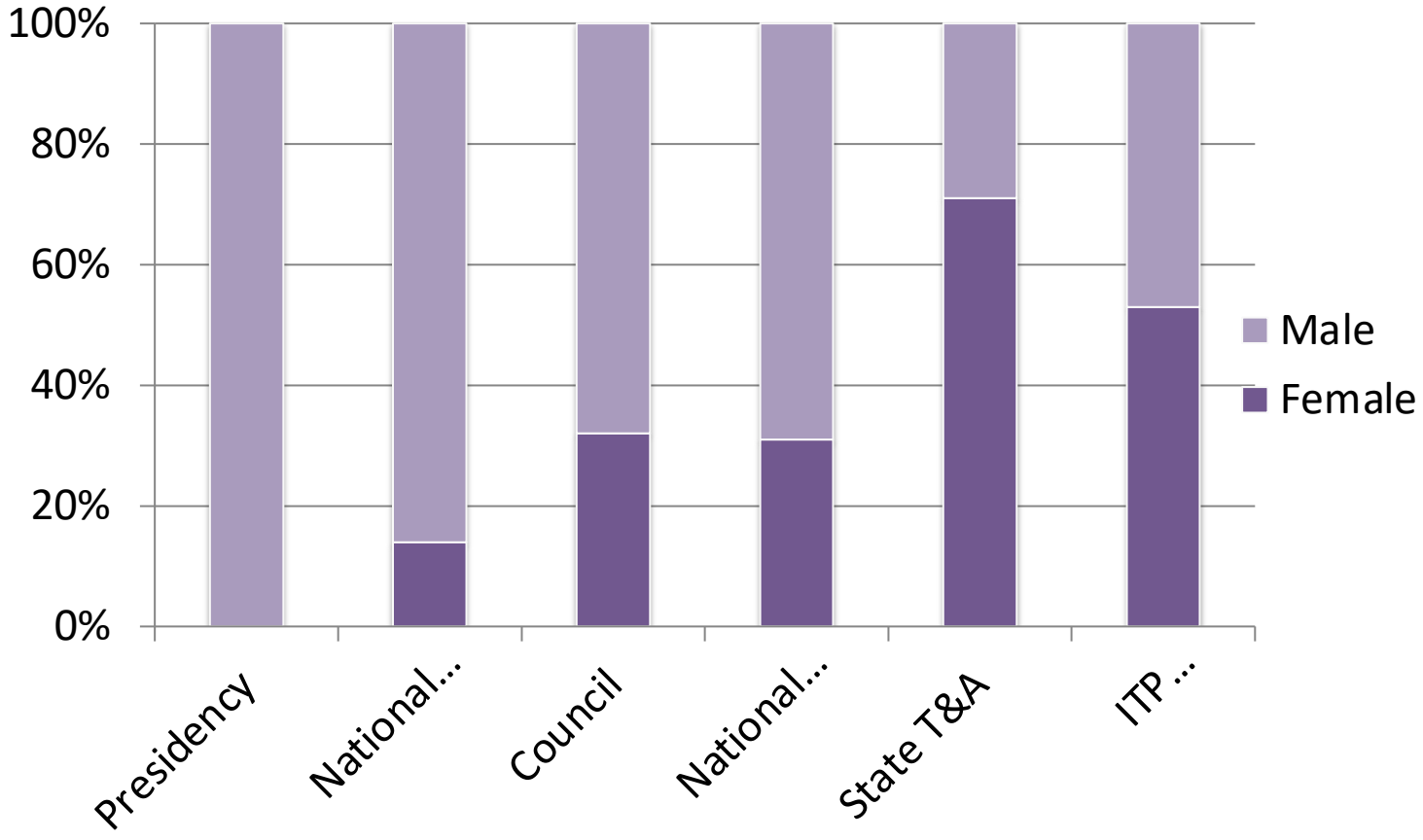
Please contact Dr Kirsten Connan if you have any further questions relating to this survey.

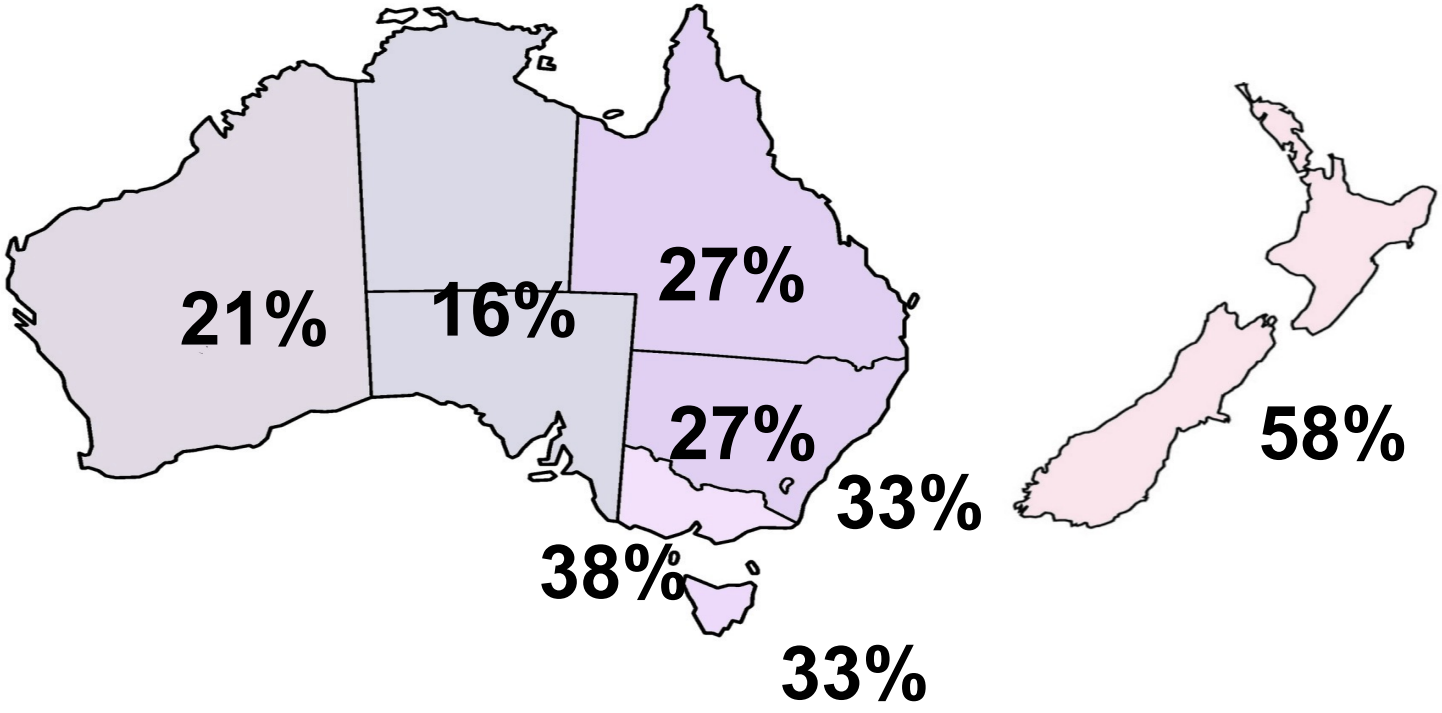
RANZCOG statement: This survey has been approved for distribution by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Approval by RANZCOG in no way constitutes ethics approval nor endorses the statements or opinions expressed in the survey or any publication arising from the survey's data or its interpretation.

RANZCOG leadership positions



Accredited hospitals

HOD



University O&G Department Head

Australia 33%

18 Universities

20 Heads of department

5 females (2 joint)

New Zealand 67%

2 Universities

3 Heads of department

2 females (1 joint)

30% Response Rate (770)

What is your gender? (n=770)	**n**	**%**	**2017 membership**	**2017 specialist**	**2017 trainee**
Total Male	329	42.7%	47.6% (1205)	54% (1110)	20% (95)
Total Female	439	56.9%	52.4% (1325)	46% (945)	80% (380)
Other	3	0.4%	*N/A	N/A	N/A
What is your membership status? (n=770)					
Trainee	134	17.4%	18.7% (475)		
Fellow	637	82.6%	81.2% (2055)		
Age category (n=770)					
20-29	23	3%			
30-39	185	24%			
40-49	208	27%			
50-59	195	25.3%			
60-69	118	15.3%			
70+	42	5.6%			
Country of primary practice (n=770)					
Australia	638	82.8%	88.4% (2237)	86.3% (1773)	98% (464)
New Zealand	124	16.1%	11.6% (293)	13.7% (282)	2% (11)
Other	6	0.8%	0	0	0
Not practicing	3	0.4%	0	0	0

Leadership

Do you currently hold a leadership positions within RANZCOG, University or your hospital?

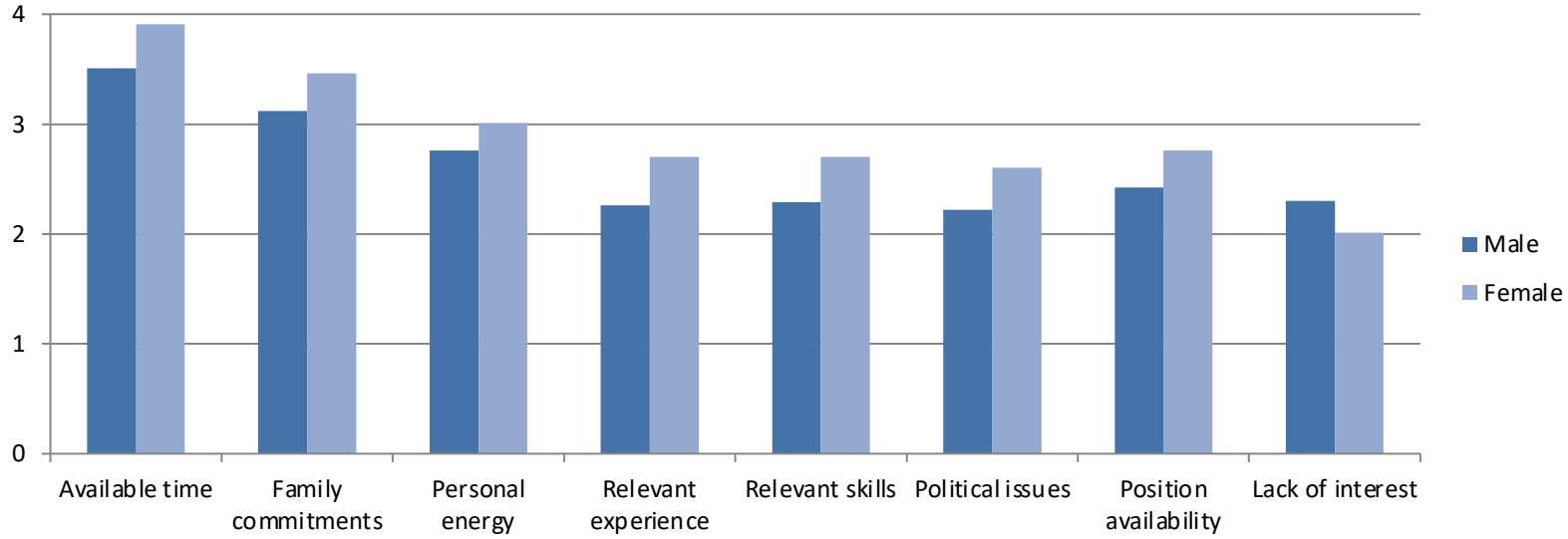
	All responders		Fellows		Trainees	
	Yes	No	Yes	No	Yes	No
Male	39.35%(122)	60.65%(188)	41.52%(120)	58.48%(169)	9.52%(2)	90.48%(19)
Female	24.76%(104)	75.24%(316)	30.03%(94)	69.97%(219)	9.35%(10)	90.65%(97)
ALL	32.05%(226)	67.95%(504)	35.77%(214)	64.23%(388)	9.44%(12)	90.56%(116)
p-value	< 0.001		0.003		0.979	

Would you like to hold an additional leadership position now or in the future?

	All responders		Specialist		Trainees	
	Yes	No	Yes	No	Yes	No
Male	46.78%(145)	53.22%(165)	43.94%(127)	56.06%(162)	85.71%(18)	14.29%(3)
Female	62.38%(262)	37.62%(158)	58.15%(182)	41.85%(131)	74.77%(80)	25.23%(27)
ALL	53.58%(407)	45.42%(323)	51.05%(309)	48.95%(293)	80.24%(98)	19.76%(30)
p-value	< 0.001		< 0.001		0.279	

Leadership

What factors stop you from seeking a leadership position or additional leadership positions?



Leadership

Thematic analysis: *Any comments regarding O&G leadership?*

20% response rate

MAJOR THEME - ***Leadership barriers***

- 83% of female responders
- 60% of male responders
- 85% of trainee responders

Sub-themes

- **Females –** disillusionment, time & financial barriers, gender barriers, 'learning leadership'.
- **Males** – disillusionment, time & financial barriers, 'learning leadership', 'changing of the guard'.

"RANZCOG leadership seems most interested in their own views and their colleagues pockets, not what is best for women. Also no respect for views of members" (F, 50+, Australia)

"*RANZCOG has elections that have a set pattern of ascendancy in a rigid old boys network that prevents other from outside joining and progressing through the ranks*" (M, 40+, Australia)

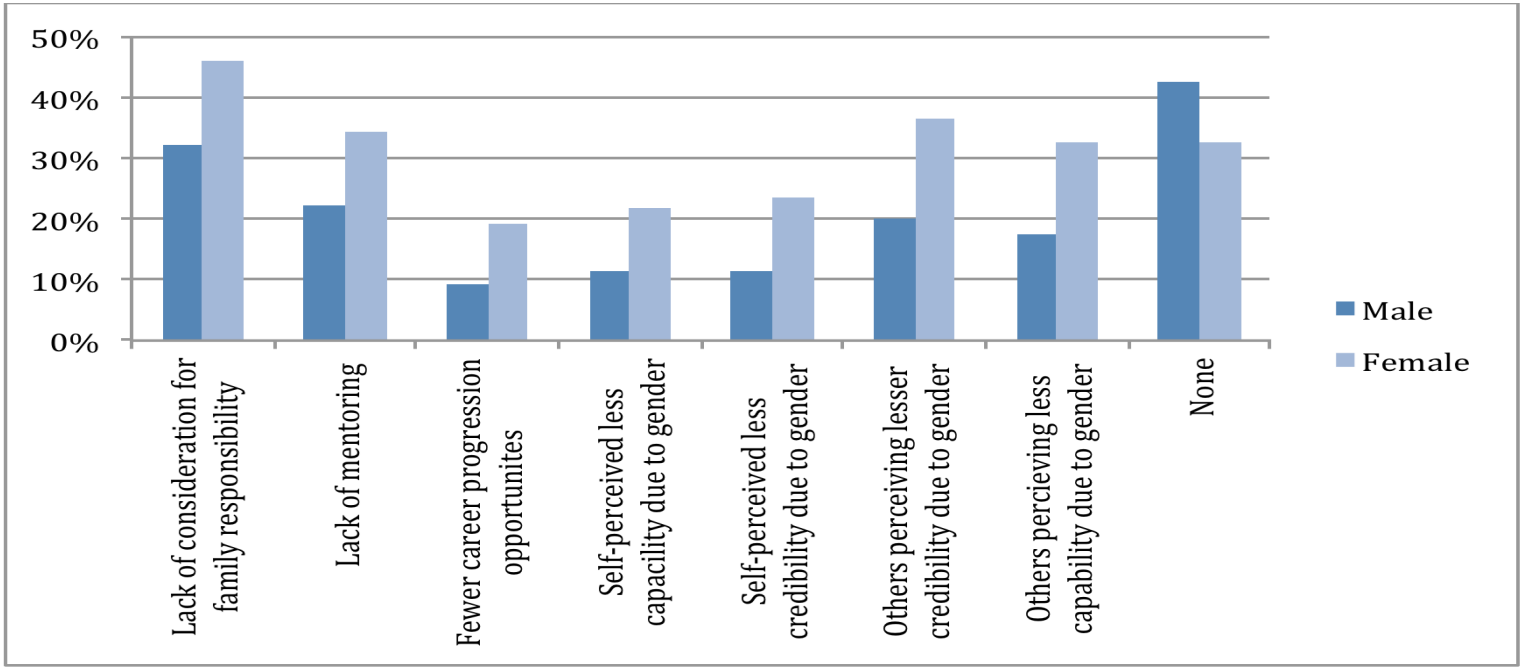
Gender Bias

Have you experienced gender bias during your training or specialist years?

	All responders		Specialists		Trainees	
	Yes	No	Yes	No	Yes	No
Male	28.76% (88)	71.24 (218)	27.71%(79)	72.28%(206)	42.86%(9)	57.14%(12)
Female	54.01%(222)	45.99%(189)	53.07%(164)	46.93(145)	56.86%(58)	43.14(44)
ALL	41.38%(310)	58.62(407)	40.39%(243)	59.61(351)	49.86%(67)	50.14%(56)
p-value	<0.001		<0.001		0.241	

Gender Bias

What gender biases, if any, do you believe exist for trainees and specialists that limit leadership opportunities?



Gender bias

Thematic analysis: *Any comments regarding gender bias?*

20% response rate

MAJOR THEME – 'gender bias *is* present'

- Females – 'gender bias is present' (57%)
- Males – '*male* gender is present' (42%)

Sub-themes

- **Females –** 'less capable surgically' and 'pregnancy & parenting'
- **Males** – 'our specialty risks male discrimination '

*"There are lesser credentialed men getting positions of leadership and career pathways mapped out for them on the basis of nepotism old school networks and gender bias all the time' (*F, 40+, Australia*)* **and** *'didn't' find this to be an issue until I started being seriously interested in complex gynae surgery. Then came across perceptions about how I would not be as good after I had kids" (F, 30+, New Zealand)*

"With less men in the workforce I see more bias to men than the opposite traditional gender bias of previous years" (M, 60+, overseas)

Gender quotas

Should RANZCOG consider a gender quota system for federal council & state councils?

	Federal council			State council		
	Yes	No	Unsure	Yes	No	Unsure
Male	13.1%(40)	77.4%(236)	9.5%(29)	12.46%(38)	77.38%(236)	10.16%(31)
Female	29.02%(119)	52.44%(215)	18.54%(76)	28.54%(117)	52.44%(215)	19.02%(78)
ALL	22.24%(159)	63.08%(451)	14.68%(105)	20.5%(155)	64.91%(451)	14.59%(109)
p-value	<0.001*			<0.001*		

**'No' and 'Unsure' were combined to indicate 'Not Yes' in the statistical analysis.*
*Statistical significance remained when comparing 'Yes' and 'No' **and** 'Yes' and 'Not Yes'*

Gender quotas

Thematic analysis: *Any comments regarding gender quota use?*

33% response rate

63% were opposed to quota use

MAJOR THEME – '*Best person for the job*'

- 83% of female responders
- 71% of male responders
- 95% of female trainee responders

Sub-theme

- **Females –** Merit (66%), 'the pipeline' (12%)
- **Males** – Merit (48%) and 'the pipeline' (23%)

"T*he most qualified or suitable person should get the position, irrespective of gender, race or colour*" (F, 40+, Australia) **AND** *"The playing field at the top end is not level. Quotas as a transitional tool can help RANZCOG achieve leadership equity. Once leadership is equitable, then can be slowly tapered off"* (F, 50+, Australia),

"The most capable people ought be representing us, regardless of gender" (M, 50+, New Zealand)

Findings

Leadership gender in O&G is poorly representative of both trainees and specialist, except in RANZCOG educational leadership roles

Females within RANZCOG report;

- Lower levels of leadership
- Higher levels of desire to leadership,
- Higher levels of barriers (*within the closed question of 8 responses*)
- Higher levels of gender bias

Gender quotas provide one solution to the gender leadership gap but were not supported by the majority of survey responders

The following statements reflect the dominant themes within the free text responses

- "*Many barriers limit leadership opportunities*"
- *"Female and male gender bias is present in O&G"*
- *"Merit should drive leadership opportunities"*

Discussion

Why gender leadership equality?

- Social justice
- Improvements in organisational reputation & revenue
- Authenticity with membership representation
- Diversity in leadership / feminist leadership
- ‘You can be what you can’t see’

The Australian & New Zealand O&G leadership landscape is similar to that found within the International literature on O&G leadership in the USA.

- Women are desiring of leadership but lower levels obtained
- Women are more likely to achieve educational leadership roles
- The leadership pathways aren’t transparent
- Barriers exist for all, but greater for women

Conclusion

RANZCOG and O&G is not unique in its gender leadership gap

- ‘Pipeline’ not the primary barrier
- Suggests wider societal cultural barriers to gender leadership *as well as* institutional, and individual gender biases

Study highlights areas that RANZCOG could focus ‘solutions’ towards when considering ‘leadership diversity’.

Future opportunities:

- What makes New Zealand’s North Island hospital’s context unique?
- What facilitated the leadership journey for RANZCOG’s one female president?
- What solutions are applicable to RANZOG and the O&G community to ensure leadership equality exists?

Thank you!