

Physician moms: More housework, higher career dissatisfaction

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More even division of household chores between physician mothers and their spouses or partners—or even outsourcing housecleaning and other tasks—may go a long way in supporting women in medicine, a new study suggests.

Among physician mothers in procedural specialties who report being primarily responsible for five or more domestic tasks—think child-care plans, cooking, grocery shopping, vacation planning, laundry and more—55% say they have a desire to change careers.

That number drops to about 42% when these physicians report being primarily responsible for fewer than five domestic tasks, according to the original investigation published in *JAMA Surgery*. Procedural specialties included women in surgical specialties and subspecialties, anesthesiology, gastroenterology, and obstetrics and gynecology.

The AMA Women Physicians Section supports women in medicine by monitoring trends like these to identify and address emerging professional issues impacting women in medicine and expanding AMA advocacy on women's health and women in medicine policy issues.

Overall, mothers in procedural and nonprocedural specialties report having sole responsibility for most household chores. The study looks at responses from 1,712 attending physician mothers in 2018. Nearly all were partnered or married—99.2%.

The number of tasks physician mothers in nonprocedural specialties were primarily responsible for didn't impact their desire to change careers. Whether they were expected to handle more than five domestic chores or fewer than five, about 32% of these physician moms had a desire to change careers, the study shows. In comparison, physician mothers in procedural specialties who were responsible for more than five tasks were more likely to express a desire to change careers—55%.

“The reasons for this difference are unclear,” the study’s authors wrote. “However, physician mothers who choose what they believe to be a more lifestyle-compatible specialty may be more satisfied when their expectations of their time commitment to parenting and work-life balance is met.”

Call for more child care, flexibility

The study authors noted that their findings help identify key areas where interventions can make a difference for physician mothers. These include:

- Extending child care services during and beyond working hours.
- Increasing flexibility in scheduling for male and female physicians.
- Emphasizing parental leave rather than maternity leave.
- Allowing fathers to have same scheduling flexibility as mothers to equally participate in domestic responsibilities.
- Outsourcing domestic tasks, particularly in dual-physician households.

“Above all,” investigators wrote, “a cultural shift is needed in and out of the workplace to view parenting and domestic tasks as shared responsibilities, particularly for dual-career couples.”

When catsup sandwiches are good enough

In an invited commentary accompanying the study, Julie Ann Freischlag, MD, a vascular surgeon and Wake Forest University School of Medicine dean, explained how she managed a demanding career and domestic responsibilities.

She shared three stories to identify what physician mothers need to focus on: Hiring help for things you don’t want to do; being flexible and doing things your own way, without comparing yourself to others; and listening for feedback from your family and workplace and adjusting.

For example, as a surgical resident before she had kids, Dr. Freischlag hired a housekeeper to clean every other week. When she became chair of surgery at Johns Hopkins, her husband became a stay-at-home father, taking over grocery shopping, cooking and running the household.

And when her son came to some of the many events she was required to attend as the surgery chair, Dr. Freischlag made a deal with him: if there was no kid-friendly food, they would find two pieces of bread and catsup to make a sandwich.

“Years later,” she wrote, “when he was a leader in his fraternity, he called to tell me that his fraternity brothers needed to learn how to compromise and make catsup sandwiches.”

One evening when her then 6-year-old son told her he was “not getting enough care,” she asked what he meant and he told her everyone else’s mom brought snacks in and she had not. “Well, I brought a snack the very next day—easy fix,” Dr. Freischlag wrote.

Dr. Freischlag advised that “flexibility in your work life and home life is the key.”