



Contents lists available at ScienceDirect

International Journal of Women's Dermatology



Original Research

Parenting and female dermatologists' perceptions of work-life balance

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ARTICLE INFO

Article history:

Received 9 December 2016

Received in revised form 14 March 2017

Accepted 2 April 2017

Available online xxxxx

Keywords:

work-life balance
parenting
childbearing
maternity leave
family planning

ABSTRACT

Background: Women in medicine may feel pressure to choose between the competing demands of career goals and being a dedicated spouse and parent.**Objective:** The purpose of this survey study is to report on the current opinions of female dermatologists with regard to family planning, maternity leave, and career success.**Methods:** We surveyed 183 members of the Women's Dermatologic Society using a 13-question survey that was approved for distribution by the institutional review board committee of the University of Connecticut Health Center.**Results:** We found that women were most likely to have children while they were residents (51%), despite the fact that residents were more likely to report barriers to childbearing at this career stage. These barriers included length of maternity leave, appearing less committed to residency responsibilities compared with peers, and inadequate time and privacy to breast feed. Strategies to achieve a work-life balance included hiring in-home help and working part-time. Of note, many women commented on the need for more family planning resources at work.**Conclusion:** Thought should be given to future administrative strategies that can lessen the burden of parents who are dermatologists and have academic ambitions.© 2017 The Authors. Published by Elsevier Inc. on behalf of Women's Dermatologic Society. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Among the various specialties, dermatologists are traditionally known as physicians who are the most satisfied and more than half of those surveyed report that they are content with their work-life balance (Shanafelt et al., 2012). However, recent data from the Mayo Clinic found that dermatologists had the greatest increase in self-reported professional burnout among all specialties from 32% in 2011 to 57% in 2014 (Shanafelt et al., 2015). Although common stressors have been identified that put all physicians at a greater risk for burnout and emotional exhaustion (e.g., demanding and increasing workloads, loss of autonomy over work, balancing family demands [Shanafelt et al., 2015]), opinions on work-life balance and specifically those of female physicians have not been well investigated. Previous authors have shown that women are more dissatisfied than men with career advancement opportunities and less likely to hold leadership positions (Rizvi et al., 2012; Sadeghpour et al., 2012; Strong et al., 2013). In fact, only 19% of permanent dermatology

department chairs are women (Association of American Medical Colleges, 2014). Despite these findings, the intricacies of family and career planning are infrequently discussed.

Our survey study explores issues related to childbearing, maternity leave, and career satisfaction among female dermatologists. Although statistically significant findings were limited due to response rate, our research provides qualitative insight into the current opinions of female dermatologists on work-life balance.

Methods

A 13-question survey was approved by the institutional review board committee of the University of Connecticut Health Center (IRB# 16-200-2) for email distribution to 1200 members of the Women's Dermatologic Society. The survey was displayed using a third-party online survey collection site. The authors had full access to the survey responses including individual responses. Questions included general demographic information (age, marital status, number of children) as well as specific questions about work and family life.

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Table 1
Characterization of respondents

Age range (years)	With children (n = 102)	Without children (n = 77)	Total (n = 179)
26-35	35	58	93
36-45	28	11	39
46-55	19	3	22
56-65	13	4	17
66-75	6	1	7
>75	1	0	1

Results

Respondents

Of the 1200 female dermatologists who were surveyed, 183 participated in the survey (response rate, 15.3%). Four surveys were excluded from the study because the respondents did not complete the survey beyond the first or second questions. Of the 179 responses that were included, 56% of women had children and 44% did not, and 78.8% were married and 21.2% were not. The age group distribution of the respondents was 26 to 35 years (52%), 36 to 45 years (21.8%), 46 to 55 years (12.3%), 56 to 65 years (9.5%), 66 to 75 years (3.9%), and 75 + years (0.5%; Table 1).

Childbearing

Of the women who had children, the responses to the question “At what point in your training did you have your first child?” showed that 2% had their first child prior to enrolling in medical school, 11% during their medical school years, 51% as a resident, and 36% as an attending physician (Fig. 1).

Maternity leave

Responses to the question “Were you able to negotiate the length of your maternity leave?” showed that 41% of respondents (n = 97) negotiated their maternity leave including 64.3% of attending physicians and 33.3% of residents. When asked “How much time did you take for maternity leave?”, of the 96 women who answered the question, 25% took less than 4 weeks, 42.7% took 4 to 8 weeks, 25% took 9 to 12 weeks, and 7.3% were able to take more than 12 weeks of maternity leave.

Support of colleagues

In response to the question “Were your colleagues supportive of your maternity leave?”, 81% of women (n = 92) reported they received support from their coworkers during maternity leave.

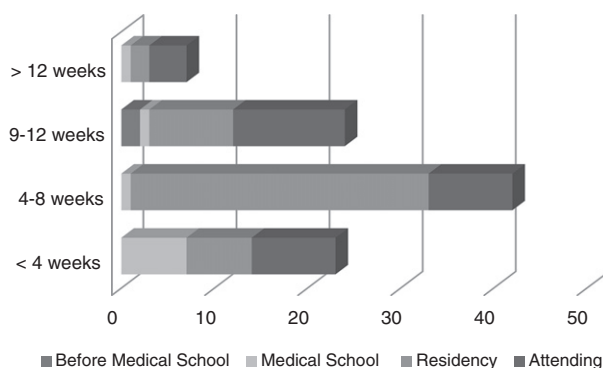


Fig. 1. Length of maternity leave versus career stage

Work-life satisfaction

Forty percent of women with children (n = 91) answered yes in response to the question “Did you feel you missed out on your child(ren)’s milestones?”

Career goals

When asked “Did you sacrifice your ideal job because of your spouse’s career choices?”, 20.2% of women with children (n = 89) reported that they had but 9.8% of women who did not have children (n = 51) reported likewise. Of the 69 women without children who responded to the question “Did you choose success in your career rather than a family?”, 36% reported that they did.

Discussion

Many female physicians have become successful clinicians, researchers, and parents despite the unique demands of the medical profession. Our goal was to explore the satisfaction of female dermatologists with their experiences in navigating career goals and family planning and identify current perceived barriers to personal success. Of the respondents who did not have children, 36% reported that they chose career success over starting a family and 31.6% specifically commented that they still planned to have children later in life. Although we did not specifically ask for the reasons why women chose not to have children, Willet et al. (2010) reported that the most concerning barrier for female physicians was the potential need to extend their residency training if they became pregnant, causing them to be significantly less likely to have a child during residency training than male residents.

The free responses in our survey confirmed that the barriers to childbearing were perceived to be especially high during residency. These barriers include the perception that women who have children during residency training are less committed to their jobs than male peers and concerns of overburdening fellow residents. One woman stated that “[t]here is no way to be an excellent resident and study as I should if I had children during residency.” Another woman commented that “[o]ther residents have to work twice as hard if someone has a baby so there is ill-disguised animosity when people start having kids.” Some programs were described as outwardly unsupportive and one of our 180 respondents indicated that all her male co-residents had babies yet she, as a female, was discouraged from doing the same. However, it is interesting to note that despite these issues, we found that a slight majority of female dermatologists had their first child during residency (51%). We acknowledge that many resident programs do work hard to accommodate family planning and the comments reported above do not represent all dermatology programs.

Another challenge of childbearing is maternity leave. Gunn et al. (2014) surveyed women in academic leadership positions who were responsible to mentor younger female physicians and found that the majority did not know, or incorrectly cited, their institution’s maternity leave policies. A lack of discussion and opportunity to advocate may be contributing to the dissatisfaction that our respondents reported with the time allotted for maternity leave. Additionally, although the Family and Medical Leave Act of 1993 allows for 12 weeks of unpaid leave for any employee who has completed a full year of employment, the American Board of Dermatology (ABD) guidelines allow for a maximum of 14 weeks away from the program over 3 years of residency (American Board of Dermatology, 2016; U.S. Department of Labor, 2016). Time away includes vacation and sick time as well as maternity leave.

If a resident exceeds this maximum amount of time, they are at risk of extending their residency and perhaps delaying sitting for

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