

# Parenting Pressures Among Academic Pediatricians During the COVID-19 Pandemic

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Pediatricians advocate for parent wellbeing as a component of child health, and most pediatricians are parents themselves, the majority with partners who also work.<sup>1</sup> Yet academic departments of pediatrics inconsistently address workplace parent supports, which resulted in challenges for pediatrician parents even before the coronavirus disease 2019 (COVID-19) pandemic. During the COVID-19 pandemic, pediatrician parents are experiencing work-related and parenting-related challenges that have spurred escalating concerns about work-life integration, burnout, and remaining in the academic workforce. We offer an approach for academic departments of pediatrics to support their faculty's pandemic-related work-life integration, noting that such supports may benefit all faculty, parents and nonparents alike.

We use the term "parent" broadly to include those with dependent-care responsibilities (eg, those caring for children, adults with disabilities, or elders) and parents-to-be (ie, pregnant or family building). "Women" is intended to include all those identifying as such. Although we focus here on academic pediatricians, the pandemic parenting load affects nonphysician colleagues as well as pediatricians in nonacademic positions; this similarly warrants attention. Supports for parenting pediatricians should be implemented by using an inclusive, team-centered approach that acknowledges that some supports for parenting physicians (eg, flexible clinic schedules) will impact other members of the health care team.

## PREPANDEMIC PARENTING LOAD

Even before the pandemic, parenting pediatricians faced unique challenges to work-life integration compared with their nonparenting colleagues. Despite the preponderance of parents and women in academic pediatrics, many institutions do not yet provide robust family benefits that are increasingly available in other industries (eg, paid parental leave and back-up or on-site child care). Moreover, parenting load (ie, physical tasks and mental burden of child-rearing) is often higher among women; women pediatricians spend more hours on household and child care tasks than their male spouses or partners.<sup>2</sup> Up to one-third of physician mothers

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report perceived workplace maternal discrimination (defined as discrimination around childbearing and/or child-rearing, eg, pregnancy, maternity leave, breastfeeding practices), with burnout more prevalent among those who experience this discrimination<sup>3</sup> Women physicians with children are more likely to report family as the factor influencing their decision to work part-time or not at all.<sup>4</sup>

### PANDEMIC PARENTING LOAD

Parenting pediatricians are experiencing unique stressors related to pandemic work-life integration. Child care is an ongoing challenge, with child care centers periodically closed or operating below capacity. Previous caregivers may not be safe options because of conditions that put them at greater risk from possible hospital-related exposures. Physician parents have also faced stigma, being excluded from child care or social opportunities for perceived COVID-19 risk. Further burden may result from virtual schooling as parents increase involvement in children's education and balance social distancing with concerns about children's mental health and socioemotional development.

Beyond these general parenting challenges, parenting pediatricians must deal with unique work-related parenting stresses as well. During pandemic surges, some frontline physician parents minimize risk by separating from their families, further compounding the emotional and logistic COVID-19 parenting burden. As parenting pediatricians make decisions for their own families, they are asked to assist with community-level decisions about reopening schools, exposure protocols, and child and community mental health supports. In addition, parent responsibilities related to virtual schooling may necessitate decreasing time available for work, particularly

nonclinical academic tasks. Even pediatricians able to work at home may be challenged to maintain prepandemic productivity when children are also at home. Additional pandemic-related physician parent stressors include perceived disregard from colleagues and institutional leaders about parenting challenges, inflexible schedules, and guilt about burdening their parenting partner with child care.

An emerging body of work describes the negative impacts of pandemic-associated demands on physician parents' careers. Women in academics, particularly those with young children, have experienced greater declines in productivity during the pandemic than male colleagues.<sup>5,6</sup> This early evidence revealing gender disparities in academic productivity may herald long-term negative career impacts given that professional advancement is achieved through sustained effort over time. The disproportionate COVID-19 parenting load may also exacerbate prepandemic gendered workforce disparities in reducing hours or leaving the workforce because of work-family stressors<sup>5</sup> and stall or regress progress toward gender equity. In addition, the risk for lost workforce capacity and contributions to individual academic departments and our specialty as a whole is significant, given that pediatrics is a female-majority specialty.

### SUPPORTING PARENTING ACADEMIC PEDIATRICIANS

Although faculty parents have an individual role in addressing work-life integration (eg, selfcare practices, re-evaluation of priorities and goals, and reducing hours), institution and department support may mitigate the pandemic's negative impact on physician wellness and workforce capacity.<sup>7,8</sup> We suggest the following approach:

- Listen and validate: provide opportunities (eg, small groups, town halls, open-ended surveys, and one-on-one meetings) for pediatrician parents to share their burdens and the impact on wellbeing and work productivity. Explore desired supports, flexible work schedules, and work and family goals within a safe, confidential environment with assurance of nonpunitive responses. Department and division leaders should validate these stressors in person, especially when discussing clinical schedules or annual reviews, as well as in ongoing department communications related to surge planning. Acknowledgment of the parent-physician load can be a powerful tool to promote workplace satisfaction.
- Act: action can be tailored to accommodate individual needs balanced with the needs of the department. Given the variety of needs and roles in departments of pediatrics, permission for division leaders or other leaders to explore opportunities tailored to meet individual faculty needs may be helpful. Potentially beneficial supports include the following:
  1. Flexibility: opportunities for workplace flexibility may allow parents to better integrate work-home responsibilities. Flexibility options, when feasible and equitable to the work of the group as a whole, could include off-site work (nonclinical tasks and/or telemedicine), nontraditional work hours, or remote and/or asynchronous meeting and conference attendance. Further supports may include accepting camera-off meetings, ending calls at 50 minutes to facilitate child check-ins, and querying participants for best meeting times.
  2. Academic relief: recognize and discuss priorities and bandwidth

for individual faculty; some may hope to focus on academic work and others may seek to focus on clinical work, pausing other goals. Directly acknowledging the pandemic's toll on workplace productivity and shifting self and institutional expectations may lighten some of the mental pandemic load. For example, the American Board of Pediatrics acknowledged the work of COVID-19 learning with universally distributed maintenance of certification points.

3. Child care: human resources departments may consider mechanisms to identify child care needs and aid parents to identify and access back-up child care. Connection to student-staffed baby-sitting or tutoring services, local essential daycares, or vetted child care search engines may be helpful.
4. Behavioral health, wellbeing, and career development resources: these may include mental health and parenting support resources. Such resources may already be in place; we suggest periodic reminders and facilitating access as the pandemic continues. Professional resources (eg, physician coaching) may aid in identifying potential shifts in values and priorities during the pandemic and guide actions aligned with this, as well as reduce burnout.<sup>9</sup> Peer mentoring opportunities may enable sharing of challenges and coping strategies, providing current support and strengthening relationships that can be beneficial over the long-term. Institutions may also consider allowing faculty to use existing continuing

education funds for a broader array of professional and wellbeing resources.

- Communicate: leaders can regularly communicate ongoing and new supports as well as share and disseminate successes. Departments can also share how ongoing pandemic-associated financial losses and impact of actions on the health care team as a whole may limit supportive actions.

American Academy of Pediatrics guidance on school re-entry during the pandemic highlights the need to “be flexible and nimble” and “willing to refine approaches” over time. Academic departments of pediatrics may benefit from adopting such an approach to support pediatrician parents; applying such supports uniformly across the department can ensure benefits extend to nonparenting faculty. In addition, these supports may be an incremental step toward addressing existing gender inequities in academic pediatrics if they can be sustained after the pandemic. Extending these supports beyond the pandemic may enable individual physicians and pediatrics, as a specialty, to emerge stronger at the pandemic's conclusion.

#### ABBREVIATION

COVID-19: coronavirus disease 2019

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