

Cardiovascular risk factors, violence and inequities affect us all

Los factores de riesgo cardiovascular, la violencia y las inequidades nos afectan a todos

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The practice of Cardiology has undergone unprecedented changes in recent decades, which undoubtedly have an impact on professionals in various spheres, and affect their physical well-being and quality of life. The growing increase in the female presence in healthcare activities and in academic life has introduced changes in the way of practicing medicine. Cardiology was historically a specialty dominated by men, but progressively we are witnessing its feminization. This year, for the first time, in the residences that are undergoing their theoretical training at the Argentine Society of Cardiology, the number of women exceeds the number of men.

The American College of Cardiology conducts the Professional Life Survey among cardiologists approximately every 10 years to learn demographic characteristics, job preferences, and level of satisfaction in the specialty. (1) Having this information allows us to know the reality that health professionals live and introduce changes to improve the level of satisfaction and quality of life.

In Argentina, due to the lack of our own information, we frequently extrapolate data from other countries, which may have characteristics that are different from ours. The survey carried out by Dr. Verónica Crosa et al., from the Heart and Women Area, opens a window for us to begin to learn about our reality, simultaneously addressing two very important aspects: on the one hand, it tries to define the prevalence of cardiovascular risk factors in a specific population group, and on the other hand, it inquires about professional well-being, violence and labor equity among doctors belonging to the registry of members of the Argentine Society of Cardiology who voluntarily and anonymously agreed to complete the questionnaire.

Approximately 10% of the professionals contacted answered the survey. Female representation was high, as women made up more than 40% of those surveyed. The women belonged to a younger age group than men, probably because the majority of women have entered entering the practice of Cardiology more recently.

One of the aspects investigated in this survey is related to cardiovascular risk factors. If we compare the results with those reported in the last National Survey of Risk Factors (ENFR), (2) conducted in Argentina during 2018, the prevalence of obesity, sedentary lifestyle, and smoking was lower among female cardiologists than what was observed in the general population, and compared to their male colleagues, women had fewer risk factors than men. Arterial hypertension and diabetes were also less prevalent among professionals than in the ENFR population.

Consultation for periodic cardiology evaluation was more frequent in men, and this should make us reflect on very internalized attitudes in women, of assuming a role of caretaker and leaving aside their own care on many occasions.

It is interesting to observe how certain patterns referring specifically to the professional sphere are repeated in different countries. (1) The workload in this survey was considered excessive by both sexes. The pandemic exacerbated this feeling, but it had a greater impact on women. In a paper published jointly by the ACC, AHA, ESC, and WHF in 2021 on physician well-being, the burnout rate in cardiology was found to affect 25% of physicians, with another 50% reporting feeling stress, both entities being more common among women, (3) comparable to the survey observations.

Dissatisfaction with financial remuneration did not follow the same parallelism as workload. Three out of four women considered that their remuneration was not adequate for their academic training and dedication, while in men this relationship was 6 out of 10, showing once again that the premise of equal remuneration for similar tasks performed is not respected.

The profession also determines family planning more frequently in women than in men, resulting in fewer female cardiologists being married, with a partner or with children. And caring for children impacts professional development much more in women than in men. It continues to be frequently reported that

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in job interviews women are questioned about their expectations regarding future pregnancies, this response often being taken into account with the same hierarchy as professional aptitude to define incorporation. (4)

In the United States, women less frequently occupy the place of first or last author in scientific publications, a fact that negatively conditions the possibility of promotion to hierarchical academic positions. (5) This reality is replicated in Argentina.

Women are also underrepresented in management and responsibility positions in Cardiology societies in our country, and in specialty congresses the number of exhibitors clearly leans towards the male sex.

The results related to violence are very impressive. The fact that 58% of women report having suffered situations of gender violence in their work environment challenges us as a society and should make us reflect on behaviors that are unacceptable among professionals. These levels of violence are infinitely lower in the case of men.

Reviewing our own information helps us understand local realities and plan strategies to modify them. We should think about more flexible forms of work activity and continuous medical training to facilitate the incorporation of women, especially during periods of pregnancy or during the first years of their children's lives, and thus avoid expulsion from the system. Undoubtedly, there is still a long way to go towards a more equitable practice of the profession and associated with a level of satisfaction that makes

it possible to eliminate an additional stressor that impacts the emotional and cardiovascular health of those who take care of the population.

Conflicts of interest

None declared.

(See authors' conflict of interests forms on the web/Additional material.)

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