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Parenting Pressures Among Academic Pediatricians During the COVID-19 Pandemic

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Dr. Randell conceptualized the manuscript, drafted the initial manuscript, and reviewed and revised the manuscript.

Drs. Patel and Talib conceptualized the manuscript and reviewed and revised the manuscript.

All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.
Pediatricians advocate for parent wellbeing as a component of child health and most pediatricians are parents themselves, the majority with partners who also work.¹ Yet academic departments of pediatrics inconsistently address workplace parent supports, resulting in challenges for pediatrician parents even before the 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 non-parents alike.

We use the term “parent” broadly to include those with dependent-care responsibilities (e.g., children, adults with disabilities, elder care) and parents-to-be (i.e., 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 non-physician colleagues as well as pediatricians in non-academic positions; this similarly warrants attention. Supports for parenting pediatricians should be implemented using an inclusive, team-centered approach that acknowledges that some supports for parenting physicians (e.g., flexible clinic schedules) will impact other members of the healthcare team.

Pre-pandemic Parenting Load

Even before the pandemic, parenting pediatricians faced unique challenges to work-life integration, compared to their non-parenting 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 (e.g., paid parental leave, back-up or on-site childcare). Moreover, parenting load (i.e. physical tasks and mental burden of child-rearing) is often higher among women; women pediatricians spend more hours on household and childcare tasks than their male spouses/partners. Up to one third of physician mothers report perceived workplace maternal discrimination (defined as discrimination around childbearing/-rearing, e.g., pregnancy, maternity leave, breastfeeding practices), with burnout more prevalent among those who experience it. Women physicians with children are more likely to report family as the factor influencing their decision to work part-time or not at all.

**Pandemic Parenting Load**

Parenting pediatricians are experiencing unique stressors related to pandemic work-life integration. Childcare is an ongoing challenge, with childcare centers periodically closed or operating below capacity. Previous caregivers may not be safe options due conditions that put them at greater risk from possible hospital-related exposures. Physician parents have also faced stigma, being excluded from childcare 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 unique work-related parenting stresses as well. During pandemic surges, some front-line physician parents
minimize risk by separating from their families, further compounding the emotional and logistical COVID-19 parenting burden. As parenting pediatricians make decisions for their own families, they are asked to assist with community-level decisions about re-opening schools, exposure protocols, and child and community mental health supports. Further, parent responsibilities related to virtual schooling may necessitate decreasing time available for work, particularly non-clinical academic tasks. Even pediatricians able to work at home may be challenged to maintain pre-pandemic 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 childcare.

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.5,6 This early evidence showing 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 pre-pandemic gendered workforce disparities in reducing hours or leaving the workforce due to work-family stressors5 and stall or regress progress toward gender equity. Further, the risk for lost workforce capacity and contributions to individual academic departments and our specialty as a whole is significant given pediatrics is a female-majority specialty.
Supporting Parenting Academic Pediatricians

Although faculty parents have an individual role in addressing work-life integration (e.g., self-care practices, re-evaluation of priorities/goals, reducing hours), institution and department support may mitigate the pandemic’s negative impact on physician wellness and workforce capacity. We suggest the following approach:

- **Listen and validate:** Provide opportunities (e.g., small groups, town-halls, open-ended surveys, one-on-one meetings) for pediatrician parents to share their burdens and the impact on wellbeing & work productivity. Explore desired supports, flexible work schedules, and work/family goals within a safe, confidential environment with assurance of non-punitive responses. Department and Division leaders should validate these stressors in-person, especially when discussing clinical schedules or annual reviews, as well as in on-going department communications related to surge planning. Acknowledgement 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 or other leaders to explore opportunities tailored to meet individual faculty needs may be helpful. Potentially beneficial supports include:
  1. **Flexibility:** Opportunities for workplace flexibility may allow parents to better integrate work-home responsibilities. Flexibility options, where feasible and equitable to the work of the group as a whole, could include offsite work (non-clinical tasks and/or telemedicine), non-traditional 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. Childcare: Human resources departments may consider mechanisms to identify childcare needs and aid parents to identify and access back-up childcare. Connection to student-staffed babysitting or tutoring services, local essential daycares, or vetted childcare 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 (e.g., 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. 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 healthcare 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 non-parenting faculty. Further, 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.
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