

## Pediatricians Leading the Way: Integrating a Career and a Family/Personal Life Over the Life Cycle

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**I**NTEGRATION OF PERSONAL and professional aspects of one's life over the course of the life cycle is a growing issue for women and men in all professions.<sup>1-8</sup> This is especially so for individuals at the chronological ends of the career spectrum: those who are in training or early career, a time that overlaps with the childbearing and child-rearing years, and those who are reaching traditional retirement age, who might like to continue working but not at the same level of intensity. Individuals at both ends of the spectrum would benefit from flexible hours, reduced work schedules, and a wider diversity of career choices. Pediatricians, who specialize in the healthy physical and emotional development of children, should lead the medical profession in modeling child- and family-sensitive career paths.

In the past 2 generations, the face of pediatrics has changed dramatically. As of 2002, women comprised nearly 70% of pediatricians in training,<sup>9</sup> 49.7% of all pediatricians,<sup>10</sup> and 63% of pediatricians taking the American Board of Pediatrics certifying examination for the first time.<sup>11</sup> In addition, pediatricians constitute the highest percentage of part-time physicians of all specialties.<sup>12</sup> Of pediatricians working part-time, 87% are women.<sup>13</sup> However, with the exception of adolescent medicine, women pediatricians are underrepresented in subspecialty training, academic medicine, and research.<sup>11,14</sup> Women pediatricians' choice of career path seems to be driven predominantly by lifestyle issues and family considerations<sup>15,16</sup> but also may be influenced by underlying workplace expectations and structures that make it more or less difficult to combine a competitive career and family/personal life.<sup>4,5</sup> The future pediatric workforce will be strongly and adversely affected by a decline of pediatric subspecialists and physician-scientists unless those in leadership positions develop diverse and creative solutions to address this potential problem.<sup>7,17,18</sup>

In the first 2 decades after passage of the 1964 Civil Rights legislation banning gender discrimination, the major focus was on gender equity in the workplace. In many professions including medicine, gender equity has been largely achieved, at least as far as entry into the field is concerned, although the "glass ceiling" and subtle forms of external discrimination and internal sexism continue to affect career development for women.<sup>19</sup> Earlier assumptions that women could not combine medicine with marriage and family have been replaced by an expectation that both parents, even of young children, will continue to work and manage career and family simultaneously.<sup>20-22</sup> In contrast with Europe, however, the United States has not established a governmental infrastructure that is supportive of families and work-family balance.<sup>23</sup> Many workers, including medical professionals, are experiencing emotional stress and personal and workplace difficulties as they attempt to juggle marriage, children, a personal life, and a career.<sup>19</sup> The problem has been particularly acute for women, including 75% of women physicians,<sup>20</sup> who often work a "double shift" between work and home, averaging 20 hours

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per week more than men on childcare and household responsibilities.<sup>24</sup>

Medicine, a white-male-dominated profession in America since at least the middle of the nineteenth century,<sup>25</sup> is currently in a transitional period as growing numbers of women enter the profession. Women physicians are less likely to be adequately mentored and to hold leadership positions; they are more likely to experience gender-based discrimination and harassment than their male colleagues and to have their careers adversely affected by marriage and family.<sup>17,20</sup> Outdated assumptions continue to predominate among the medical leadership, who view medical careers as all-consuming of time and energy at the expense of family and personal life, that a high-achieving career in academia and in research must be linear and uninterrupted and that reduced schedules are reluctantly acceptable only for women with children and show a lack of career commitment if taken by men.

The majority of the literature on combining career and family approaches the subject as if it were only a women's issue. For women, the biological clock dictates childbearing during the years that are the traditional time frame for medical school, training, and establishing one's medical career. But men, too, increasingly regret not having sufficient time for family and a personal life.<sup>1</sup>

Reduced and/or more flexible training and work schedules during the parents' peak childbearing and child-rearing years without career penalties would not only set a standard for other professions and medical specialties but would enable pediatricians to enrich their experiential knowledge and optimize their contribution to the field. For those pediatricians in the traditional retirement years, it should be possible to continue to be actively involved as long as one's mind, interest, and health allow; their years of clinical experience should be viewed as a valuable resource to trainees, colleagues, and the field of pediatrics. New models of integrating career and family/personal life may result in careers peaking after children leave home, when experienced clinicians and researchers can focus their time, energy, and wisdom to the benefit of the profession. Men and women, parents and nonparents alike, would be enriched professionally and personally by more diverse, nonlinear, and creative careers in pediatrics that allow for other interests and priorities.

Integrating a career in pediatrics with a personal/family life over the life cycle can be approached on individual, institutional, and societal levels. On an individual basis, a number of major issues need to be considered.<sup>26,27</sup>

- Clarify your professional and personal/family goals in consultation with your significant others. Develop a personal and professional mission statement as a framework on which to make decisions, incorporating

your and your partner's priorities and revising it as career and personal commitments change. Be aware of the wide range of career choices within pediatrics that might be available to you at different times in the life cycle.

- Select and work with your partner to ensure a mutually supportive relationship and commitment to maintain and nurture your partnership as one of your priorities.
- Consider the advantages and disadvantages of having children at different ages and different career stages.
- Be aware of the specific needs of individual children and for different types of parenting at various stages of development.
- Don't expect to do everything perfectly. Learn to delegate. Establish time-management strategies.
- Invest in reliable, stable, high-quality childcare. Be aware of the range of childcare options in different communities and workplaces. Finding and retaining childcare near work and home will help you deal more easily with inevitable, yet unexpected, crises.
- Identify what you need in the work setting and advocate for yourself. Be creative and willing to compromise when necessary, while continuing to work toward your goals.
- Seek out senior colleagues to serve as mentors and role models in career development and personal/family life. Meet with supportive peers regularly and make use of the growing literature on combining career and family/personal life. Use guidance from the Web sites of the American Academy of Pediatrics ([www.aap.org](http://www.aap.org)) and other professional societies.
- Maintain a sense of humor and make time for pleasure and relaxation, exercise, and hobbies, even if it is just getting away for a week or a weekend several times a year.

On an institutional basis, become aware of the range of family-friendly policies and practices that better enable integration of career and family. "Achieving gender equity in terms of careers and families . . . requires a restructuring of the workplace."<sup>4</sup>

- Identify existing family-friendly resources within your institution or practice. Actively advocate for others, whether you are a junior pediatrician or one in a leadership capacity, by drawing on models that have been implemented successfully elsewhere.<sup>7</sup>
- Establish paid family medical leave for women and men of at least 12 weeks for a new child or care of an elderly parent.
- Create alternative, gender-neutral career tracks available to all, with reduced hours and workload, flex

time, job sharing for jobs at every level, and stopping or slowing down the tenure clock.

- Explore options for career breaks, such as an unpaid sabbatical with retraining opportunities to assist with reentry for those who take time out (whether for family or other personal reasons).
- Establish expectations and create incentives and training for effective mentoring and career guidance for junior faculty or practitioners as part of the responsibilities of department chairs, senior faculty, or senior pediatricians in a practice.
- Schedule administrative meetings and educational offerings at times that do not conflict with child care pick-ups and other family or significant personal responsibilities.
- Provide high-quality, on-site childcare and/or up-to-date information on childcare resources, including school-break childcare, summer camps, and emergency care for sick children. Similar resource material should be available for elder care issues, because increasingly those at the peak of their careers are part of a sandwich generation that has responsibilities for both childcare and eldercare.
- Identify individuals within the institution or practice to serve as ombudspersons or senior administrators who are assigned to support work-family/personal-life balance.
- Provide transparency about requirements for promotion and attaining leadership positions, uniformity in dealing with everyone in an equitable fashion, and assistance through active mentoring and other routes.

On a societal basis, there are a number of choices for action and advocacy.

- Inform yourself about organizations that advocate for universal health care, subsidized quality childcare, and other government-supported benefits that will more easily enable employers to allow for part-time, flexible, and diverse career paths.
- Network with colleagues to study and develop a variety of models for diverse ways of integrating career and a family and personal life at both ends of the age spectrum. Educate yourselves about continuing sexism and discrimination and the persistence of outdated models for work and personal/family life.
- Expect that change will be uneven, frustrating, and slow at times, but continue to press for change. Even in Sweden, where generous family leave and flexible and reduced schedules were available along with universal health insurance and other workplace benefits, it took a generation for men to use these family-friendly options.<sup>23</sup>

- Implementing change for ourselves and within our institutions can result in broader societal acceptance of effectively integrating career and a personal/family life.

As physicians dealing with children, adolescents, and families, pediatricians can provide models for their patients' parents who struggle with similar issues. Pediatricians have the opportunity to be at the forefront of the medical profession in changing attitudes and options that will enable women and men, parents and nonparents, to integrate professional and personal/family lives. To diversify and strengthen the future pediatric workforce, the concerns of pediatricians who wish to be parents need to be addressed so that they can engage in subspecialty training and careers as academic leaders and research scientists. The choices made by pediatric leadership now regarding integrating career and personal/family lives will determine the future of pediatrics.

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