

Shorter workweeks for physician moms pose leadership quandary

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When the bride and groom are both physicians, newly published data indicate, the woman in the couple is likelier to swap time with patients at the bedside for bedtime with baby. That pattern can contribute to gender disparities in medical leadership and may drive closer scrutiny of family leave and similar policies.

A recent *JAMA Internal Medicine* study found that in dual-physician couples without children, men worked 57 hours while women worked 52.4 hours. But the disparities in hours worked really grow when children enter the picture. For couples with children between 1 and 2 years old, men worked 55.3 hours, 1.7 hours less than male physicians without kids. But female physicians with children worked 10.9 hours less (41.5 hours) than childless women.

The researchers added that women in certain specialties might also be more likely to both work fewer hours and have children, which was not adjusted for in the study. Using the American Community Survey—a nationally representative, U.S. Census Bureau-administered survey of about 3 million households conducted annually—researchers estimated weekly hours worked for married, dual-physician couples from January 2000 to December 2015.

The physician researchers, from Harvard University and the University of California, Los Angeles, examined couples with self-reported occupations of either physician or surgeon (specialties were not available), and they sampled nearly 10,000 dual-physician couples. For men, the average age was 39 years old; for women, it was 38.

“Among women, hours worked remained statistically lower compared to women without children as age of youngest child increased,” the researchers noted.

These disparities in hours worked often translate into differing career trajectories, said Ami Shah, MD, a radiologist who serves on the AMA Women Physicians Section (WPS) Governing Council and is director of mammography and women's imaging at a hospital in New York City.

Dr. Shah, who was not involved in the study, worked part-time and was half of a dual-physician married couple while her son was young. That part-time stint in her career, she believes, contributed to the 17 years it took her to reach the director level. Meanwhile, Dr. Shah noted, a female colleague of hers delayed having a child until after she reached the director level and because of that was able to serve in that leadership capacity for a much longer stretch of her career.

It would be ideal, she said, if both parents in a dual-physician couple could take parental leave together so that neither's career would be delayed more than the other.

But, she told *AMA Wire*®, “parental leave for fathers is a new concept and not accepted.” That social stigma can play a role in the working-hour gender disparity among dual-physician couples.

“After spending so much time in training, women are expected to toss that to the side to engage more in this amazing experience of raising a child,” Dr. Shah said. “In reality, if mothers and fathers were both allowed to contribute time and effort to raising a child, the woman's career, lifetime income, ability to break glass ceilings—and everything else we are striving to achieve—wouldn't be as hard.”

That is “one piece of the puzzle,” she said.

The AMA has endeavored to mitigate gender bias and create more family-friendly work environments for physicians and other health professionals, adopting policies on parental, family and medical necessity leave in 1988 and 2014. The Association also has long-standing policy “opposing sex discrimination in the medical profession” and supporting flexibly scheduled residencies.

Positioning for leadership

The question of how women can position themselves as physician leaders is the central theme of an upcoming webinar presented by Vineet Arora, MD, a board-certified internist, academic hospitalist, assistant dean of scholarship and discovery, and director of GME Clinical Learning Environment and Innovation at the University of Chicago.

During the webinar on Sept. 12, noon–1 p.m. CDT, Dr. Arora will describe common barriers faced by women physicians in obtaining leadership roles in academic medicine and medical practice and identify strategies that women in medicine can use to advance as leaders. 1.0 *AMA PRA Category 1 Credit*™ is available. Register.

Each September, the AMA Women Physicians Section (WPS) honors physicians who have offered their time, wisdom and support to advance women in medicine. Women in Medicine Month serves as a platform to showcase the accomplishments of women physicians and highlights advocacy needs related to professional concerns of women physicians and health issues impacting women patients.

The AMA-WPS will mark Women in Medicine Day on Sept. 7. Find out more.

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