Subject: Studying Healthcare Institutions that Provide Child Care Services

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INTRODUCTION

At the 2017 Annual Meeting, Policy D-215.987, “Studying Healthcare Institutions that Provide Child Care Services,” was adopted by the House of Delegates. This policy directs the American Medical Association (AMA) to work with relevant entities to study healthcare institutions to determine whether they provide childcare services and report on those findings at the 2018 Annual Meeting. This report, which is presented for the information of the House, provides background on child care services in health care and the implications of access to child care for physicians, as well as results of a study conducted by the AMA and other relevant research.

BACKGROUND

Physicians and residents often work irregular, long and overnight hours. Those with young children, specifically pre-school age and younger, face significant challenges in ensuring their children are cared for during work hours. This is especially true for dual-physician couples, physicians with spouses or partners that work full time, and single parent physicians. According to a 2017 AMA study of women physicians, 56 percent of respondents indicated onsite child care is either somewhat or strongly important in helping them balance work and family responsibilities. Some challenges physicians encounter in trying to secure care for their children include accessibility, affordability, and flexibility in hours. Many child care centers are full to capacity and have wait lists that keep parents waiting for months or even years before their child can be accepted.

Parents often experience stress and anxiety in dealing with family responsibilities that may affect their work. Contending with the task of obtaining care for young children can increase stress, which contributes to higher rates of burnout. Burnout can lead to diminished concentration, medical errors or misdiagnoses, lack of empathy, and lower professional satisfaction. Implementing tactics to reduce personal and professional stress is associated with decreased rates of burnout and having access to child care services, either onsite or near their workplace, can help alleviate stress and anxiety for parents. Research also demonstrates that employees report improved productivity while using quality child care. Despite the correlations between parental stress and burnout and between access to child care and improved productivity, access to onsite child care is limited for most employees.

AMA POLICY

AMA Policy H-215.985, “Child Care in Hospitals,” states that the AMA: (1) strongly encourages hospitals to establish and support child care facilities; (2) encourages that priority be given to children of those in training and that services be structured to take their needs into consideration; (3) supports informing the AHA, hospital medical staffs, and residency program directors of these
policies; and (4) supports studying the elements of quality child care and availability of child care on a 24-hour basis.

AM Policy H-525.998, “Women in Organized Medicine,” states that the “AMA (3) (a) supports the concept of proper child care for families of working parents; (b) reaffirms its position on child care facilities in or near medical centers and hospitals; (c) encourages business and industry to establish employee child care centers on or near their premises when possible; and (d) encourages local medical societies to survey physicians to determine the interest in clearinghouse activities and in child care services during medical society meetings.”

DISCUSSION

Although there is evidence to show that reducing burnout and stress can lead to higher rates of job satisfaction and productivity, there is limited research showing a direct relationship between access to employer-sponsored child care services and employee productivity or job satisfaction, and what research is available is not consistent. An evaluation of existing research, published in Personnel Psychology, concluded there is not a credible evidence base to support the claims that employer-sponsored child care increases productivity and job satisfaction, or that it reduces absenteeism. However, another more recent review demonstrates that offering onsite child care improves employee recruitment and productivity, and reduces turnover and absenteeism. Notwithstanding evidence for or against its perceived or actual benefits, access to employer-sponsored child care is an important consideration for physicians when making major decisions about their practices and their families.

Only seven percent of employers in the U.S. report offering onsite child care as a benefit to their employees. Employers are most likely to provide Dependent Care Assistance Plans (56 percent) which help employees pay for child care with pre-tax dollars, or Child Care Resource and Referral (41 percent), which is simply access to information about child care in the area. These options are easier to implement and less costly than offering child care at or near the worksite. Employers that provide onsite child care are eligible for a federal tax credit and a state tax credit in many states. The tax credit is not applicable for funds provided to employees to assist with the cost of outside child care.

In the health care industry, access to employer-provided child care assistance is more prevalent than in other industries. According to the Bureau of Labor Statistics, 17 percent of civilian workers in the health care/social assistance sector have access to an employer-sponsored child care benefit. Thirty-seven percent of civilian workers in hospitals have access to a workplace program that provides for either the full or partial cost of child care in a nursery, day care center, or a baby sitter in facilities either on or off the employer's premises. According to the AMA women physician study, one in ten physicians indicated their employer offers onsite child care services, and of those, 19 percent have access to a subsidy, allowance, or discount to help cover the cost of the onsite care. The majority of respondents (57 percent) who report that their employer offers onsite care work in large practices with 26 or more physicians.

Residency and fellowship programs may also provide access to onsite or subsidized child care services. According to the AMA Residency & Fellowship Database (FREIDA), which comprises information about more than 10,000 ACGME-accredited programs, 35 percent of the programs provide access to some type of child care service assistance, 3,344 offer onsite child care, 771 offer subsidies to assist with cost, and 528 offer both onsite care and subsidies. Users of the FREIDA database can find details about residency programs nationwide, including whether or not they offer...
onsite child care or subsidies to assist with the cost of offsite child care. FREIDA is free for anyone to access and has enhanced features for AMA members.

The AMA sought collaboration from relevant stakeholders to conduct a census and capture specific data on employer-provided child care resources and assistance in the health care industry. However, since none of the organizations contacted expressed interest in pursuing the research topic, the AMA Professional Satisfaction and Practice Sustainability and Market Research groups developed and deployed the survey in-house.

The brief two-minute survey was distributed in an email invitation to 264 chief operating officers and human resource decision-makers in health care organizations. Only seven of the individuals invited to participate in the survey responded. The very small response rate could be due to a few factors: (1) the AMA does not have an established relationship with the professionals that make employee benefit decisions, so these individuals may not feel compelled to respond to an inquiry from the AMA, implying that the AMA may not be the most appropriate organization to effectively acquire this information; (2) employee benefit information may be confidential or leadership may be otherwise hesitant to share the information even on an anonymous basis; and (3) the initial target population was small due to the AMA’s lack of email contact information for the designated audience, resulting in a relatively low response rate. Given the extremely small response rate it is difficult and not advisable to draw any significant conclusions from this research. Additional research is needed to understand the prevalence of employer-provided or -assisted child care; however, it is not clear that the AMA is the appropriate organization to pursue such research, given our limited access to the relevant health care human resource decision-makers and leaders who are knowledgeable about the subject.

CONCLUSION

Access to child care can help physicians and physicians in training alleviate stress and focus on their patients while at work. Reducing stress can help physicians’ combat burnout and increase satisfaction in practice. Given the information available, it is apparent only a small portion of employers, including health care organizations, offers onsite child care services. However, determining how many health care organizations offer these benefits is difficult. Some employers provide subsidies to help employees pay for child care, and others provide access to resources to help employees locate and arrange child care.

Physicians seeking employment or medical students applying for residency or fellowship may be interested in obtaining information about child care options provided by potential employers or programs. Physicians seeking employment should always ask prospective employers about child care during exploration of compensation and benefits packages. Additionally, the AMA’s FREIDA database provides this information for many of the residency and fellowship programs listed. A comprehensive list of health care organizations and employers that provides employment benefit information such as availability of employer-sponsored child care could not be identified. Creating and maintaining such a list would be challenging due to limited availability of the information, limited access to the individuals that could disclose the information, the scale of the effort that would be required to collect and maintain it, and the frequency at which the information could change over time.
REFERENCES