Physicians as parents

Parenting experiences of physicians in Newfoundland and Labrador

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ABSTRACT

OBJECTIVE To investigate the experiences of physicians as parents and to see if there were any differences in the parenting challenges perceived by male and female physicians.

DESIGN Mailed survey.

SETTING Newfoundland and Labrador.

PARTICIPANTS The survey was mailed to 180 male and 180 female licensed physicians, with a response rate of 60% (N=216).

MAIN OUTCOME MEASURES Self-reported experiences of being a parent and a physician.

RESULTS Female physicians reported spending significantly more time on child care activities and domestic activities than their male counterparts did ($P<.001$). There was no significant difference in the number of professional hours between the 2 sexes, but income was significantly lower for female physicians ($P<.001$). More women than men had positive physician-parent role models, although very few physicians of either sex had such role models. Female physicians reported bearing the most responsibility for the day-to-day functioning of the family; male physicians relied on their female partners to carry out the main family responsibilities. Women reported feeling guilty about their performance as mothers and as doctors. Male physicians reported regrets about the lack of time with family.

CONCLUSION Although women make up an increasing percentage of the physician work force in Canada, they still face challenges as they continue to take primary responsibility for child care and domestic activities. Women are torn between their careers and their families and sometimes feel inadequate in both roles. Male physicians regret having a lack of time with family. Strategies need to be employed in both the workplace and at home to achieve an acceptable balance between being a physician and being a parent.

EDITOR'S KEY POINTS

- Female FPs with children spend substantially more time on child care and other domestic work than their male counterparts. As a result, a common theme for women was perhaps a sense of guilt about their performances as both mothers and family doctors at all stages of their careers.
- In spite of the fact that role models can provide advice and guidance about balancing career and family responsibilities, fewer women had positive role models than expected and few physicians of either sex had positive physician role models when it came to parenting.
- Effective strategies for balancing work and home responsibilities for both sexes include the following: consideration of part-time work and job-sharing; careful consideration of issues such as proximity to supportive extended family members; greater commitment to equity in sharing domestic and child care responsibilities if both parents work outside the home; and volunteering as role models and mentors for younger colleagues just entering the profession.
- The study showed that almost two-thirds of female physicians taking maternity leave did so without benefits. The provision of parental leave benefits should be a priority for provincial associations when negotiating physician remuneration.

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Les médecins comme parents

Expériences des médecins de Terre-Neuve et du Labrador qui élèvent des enfants

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RÉSUMÉ

OBJECTIF Vérifier l'expérience des médecins comme parents, et déterminer si les femmes et les hommes médecins perçoivent différemment les défis imposés par leur statut de parents.

TYPE D'ÉTUDE Enquête postale.

CONTEXTE Terre-Neuve et Labrador.

PARTICIPANTS L'enquête a été postée à 360 médecins diplômés, 180 femmes et 180 hommes, avec un taux de réponse de 60 % (N=216).

PRINCIPAUX PARAMÈTRES ÉTUDIÉS Ce qu'ils rapportent comme expérience concernant leur statut de parents et médecins.

RÉSULTATS Par rapport à leurs collègues masculins, les femmes médecins disaient consacrer beaucoup plus de temps aux soins des enfants et aux tâches domestiques ($P<.001$). Il n'y avait pas de différence entre les 2 sexes pour le nombre d'heures professionnelles, mais les femmes avaient des revenus significativement inférieurs ($P<.001$). Plus de femmes que d'hommes avaient des modèles de rôle médecin-parent positifs, quoique très peu de médecins en général avaient de tels modèles. Les femmes médecins disaient être majoritairement responsables du fonctionnement quotidien de la famille; les hommes médecins se fiaient à leur conjointe pour assumer la plupart des responsabilités familiales. Les femmes déclaraient avoir un sentiment de culpabilité au sujet de leur performance comme mère et comme médecin. Les hommes médecins disaient regretter le peu de temps passé avec la famille.

CONCLUSION Même si les femmes représentent un pourcentage de plus en plus élevé du contingent médical au Canada, elles sont toujours confrontées aux défis de conserver la responsabilité principale du soin des enfants et des tâches domestiques. Elles sont tiraillées entre famille et profession, et ont parfois le sentiment d'être inefficaces dans ces deux rôles. Les médecins masculins déploraient le peu de temps consacré à leur famille. Il faudra user de stratégies tant dans le milieu de travail qu'à la maison si l'on veut trouver un équilibre acceptable entre le statut de médecin et celui de parent.

POINTS DE REPÈRE DU RÉDACTEUR

- Les femmes médecins qui ont des enfants consacrent beaucoup plus de temps au soin des enfants et aux autres tâches domestiques que leurs confrères masculins. Comme groupe, elles pourraient donc éprouver une certaine culpabilité au sujet de leur performance en tant que mères et médecins de famille tout au long de leur carrière.
- Même si les modèles de rôle peuvent être utiles pour renseigner et guider dans la recherche d'un équilibre entre les obligations familiales et professionnelles, moins de femmes que prévu avaient des modèles de rôle et peu de médecins des deux sexes avaient des modèles au moment d'élever des enfants.
- Parmi les stratégies pour concilier les responsabilités familiales et professionnelles, mentionnons: envisager de travailler à temps partiel ou de partager le travail; tenir compte d'un éventuel support de la part de la famille étendue; rechercher plus d'équité dans le partage des responsabilités domestiques et des soins aux enfants quand les 2 parents travaillent hors du domicile; et accepter de servir de modèles de rôle et de conseillers auprès de collègues plus jeunes en début de carrière.
- Cette étude a montré que près des deux tiers des femmes médecins qui prennent un congé de maternité ne reçoivent pas d'allocation. L'attribution d'allocations pour congé de maternité devrait être une priorité pour les associations provinciales au moment de négocier la rémunération des médecins.

*Le texte intégral est accessible en anglais à **www.cfp.ca.**

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Substantially more women than men are entering into medical practice. In the 2007 National Physician Survey, 55% of respondents younger than 35 years of age were women, compared with only 10.5% of those older than 65 years of age.[1]

Like all parents, physician-parents face challenges in their personal and professional lives, and these challenges might differ for male and female physicians. Previous research has shown that being married and having children are good for men and their careers, but are not as beneficial for women physicians.[2-6] Women report feeling guilty about taking maternity leave because of the burden placed on their colleagues. Professional women remain responsible for most domestic and child care activities, which can impede career advancement and which are not recognized as valuable work by other physicians.[5,7-10] They work long hours, although less than their male counterparts.[1]

Studies have shown that most female physicians are generally satisfied with their careers[11,12]; however, the Physician Work Life Study in the United States showed that women were 1.6 times more likely than men to report burnout, with lack of work control being a strong predictor of burnout.[13] Women physicians are also more likely than men to report addictions or to commit suicide.[14,15] A recent Canadian study showed that while stress and burnout are commonly experienced by Canadian family physicians, this might not be due to demographic factors but rather personal issues.[16] Although the percentage of women in the medical profession is increasing, the challenges women face have not really changed in the past 30 years.[17]

This study investigated the experiences of parent-physicians in Newfoundland and Labrador to determine whether women and men perceive different challenges to the dual role. The study also investigated the breast-feeding practices of female physicians; these results have been published in a separate paper.[18]

METHODS

A survey was mailed to all 180 female physicians licensed to practise in Newfoundland and Labrador who were registered with the Newfoundland and Labrador Medical Association as well as to a quota sample of 180 male physicians, stratified to match the female physician profile in terms of geographic region, specialty, and decade of graduation.

The questionnaire consisted of 28 multiple-choice questions and 8 open-ended questions. The questions were developed by 3 of the authors and tested among physicians in our group practice. Ethics approval was granted by the Human Investigation Committee of the Faculty of Medicine at Memorial University of Newfoundland.

The survey collected quantitative data about demographics and hours devoted to professional duties, domestic activities, child care, and parental leave. These data were analyzed using SPSS (Statistical Package for the Social Sciences) version 15.0 for Windows. Open-ended questions collected comments on challenges and experiences, as well as any additional comments respondents chose to contribute. These qualitative data were analyzed using thematic analysis, a method of qualitative analysis widely used to identify, analyze, and report patterns within data.[19,20] Three authors acted as readers and, after familiarizing themselves with the data and generating initial codes, searched for themes, reviewed themes, defined and named themes, and produced the report through consensus.

RESULTS

Of the 360 questionnaires mailed, 216 physicians responded for a 60% response rate. Fifty-seven percent of the respondents were female (68% response rate); 43% were male (52% response rate).

Respondents' characteristics are described in **Table 1.** Eighty-seven percent of male respondents and 73% of female respondents had children. Female physicians reported significantly lower incomes than did male physicians ($\chi^2=33.266$, $P<.001$) but there was no significant difference in the number of professional hours worked ($\chi^2=8.208$, $P=.084$). In addition, female physicians reported spending more hours on domestic activities compared with their male counterparts ($\chi^2=35.303$, $P<.001$), as shown in **Table 2.** Female respondents also reported spending more time on child care per week ($\chi^2=41.846$, $P<.001$). Only 14.8% of men with children took parental leave, while 95.5% of women with children took parental leave; 65.2% of these women had no leave benefits. Among married respondents, significantly more men than woman reported having a stay-at-home partner (23.3% vs 4.1%; $\chi^2=14.643$, $P<.001$). Significantly more women were married to another physician than men were (38.1% vs 16.3%; $\chi^2=10.841$, $P=.001$). Eight percent of male physicians reported having positive parent-physician role models compared with 21.9% of female physicians. ($\chi^2=7.106$, $P=.008$); however, only 15.9% of respondents overall reported having positive parent-physician role models.

Common themes

For parents of children younger than 5 years old, the dominant themes for women were child care, organizing schedules, and guilt: "It is a challenge finding quality day care" and "I feel like I am missing out on my child's life" were typical responses. For male physicians with children in this age group, balancing work and family was the main theme, and comments reflected male

Table 1. Sociodemographic and practice-related characteristics of the study sample: *N* = 216.

VARIABLE	NO. OF RESPONDENTS (% OF CATEGORY)* MEN	WOMEN
Sociodemographic characteristics		
Sex	93 (43.1)	123 (56.9)
Age, y		
• < 30	3 (3.3)	12 (9.8)
• 31-40	38 (41.3)	47 (38.2)
• 41-55	44 (47.8)	57 (46.3)
• > 55	7 (7.6)	7 (5.7)
Marital status		
• Single	6 (6.5)	17 (13.8)
• Married or common law	84 (90.3)	95 (77.2)
• Separated or divorced	3 (3.2)	9 (7.3)
• Widowed	0 (0)	2 (1.6)
Decade of graduation		
• 1980 or later	73 (78.5)	91 (74.0)
• 1979 or earlier	20 (21.5)	32 (26.0)
Income (per annum), $		
• < 80 000	4 (4.4)	11 (9.1)
• 80 000-100 000	4 (4.4)	14 (11.6)
• 100 001-150 000	21 (23.3)	55 (45.5)
• 150 001-200 000	17 (18.9)	23 (19.0)
• 200 001-300 000	27 (30.0)	14 (11.6)
• > 300 000	17 (18.9)	4 (3.3)
No. of children		
• 0	12 (12.9)	33 (26.8)
• 1	9 (9.7)	15 (12.2)
• 2	36 (38.7)	36 (29.3)
• 3	23 (24.7)	27 (22.0)
• ≥ 4	13 (14.0)	12 (9.8)
Occupation of spouse		
• Physician	14 (16.3)	37 (38.1)
• Stay-at-home parent	20 (23.3)	4 (4.1)
• Other profession	52 (60.5)	56 (57.7)
Practice-related characteristics		
Specialty		
• Other specialists	45 (48.3)	46 (37.4)
• Family doctors	48 (51.7)	77 (62.6)
Parental leave taken	12 (14.8)	84 (95.5)
Parental leave benefits		
• Yes	1 (1.3)	31 (34.8)
• No	79 (98.8)	58 (65.2)
Hours worked per week		
• < 20	0 (0)	5 (4.1)
• 21-40	9 (9.9)	17 (13.8)
• 41-60	28 (30.8)	48 (39.0)
• 61-80	38 (41.8)	36 (29.3)
• > 80	16 (17.6)	17 (13.8)
Practice location		
• Urban	57 (62.0)	81 (65.9)
• Rural	35 (38.0)	42 (34.1)
Type of practice		
• Solo	32 (34.8)	22 (19.5)
• Group	60 (65.2)	91 (80.5)
Type of remuneration		
• Fee-for-service	68 (82.9)	73 (62.4)
• Salaried	14 (17.1)	44 (37.6)
Positive parent-physician role model		
• Yes	7 (8.0)	25 (21.9)
• No	80 (92.0)	89 (78.1)

*Numbers might not add up to total number of respondents owing to missing data.

Table 2. Time spent on domestic and child care responsibilities by male and female physicians: *N* = 216.

VARIABLE	NO. OF RESPONDENTS (% OF CATEGORY)* MEN	WOMEN
Domestic activities, h/wk		
• < 5	32 (34.8)	11 (9.1)
• 5-9	44 (47.8)	54 (44.6)
• 10-20	16 (17.4)	37 (30.6)
• > 20	0 (0.0)	19 (15.7)
Child care activities, h/wk		
• < 10	26 (32.5)	16 (18.6)
• 10-19	29 (36.3)	13 (15.1)
• 20-29	18 (22.5)	10 (11.6)
• 30-40	5 (6.3)	16 (18.6)
• > 40	2 (2.5)	31 (36.0)

*Numbers might not add up to total number of respondents owing to missing data.

physicians' dependence on their spouses for the main parenting role. Challenges included "finding time to give [the] spouse a break."

For parents of children aged 5 to 12 years, school and after-school issues were major priorities for both men and women. Women described specific logistic issues such as "pickup," "driving to activities," dealing with "school closures," and "when kids are ill" as their biggest concerns. Men were further concerned about "keeping in touch with their [children's] lives."

For parents of children aged 13 to 18 years, school and after-school issues continued to be a big parenting challenge, particularly "children left to their own devices" and "transportation." Men were concerned with "preparing for [their children's] postsecondary education."

For parents of children older than 19 years of age, balancing work and family was the greatest challenge for women. For men, "financing their [children's] education" was very important.

Female physicians' comments revealed how they were torn between work and family:

- "I need a wife .... [I am] sandwiched between elderly parents and kids."
- "[I] can't do it all ... [I am] burnt out."
- "We become martyrs to our patients at the expense of our families."
- "I feel like my kids are being raised by a baby-sitter."
- "I am constantly feeling guilty for being only half a doc and half a parent."
- "Looking after my kids is the most difficult part of my job. I feel childless colleagues bear the brunt. Trying to parent and be a physician is incompatible."
- "It is frustrating because it is impossible to meet my personal standards as a professional and as a parent because they are both so demanding."
- "My family is more important than my job. I fear I short-change everyone."

- "The pressure of being a physician and [a] parent led me to decide to have one child only."
- "One has to juggle. Guilt [is] always present. Looking after [your]self is an impossibility."

Some however had positive comments: "Generally [being a parent and a physician is] a positive experience, but it is difficult to restrict professional demands."

Female rural physicians reported even more challenges—"live-in care is ideal but hard to come by in a rural area"—while some revealed benefits of rural practice: "Living in a small town, I had no commute and I knew my children's caregivers, friends and families well."

Some female physicians indicated their careers had led them to decide not to have children: "No children because of lack of time for personal relationships .... Most female internists I trained with were childless."

Male physicians had many regrets about having a lack of time with family and many reported depending on their spouses to provide stability for the family:

- "My wife resents how much time I spend at work, away from family .... If [the] other parent [is] available, work usually wins."
- "I would not have a good handle on [my children's] lives if not for my spouse."
- "I'm lucky my wife was content to be a homebody. Otherwise?"

A male physician in a 2-physician family commented, "[I] wish [my] wife had taken more time off and regret she is a physician—traditional 'Mom' might be better." Conversely, a female physician in a 2-physician family reported some benefits: "I share an office with my husband; we're both part-time, so somebody is always home."

DISCUSSION

The higher response rate for women than men is noteworthy. It might reflect a greater interest on the part of women in the topic of the survey[21] or might merely be a manifestation of a greater willingness of women to respond to surveys, or a combination of both. That being said, there was also a fairly high response rate for men in this study, which might indicate a similar interest in the topic.

This study showed that income was generally lower for women than men, despite both sexes working the same number of hours. This might reflect extra time female physicians spend with each patient.[13,22,23] This study reiterates the finding that female physicians are not exempt from the traditional responsibilities of primary caregivers for their children.[10] Comments indicated that female physicians carried the main responsibility for the day-to-day functioning of the family, while male physicians relied on their female partners to take on the main family responsibilities. Although men are spending more time with their families, society often expects the man's career to overshadow the needs of the family.[12]

Fewer women had positive role models than anticipated. This is important, as role models can give advice and guidance as to how they successfully balance career and family and handle the occasionally conflicting roles of doctor and mother.[12] These relationships can also be critical to the woman's self-esteem.[24] This study showed that very few physicians of either sex had positive physician role models with respect to parenting.

A common theme for women was guilt about their performances as both mothers and doctors. This guilt continues through all stages of their careers. For male physicians, regret about lack of time with family was a more common theme and many reported depending on their spouses to provide stability for the family. Even though female physicians make up an increasing percentage of the physician work force, they continue to be responsible for most child care and domestic activities; they are torn between their work and families and often feel inadequate in both roles. Male physicians rely on their female partners for the organization and management of family responsibilities, but have regrets about the lack of time spent with the family.

Despite these concerns, studies have shown that physicians with children report more job satisfaction than those without children, and physicians with the largest families report the greatest job satisfaction.[5,25] The challenge is to find an acceptable balance between being a physician and being a parent. Strategies can be employed in the workplace and at home to achieve this balance. When evaluating a potential job position, physicians should consider issues that can affect family life, as well as the parental leave policy and the potential for part-time work and job sharing. If possible, geographic proximity to supportive family members and to the workplace can be helpful, and is especially advantageous if a woman physician is breastfeeding.

There needs to be greater equality in the commitment to domestic and child care responsibilities by parents if they both work outside the home. Help can be employed to do household tasks, which take valuable time from work and family. Extra early morning and evening work commitments should remain an exception, not a rule. Family-friendly work environments are essential. An on-site or off-site regular day care provider, providing care for evenings, weekends, and on-call shifts, is needed, as are summer day camp, school holiday care, and sick-child resources.

This study showed that almost two-thirds of female physicians taking maternity leave had no leave benefits. The provision of parental leave benefits for both men and women should be a priority for provincial associations when negotiating remuneration.

Men and women physicians who have children need to act as role models and mentors for younger men and

women who are just entering the profession as medical students and residents. Practising physicians could be invited to present their parenting experiences at various times during medical training.

It is important that both male and female physicians incorporate self-care strategies into their lives. Physician well-being should be a priority for both sexes in order to maintain a healthy balance in their personal and professional lives.

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Contributors

Drs Parsons, Duke, and **Snow** and **Ms Edwards** contributed to concept and design of the study; data gathering, analysis, and interpretation; and preparing and approving the manuscript for submission and publication.

Competing interests

None declared

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