

Association of Women Surgeons

Resident perceptions on pregnancy during training: 2008 to 2015



Minh-Bao Mundschenk, M.D.^a, Emily M. Krauss, M.D., M.Sc.^{a,*},
Louis H. Poppler, M.D., M.S.C.I.^a, Jessica M. Hasak, M.P.H.^a,
Mary E. Klingensmith, M.D.^b, Susan E. Mackinnon, M.D.^a,
Marissa M. Tenenbaum, M.D.^a

^aDivision of Plastic and Reconstructive Surgery, Department of Surgery, Washington University School of Medicine, 660 South Euclid Avenue, Campus Box 8238, St Louis, MO 63110, USA; ^bDepartment of Surgery, Washington University School of Medicine, St Louis, MO, USA

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Abstract

BACKGROUND: Perceptions of residents regarding pregnancy during training were compared over time and across surgical, internal medicine, obstetrics/gynecology, and anesthesia specialties.

METHODS: A single-institution survey was distributed to female residents in 2008 and to female and male residents in 2015. Nonparametric comparisons of Likert scale response distributions were performed on the supportiveness for pregnancy of the residency program and childbearing influences of female residents in 2008 and 2015, between specialties for each survey year, and between male and female residents in 2015.

RESULTS: The response rates of female residents were 74.8% and 50.5% in 2008 and 2015. In 2015, program directors and division chiefs were perceived to be more supportive of resident pregnancy than in 2008. Surgical residents had lower perceptions of support compared with other specialties. Residents in programs with female leadership perceived a more supportive environment for pregnancy.

CONCLUSIONS: Despite persisting negative stigma, residents across specialties report more support for pregnancy.

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Childbearing during graduate medical education is increasingly more relevant as the number of women entering medicine has increased. Women now comprise half of medical school graduates, and more than 40% of

current general surgery residents are women in the United States.^{1,2} Surgical training occurs during the most common childbearing years, and in the past, female surgeons were more likely to delay parenthood until after training compared with their male peers.^{1,3} However, the current trend is for more and more trainees to have children during their residency.^{4,5} Increasing literature has been published to discuss the role of women in competitive specialties and the effect workload demand may have on their personal lives. The literature has not always been constructive in supporting female surgeons and physicians negotiating the delicate balance between their work and personal lives.²

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* Corresponding author. Tel.: +1-314-362-7388; fax: +1-314-367-0225.

E-mail address: emilymkrauss@gmail.com

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In 2008, we sought to characterize the perceptions of female resident physicians on the supportiveness of their programs to pregnant residents, on factors affecting their decision to become pregnant, and the influence of their female coresidents and faculty. In 2015, we repeated the survey to determine current resident perceptions among all resident physicians, both men and women. This comparative study describes a single-institution workplace culture and the influence of peer residents, faculty, and division leadership on the current and changing perceptions of residents regarding childbearing during residency training.

Methods

Study design

An anonymous online 10-minute survey was distributed to resident physicians at Washington University in St Louis using the Survey Monkey online survey tool. Automated reminders were used to distribute the survey directly to female resident's workplace e-mail accounts from the senior author. In 2008, a 73-item survey was designed to evaluate demographics, pregnancy information, attitudes, and influences of female residents on childbearing in the fields of surgery (including general surgery, neurosurgery, orthopedic surgery, urology, plastic surgery, and otolaryngology), anesthesia, internal medicine, neurology, and obstetrics and gynecology. In 2015, a modified 75-item survey comparable with the 2008 survey was distributed to both men and women in the same fields of surgery, anesthesia, obstetrics and gynecology, and internal medicine specialties. The survey was distributed through e-mail by special request of the first author to program administrators with 2 reminder e-mails and a second distribution by program directors to their residents. Modifications in the 2015 survey included more inclusive language to assess both female and male trainee perceptions and influences on childbearing decisions and additional questions regarding breast feeding for those residents who had been pregnant. This study was granted exemption status by the Institutional Review Board at the Washington University in St Louis.

Survey questions included for analysis in both 2008 and 2015 are included in [Supplementary data](#). Basic demographic information was collected about medical specialty, age, sex, marital status, and sexual orientation. In 2015, the influence of female representation in program leadership and current residents on ranking residency programs was also assessed (question 28). Resident pregnancy histories, maternity leave, breast feeding, and childcare behaviors were collected in the original surveys but excluded for the purposes of this comparative study on perceptions.

Respondent attitudes about pregnancy during residency and the support of the department were assessed using a 5-point Likert scale from "strongly disagree" to "strongly agree," with an option for not applicable. To assess the

influence of various factors on respondent's decisions to bear children, a 5-point Likert scale was used from "very little influence to a great deal of influence," with an option for not applicable. All respondents were also asked to characterize their experiences and satisfaction with childbearing choices. Resident perceptions on the level of support to pregnant residents provided by coresidents, faculty, and division leadership were assessed. Resident perceptions on workload and schedule flexibility, specifically related to pregnancy or health issues, were assessed. Respondents were asked to rate how various factors, including the presence of female faculty and residents, affected the ranking of their program. Finally, the degree to which personal considerations and negative vs positive perceptions of their coresidents and faculty affected their childbearing decisions was assessed.

Statistical analysis

Independent reviewers numerically coded all survey responses using a predetermined coding frame for further statistical analysis. Demographic information was compared between 2008 and 2015 survey responders using the nonparametric Pearson chi-square test (PCS).

A priori null hypotheses were developed for statistical comparison. The hypotheses included:

1. Female residents felt equally supported by their peers, faculty, and division leadership to consider pregnancy during training in 2015 compared with 2008.
2. Female residents with a female program director felt equally supported to that with a male program director to consider pregnancy during training.
3. Female residents with a female department or division chief felt equally supported to that with a male division or department chief to consider pregnancy during training, regardless of year of survey.
4. Attitudes and influences on childbearing are the same in female residents regardless of specialty program: surgery, internal medicine, or anesthesia residency programs.

A priori hypotheses were tested first, with subsequent analyses of additional factors on the complete survey. Comparisons of Likert scale responses on respondent attitudes and influences between 2008 and 2015, between respondents with female or male program directors, and between respondents with female and male division chiefs were performed using the Mann-Whitney *U* test to compare medians and interquartile ranges (IQR) with Tukey post hoc analysis, significance set to $P = .05$ (SPSS, version 23; IBM, Armonk, NY). Comparisons between male and female resident perceptions in 2015 were also performed.

Comparisons between surgery, internal medicine, obstetrics and gynecology, and anesthesia respondents were performed for the 2008 and the 2015 surveys independently. A nonparametric Kruskal-Wallis test was

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