Motherhood and Medicine: the struggles, stories and successes of Physician-Mothers

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Background:
Female physicians have a long history of overcoming unique barriers in their quest to a profession. Gender discrimination, one such barrier, is manifested in pay gaps, glass ceilings, lack of mentors, and outright sexism in the workplace. These factors, gratefully, are receiving more attention in the form of research, publicity, and institutional adjustments. However, despite our best efforts, female physicians are still dropping out of medicine at significantly higher rates than men and reporting unique concerns regarding home-life/work-life conflict including maternity-based discrimination. Many women hear messages that they must be either all in at work or all in at home, but that you can’t be truly successful or happy in both roles. And since gender inequities work against women, there is underlying messaging that women should just stay home. Some of the struggles of being a female at work make it uncomfortable and hard to be there and eventually some women just give up. Lack of daycare is a huge barrier and one of the most frequently reported as a reason for women giving up careers. Better maternity and paternity leave could dramatically help with this, allowing parents to be with their children until closer to school-age.

Aim:
This project aims to uncover not just the disparities experienced by physician mothers, but also to bring to light many of the unique and exceptional skills that make physician-mothers essential to the field of medicine.

Questions:
• What unique challenges are physician-mothers experiencing from day-to-day?
• How do physician-mothers perceive their roles?
• What unique contributions do physician-mothers make to healthcare?
• How do physician-mothers establish work-life balance and what is their general satisfaction level both at home and at work?

Methods:
Using a humanities approach, this project analyzes both published literature as well as formal and informal interviews of physician-mothers—ultimately taking the form of a narrative. Narrative medicine is an increasingly popular research methodology that uses personal accounts to describe and to propose interpretations of experiences.

“[Narrative medicine] is a commitment to understanding patients’ lives, caring for the caregivers, and giving voice to the suffering.”
Rita Charon, MD, PhD
Columbia University College of Physicians and Surgeons

Findings:
Though women permeate all areas of the medical field (pediatrics to neurosurgery), they continue to face unique and inequitable barriers, especially when it comes to parental needs. Women physicians spend, on average, 8.5 hours more than married male physicians on parental responsibilities each week and are cutting work hours at significantly higher rates than men to reduce work-family conflict.

Medicine lags behind other disciplines in terms of accommodating women and especially mothers. Maternity (and paternity) leave times are far below the “ideal” 6-9 months acknowledged by the American Academy of Pediatrics.

Mothers have developed unique talents that make them incredible physicians, uniquely able to meet patient needs and fill important niches. They are full of empathy and compassion which contribute greatly to humanitarian health care. They use adept communication skills and possess incredible patience that has been well-honed via parenthood.

The personal journeys of physician mothers are permeated by inspiring stories that can encourage potential physician-mothers to pursue their own personal and professional aspirations.

The medical field needs to make significant changes in order to meet the needs of and retain physician-mothers.

References:

Future Directions:
This research is intended to be used to create a book. Additionally, as multiple different themes emerged during research and narration, this may become a series of prose, poems and short stories aimed to draw attention to the needs of physician mothers as well as to motivate and encourage women who may be questioning the compatibility of family and career.

Themes and questions for further exploration:
• What are medical schools doing to accommodate mothers and how can practices become standardized?
• How do patients perceive providers with children at home?
• How can hospitals better ensure sufficient accommodations for breastfeeding physicians with busy practices and important patient obligations?

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