

Gender equity in anaesthesia and intensive care:

Italy's portrait

HEROES OF COVID-19

We consider all anaesthesiologists and intensivists heroes in Covid-19 pandemic. SIAARTI conducted a survey to investigate the impact of burnout on anesthesiologists also focusing on gender differences.

Annalisa Malara



She diagnosed the first COVID-19 patient in Italy, which triggered the national emergency. She suspected a coronavirus infection and requested a nasopharyngeal swab: even if the patient did not meet the national criteria for coronavirus testing, she decided to do it anyway. She was awarded the Order of Merit of the Italian Republic, Italy's highest honour, by President Sergio Mattarella.

Ida Di Giacinto



She is Director of Complex Structures of Anaesthesia and Intensive Care Medicine at Mazzoni Hospital (Ascoli Piceno, Italy).

She is the first author of the first document about Airway management in the Covid-19 patients: it was immediately taken up all over the Europe.

GENDER BALANCE

Figures about the gender representation of workforce in anaesthesia and intensive care are uncertain but, based on the membership to our association, we think that the number of men and women in anaesthesia and intensive care is roughly equal, with a slight prevalence of women.

ITALIAN POLICIES

In Italy, there are no official gender policies within anaesthesia and intensive care. Italy has laws mandating gender equality and equal treatment in the workplace, but those laws would need to be combined with policies and measures for the concrete implementation of equality between women and men across various business scenarios. In 2020 the European Committee of Social Rights (ECSR) focused its attention on the lack of appropriate measures to promote the woman's right to equal opportunities in the labour market and the absence of measures to balance personal and professional life (eg, insufficient financial support for services such as childcare) in Italy.



DIVERSITY AND INCLUSION POLICY

In 2021 SIAARTI approved a Diversity and Inclusion Policy. It provides that Council committee membership and leadership and planning committees for all congresses, conferences and training courses will be balanced as much as possible for gender, professional discipline, and experience.

LEADERSHIP

Women are under-represented in leadership positions, both in hospitals and in academia.

Only 14% of Directors of Hospital Complex Structures are women. In 2020, 17% of full professors of Anaesthesia and intensive care Medicine, 19% of associate professors and 42% of researchers are women. In 2010 these percentages were 9%, 22% and 35,5% respectively.

SIAARTI members

SIAARTI has about 6.000 members among those who are specialist in "Anesthesia and Intensive Care", which in Italy is a single specialty. The 54,2% are women. Between 2019 and 2021 SIAARTI President was a woman and 30% of the board chairs were made up of women.

SUCCESSFUL STORIES



Elsa Margaria

Since 1969, she created and directed the Service of Anaesthesiology and Intensive care of the Gynecology and Obstetrics Institute in Turin. Between 1986 and 2000, prof. Margaria was the first woman to direct a Hospital Complex Structure in Italy.



Flavia Petrini

She was president of SIAARTI between 2019 and 2021. Prof. Petrini is full professor of Anaesthesia and Intensive Care Medicine and, during the first COVID-19 outbreak, was member of National Scientific and Technical Committee on the coronavirus as expert in anaesthesia and intensive care medicine.



Rosa Urciuoli

She was the first woman to achieve the professorship in Anaesthesia and Intensive Care Medicine and the assignment to University in Italy. In particular, prof. Urci was a professor of Neuroanesthesia at the School of Specialization in Neurosurgery and she directed it between 2000 and 2002.