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## Original article

# Inequality dynamics in the workplace among microbiologists and infectious disease specialists: a qualitative study in five European countries

A. Huttner<sup>1,6</sup>, M. Cacace<sup>2,6</sup>, L. d'Andrea<sup>2</sup>, C. Skevaki<sup>3</sup>, D. Otelea<sup>4</sup>, F. Pugliese<sup>2</sup>, E. Tacconelli<sup>5,\*</sup>

<sup>1</sup> Infection Control Program, Geneva University Hospitals, Switzerland

<sup>2</sup> Knowledge and Innovation, Rome, Italy

<sup>3</sup> Institute of Laboratory Medicine and Pathobiochemistry, Molecular Diagnostics, Philipps University Marburg, University Hospital Giessen and Marburg GmbH, Germany

<sup>4</sup> National Institute for Infectious Diseases, Bucharest, Romania

<sup>5</sup> Division of Infectious Diseases, Department of Internal Medicine 1, University of Tübingen, Germany

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## ABSTRACT

**Objective:** To explore the social, cultural, psychological and organizational factors associated with inequality in the workplace among clinical microbiologists (CM) and infectious disease (ID) specialists in European hospitals.

**Methods:** We analysed data from 52 interviews and five focus groups involving 82 CM/ID specialists selected from university, research or community hospitals in five countries, one each in Northern, Western, Eastern, Southeastern and Southwestern Europe. The 80 hours of recordings were transcribed, and the anonymous database coding process was cross-checked iteratively by six researchers.

**Results:** Inequality affects all the institutions in all the countries we looked at, denying or reducing access to professional assets with intensity and form that vary largely according to the cultural and organizational context. Discrimination is generally not explicit and uses disrespectful microbehaviours that are hard to respond to when they occur. Inequality affected also loans, distribution of research funds and gender and country representation in boards and conference faculty. Parenthood has a major impact on women's careers, as women are still mainly responsible for family care. Responses to discrimination range from reactive to surrender strategies.

**Conclusions:** Our study offers an effective model for diagnosing discriminatory behaviours in a medical professional setting. Knowledge of inequality's drivers could help national ID/CM societies in collaboration with major European stakeholders to further reduce such discrimination. The effect of discrimination on the quality of healthcare in Europe needs further exploration. **A. Huttner, Clin Microbiol Infect 2017;23:332.e1–332.e9**

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## Introduction

Meritocracy is a fair and appealing concept on which to base the assignment of responsibility and reward achievement. Meritocracy is not the sole criterion coming into play, however, even in professional environments where merit is supposed to be the only factor that

matters. In scientific settings or medical organizations, inequality dynamics (rooted for instance in gender, nationality, sexual orientation, disability or religious belief) do play a role, even if to a variable extent, in determining advancement and recognition [1–3].

Gender discrimination has been the most studied among the discrimination focuses in European and US universities [1–4]. The She Figures 2015 project, a collaboration between the Scientific Culture and Gender Issues Unit of the Directorate-General for Research of the EU Commission and the Helsinki Group, showed that women are generally more likely than men to work part-time and/or to have 'precarious contractual arrangements' in medical

\* Corresponding author. E. Tacconelli, Raum 925, Ebene 3 Gebäude Nord, Offried-Müller-Straße 12, 72076 Tübingen, Germany.

E-mail address: [evelina.tacconelli@med.uni-tuebingen.de](mailto:evelina.tacconelli@med.uni-tuebingen.de) (E. Tacconelli).

<sup>6</sup> The first two authors contributed equally to this article, and both should be considered first author.

settings ([https://ec.europa.eu/research/swafs/pdf/pub\\_gender\\_equality/she\\_figures\\_2015-leaflet-web.pdf](https://ec.europa.eu/research/swafs/pdf/pub_gender_equality/she_figures_2015-leaflet-web.pdf)). The gender pay gap persists in research: in 2010, women's average gross hourly earnings were 18% lower than those of men in scientific research and development. Interestingly, in a survey from 26 US medical universities, Pololi et al. [5] reported that 22% of faculty in academic medicine had experienced racial/ethnic discrimination and that the combination of higher leadership aspirations with lower feelings of inclusion and relationships might lead to discouragement with academic medicine.

Aspiring to ensure that the working environment of clinical microbiology (CM) and infectious disease (ID) specialists conforms to the highest meritocratic standards, the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) has been promoting a research programme for several years through its Parity Commission on the extent and characteristics of discrimination within this population. In 2011 the Parity Commission carried out a quantitative online survey [6] that included 1274 CM/ID professionals and researchers all over Europe in order to explore the extent of gender and geographical discrimination across Europe. The majority of participants (68%) reported that discrimination occurs in their professional environment, while a quarter had personally experienced it. Specialists from Southwest Europe experienced the majority of the discriminatory events, indicating a north–south divide. Furthermore, although the majority of the European CM/ID workforce is female, the proportion of women among full professors was 26% in ID and 46% in CM. Participation in high-level decision-making committees was significantly (>10 percentage points) different by gender and geographic origin. Yearly gross salary varied significantly across European countries and sometimes by gender within the same country. More than one-third of respondents reported that committees of international CM/ID societies and speakers at international conferences are not evenly balanced between the sexes.

To further explore discrimination dynamics and provide a model to study drivers of inequality among medical specialties in European hospitals, a qualitative study was conducted in eight hospitals.

## Methods

### Overall approach

A qualitative approach was applied using the intersectionality method, whose approach has been developing since the 1980s (<http://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=ucf>), to cope more effectively with inequality-related issues [7]. Its key assumption is that different markers of cultural differences (i.e. social categories) intersect 'to shape individual realities and lived experience' (<http://www.intergroupresources.com/rc/Intersectionality%20primer%20-%20Women%20of%20Color%20Policy%20Network.pdf>). Some key consequences stem from this assumption, pertaining to: (a) the cumulative impact of the different determinants of inequality; (b) the varying relations between inequality factors in time and space [8]; (c) the need for a multilevel approach able to capture inequality dynamics at the global, local, organizational and individual level [9]; (d) the focus on the biographical dimension, where these factors actually interact [10]; and (e) the possibility to identify many recurrent models of inequality, which are similar in different contexts [11]. Accordingly, the study used in-depth interviews and focus groups as information sources. Because 'qualitative research results are not arrived at by means of statistical procedures or other means of quantification' [12], results are not usually expressed in numerical terms.

### Sample selection

The study was carried out in eight different hospitals located in five countries, each belonging to one of the five World Health Organization–defined European regions (Western, Northern, Eastern, Southwestern and Southeastern Europe; [Table 1](#)) and previously included in the 2011 ESCMID survey. Sample size was defined *ex ante* in the range of 25 to 50 interviewees and 30 to 40 focus group participants ([Table 2](#)). As for the interviewees, an effort was made to involve those potentially at risk of discrimination on a variety of grounds (gender, age, ethnicity, sexual orientation, religion, etc.), particularly focusing the attention on gender-based discrimination, which emerged overwhelmingly in the ESCMID survey as the most widespread in the medical sector in Europe. Sampling was thus conducted according to a nonrandom, purposive sampling technique [13,14], so that women's presence was privileged (male informants account for 26.8%). As for the participants in the focus groups, different kinds of managerial and leadership positions were considered, including heads of CM/ID departments/units; heads of medical divisions/sectors; managers/heads of units/offices in charge of services like nursing, human resources and teaching activities; managers of the central administrative staff; and members of the hospital executive board. The study was publicized at European Congress of Clinical Microbiology and Infectious Diseases 2013 and during ESCMID educational events, and members expressed interest in it on a voluntary basis (country contact persons).

Countries were selected in order to ensure representativeness among the five European regions. [Box 1](#) provides a glossary for the study's terminology. During fieldwork, two researchers visited each country for 4 to 6 days to conduct interviews (average duration 1 hour) with seven to 13 individuals at each location and discuss the issues with four to ten managers in each of the focus groups (average duration 2 hours). All interviews were audiorecorded with permission. Informants worked at regional, teaching/research or university hospitals in CM or ID departments.

### Phases

Preparatory work for the qualitative study took place over 8 months in 2013 and included the selection of countries, hospitals and contact persons in each of the five European regions as well as defining the research questions and developing the technical tools required. The researchers conducted a Skype interview with each contact person to identify inequality issues, explain how to select participants and set up the focus group with balanced representation from both disciplines, to include, whenever possible, women and other groups at risk of discrimination and to assist in carrying out the study.

Fieldwork was carried out between January and September 2014, and data were processed using an Access database (version 15.0; Microsoft, Redmond, WA, USA) between November 2014 and March 2015.

### Data processing

All interviews and focus groups were recorded and transcribed. Informants' anonymity was assured by referring only to the European region, an assigned record number, whether they were part of a focus group and gender, resulting in an alphanumeric code—e.g. NE/FG-23-F—applied to the extracts of interviews. Reporting focused on recurrent scenarios reported independently several times in a variety of contexts.

Transcript coding was mostly driven by the results of the 2011 survey in terms of research questions, conceptualizations and

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