Child care stress multiplied pandemic’s toll for women in medicine

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While child care support in the U.S. was a problem before the pandemic, COVID-19 exacerbated the problem with closures of in-person schooling and reduced access to day care centers. On top of child care issues, though, the pandemic also worsened mental health concerns, especially for women in medicine, according to a study published in *JAMA Network Open*.

Researchers found that physicians who were experiencing child care stress had 111% greater odds of reporting anxiety and depression due to COVID-19 compared to those with a low amount of such stress.

The study, “Childcare Stress, Burnout and Intent to Reduce Hours or Leave the Job During the COVID-19 Pandemic Among U.S. Health Care Workers,” was co-written by Lindsey Carlasare, a research and policy manager at the AMA, Christine A. Sinsky, MD, vice president of professional satisfaction at the AMA, and Nancy Nankivil, director of practice transformation at the AMA.

Between April and December 2020, 58,408 physicians and other health care workers from 208 organizations were surveyed using the AMA Coping with COVID Survey. The survey found that female health care workers had higher odds of experiencing anxiety or depression due to the impact of COVID-19 as well as higher rates of child care stress.

“Overall, 21% of all health care workers were experiencing child care stress. That’s really important about that is we weren’t able to actually take out health care workers that didn’t have children. That means out of all health care workers—including those who don’t have children—almost a quarter are experiencing high child care stress,” Elizabeth Harry, MD, lead author of the study and senior medical director of well-being at University of Colorado Health in Denver, said during a JN Learning™ podcast.

“Then we found that there were groups that experienced greater child care stress than others,” said Dr. Harry, noting that 25% of those in historically marginalized racial and ethnic groups had high child care stress as opposed to 18% of those who self-identified as white.
“And then women had a 21% rate of child care stress versus men, which was 17.9%,” she added, noting that from there they looked at the relationship between child care stress and depression, anxiety, burnout, intent to reduce hours and intent to leave.

Here is what they discovered about the impact of child care stress on depression, anxiety, burnout, intent to reduce hours and likelihood to leave.

**Anxiety, depression are concerns**

Child care stress’ impact on anxiety and depression due to the pandemic among health care workers paints a more striking picture. All health care workers who experienced child care stress “had 115% greater odds of self-reporting depression and anxiety” due to COVID-19, said Dr. Harry.

Among male health care workers with low child care stress, 23% reported anxiety or depression compared to 43% of men with high child care stress—an 86% increase. For female health care workers, 33% with low compared to 50% with high child care stress reported anxiety or depression symptoms—a 51% increase.

The AMA provides strategies and resources for physicians to manage their mental health while also caring for patients during the pandemic or any other crisis.

**Women had greater odds of burnout**

All health care workers who experienced child care stress had 80% greater odds of burnout than those with low or none. After controlling for years in practice, specialty and role, the study found that women had about 50% greater odds of reporting burnout than men.

For female health care workers, 49% with low child care stress had burnout compared to 63% of those who reported high child care stress. These numbers were similar in the physician-only group.

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

Far too many American physicians experience burnout. That’s why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.
Likelier to reduce clinical hours

Health care workers who experienced child care stress had a 91% greater chance of reducing their clinical hours compared to those experiencing low or no child care stress. Meanwhile, women had significantly greater odds of reporting intent to reduce their clinical hours than their male colleagues.

When looking at physicians, there was no significant difference detected by gender for intent to reduce hours. But, overall, physicians who experienced child care stress had 92% greater odds of reducing hours than those with low rates.

“For women, if they had higher child care stress, they were statistically more likely than men to report the intent to reduce hours and that’s a disservice for our patients,” said Dr. Harry. “We know that women physicians have great outcomes. We want them in the workforce.”

Discover five things organizations can do to advance women in medicine.

Increased intent to leave

While women had similar odds of intent to leave as men, the study found that all health care workers who experienced child care stress had 28% greater odds of intent to leave. This was compared with health care workers who had low to no child care stress during the pandemic. Looking at physicians only, similar findings were noted.

“It's worth noting that we know from various studies that the follow through on that intent to leave is anywhere from a quarter to a third of those folks who say they’re going to leave follow through on that,” said Dr. Harry. “That's really important given what we’re seeing with this sort of great resignation.”

Change is needed

To help, the authors of the study proposed an intentional approach in health care to assess and address child care concerns.

“Workplaces that can accommodate change on short notice, provide on-site care for ill children or on-site schools, and are aware of worker concerns about their children will be better positioned to show workers they are a caring environment, one that, we hope, workers would be more likely to remain
with rather than leaving for shift work in other settings, a scenario that is currently occurring in large numbers,” the study says.

The AMA recognizes that gender inequity in medicine is a complex issue that requires a multilayered approach. Promoting gender equity in medicine requires an acknowledgement of the underlying causes of gender-based disparities, creation of policies and resources that will promote gender equity and collaboration to improve the environment for women and the profession overall.

Additionally, the AMA has policy to work with interested stakeholders to investigate solutions for innovative child care policies as well as flexible working environments for all health professionals, particularly medical students and physician trainees.