

PERSONAL VIEW

Evolving trends in balancing work and family for future academic physicians: a role for personal stories

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Abstract

Overlapping trends in medicine include, (1) an increasing number of women entering medicine, (2) a growing number of generation X physicians, (3) the implementation of duty hour regulations, and (4) a diversifying workforce which have all contributed to the need for mentoring learners and young faculty in the area of balancing work and family. In pace with the increasing complexity of their lives and practices, women trainees and young physicians are seeking creative solutions to the challenges of simultaneous work and parenting. As teachers and mentors in academic medicine, it is our calling to share our own personal stories about personal and professional balance to help attract, retain, and anchor the next generation of physicians and identify policies in need of change.

I was recently mentoring a very gifted medical student. Listening intently, I gathered my thoughts about this young woman who was seeking advice. She loved her third year internal medicine clerkship experience, had developed wonderful bedside skills, naturally knew how to listen to patients, had astute physical diagnostic skills, and was an effective teacher. She thrived in the highly capivating and enticing environment of a university hospital. Everyone said she was an ideal candidate for academics, yet she was troubled.

She worried about not having balance in her life if she entered academics. Her mother had recently become ill and suddenly her priorities were with her aging parents. She wanted a marriage, children and quality family time. She wanted to foster her passion for music. As I contemplated her dilemma, I realized, here lies the future of academic medicine. How do you balance it all? she asked? During my medical school and residency training, there was little discussion or direct mentoring on the topic. I viewed those who had children as somehow mysteriously becoming enlightened about personal and professional balance. I'd somehow figure it out when it happened to me.

Looking back, I thrived for four years as a full time hospitalist and clinician educator until the birth of my first child in 2001. While I lamented about not spending enough time with my daughter, I returned to my full time position. One year later I gave birth to twins so in two years I was the mother of two infants and a toddler. While fatiguing and at times incredibly trying, being a mother was like no other life experience. Wanting to be a 'hands on' and present parent, I decelerated my career working half of a full time position via

the Society of General Internal Medicine Honn Scholars Award (Society of General Internal Medicine 2007) and was given the opportunity to reflect on 'balance'. As my career slowed down, I contemplated what it meant to be a dedicated academician and mother. Three years after transitioning to a part-time academic hospitalist position, becoming the 4th year Clerkship Director, and spending more time with my family, I realize that I may never 'achieve balance' and I will continuously juggle work and home life, but I am more fulfilled. Part-time work provides me space to reflect upon what I value most in my work and home life and provides some flexibility in how and where I spend my time.

This student before me is asking about 'balance'. Reflecting on this, I have learned that it is as diverse and variable as people's lives. At times I question the emphasis on the term. It evokes an image of an instrument for weighing that has a beam supporting two pans of equal weight suspended from it's ends. Those who try to achieve it may oscillate back and forth, constantly seeking a physical equilibrium, a mental and emotional steadiness. Playgrounds, stethoscopes, yoga, dictations - back and forth between two or more potentially chaotic worlds. While the daily practice of balance is certainly a valuable aspiration, fulfillment may be, for some physicians, a more encompassing and guiding state to strive for as we seek satisfaction in our personal and professional lives. However, this requires self-reflection, prioritization of choices, recognition of sacrifices and inner peace about how we spend our time.

Whether planning one's own career or advising peers or learners, we must share and learn from life experiences. There are no guidebooks or road maps for today's physicians

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when it comes to balancing personal and professional life. A recent thought-provoking piece written by a seasoned clinician, writer, and mother expressed feeling 'irritation and embarrassment' regarding the family and career podium (Klass 2005). While I understood her conflicting feelings about what to say when advising medical students and residents regarding the best time to have a baby, knowing that there really is never a 'right time', I was struck by a compelling question. Why are these discussions of physicians' domestic and professional arrangements so helpful to her young audiences?

This may reflect four overlapping trends in medicine today. The first is the dramatic rise in the number of women entering the medical profession. Today more than 50% of graduates from US medical schools are women (Magrane et al. 2004). As the challenge of balancing work and family may still be 'regarded as a women's issue', it follows that many women are seeking mentoring and role models. In spite of the rise in women entering academic medicine, there are still few women in senior faculty positions to serve in this capacity (Nonnemaker 2000).

The second trend is cultural as the workforce moves from Baby Boomers to Generation X (Bickel & Brown 2005). These physicians and trainees view work as a part of their life, not as their life. This is in contrast to the current generation of physicians who dedicated their lives to medicine. Importantly, the Generation X physicians are no less dedicated to patient care when they are working, but they want to leave work behind to attend to other parts of life. This generation of physicians is intent on knowing how to configure jobs that will allow them a life outside of medicine.

The third trend is relatively new. Since 2003, duty hour regulations have put a limit on the number of hours that residents can work. Although motivation behind these regulations is to enhance patient safety, many hope that it will create more balanced lives for residents and their families (Schroeder 2004). Residents and young physicians are looking for advice on how to manage their time once they leave residency training. A recent study supports the strong relationship between personal life events in medical students' lives and professional burnout, reminding advisors and mentors that personal issues along with career counseling should be addressed (Dyrbye et al 2006). and medical students don't yet have duty hour regulations to protect time for their personal lives.

Fourth, the physician work force is diversifying on many fronts. For example, part-time physicians, two career and single family households, families with children or other dependent needs (Carr 2003) and the number of men desiring a meaningful role in childrearing are all increasing. A recent New York Times article highlighted the evolution of the 'daughter track' as an increasing number of professionals, more often women, retire early to care for their aging parents (Gross 2005). Medical students in their 30s may well be overwhelmed by the notion that they will be raising families in their 40s and caring for their aging parents in their 50s-all while managing their medical careers.

While facilitating a Women and Medicine workshop discussing personal and professional balance, we were

unable to break up the small group discussions to end the session. And, at an American College of Physicians' workshop on Women and Leadership in Medicine, the discussion focused largely on family balance almost to the exclusion of leadership. It was clear the participants in these workshops wanted to learn about other physicians' personal journeys in balancing work and family. Just as increased professional and research mentoring is necessary for faculty (De Angelis 2000) mentoring for personal balance is also essential (Feldmen et al 2006). As academic medical centers struggle to support their faculty's efforts to combine doctoring and parenting, (Laine 1998) personal stories shared between individuals in academic medical centers provide invaluable perspectives, particularly for less experienced physicians.

In pace with the increasing complexity of their lives and practices, women (and men) physicians are seeking creative solutions to the challenges of simultaneous work and parenting (Fritz 1991). However, when asked their concerns regarding balancing family responsibilities, (in addition to clinical practice, teaching, and research), women medical students and junior faculty reported a paucity of mentor relationships and role models (Osborn 1992). These eager audiences are probably not looking for formulas or answers, but they desire to learn from perspectives, reflections, and grounding messages such as 'having a baby isn't something you do for the sake of logic' (Klass 2002). Our culture is changing, and it is the stories told by people in more senior positions that help shape the emerging new culture. These talks and workshops help us learn that there is no 'secret way' and that mistakes and regrets are expected and serve as learning opportunities.

The future of academic medicine depends upon our ability to convince this generation that balancing faculty careers with families or other important activities are both doable and joyful! Reflecting on what is most important and fulfilling in our own personal and professional lives and why we made the decisions we did along the way is a critical first step to helping future generations navigate through their own complex priorities. We need to pass on what we have learned from our personal and professional decisions to future generation of doctors, so they may benefit from our experience, for better or worse. Personal stories may validate and anchor the next generation of physicians and identify policies in need of change.

The resident before me waits for my response. 'How do you balance it all' she asked? 'Well, I have some trouble with that word, balance' I begin. 'Let's say it's more about figuring out what's really important and fulfilling to you, right now and living intentionally, as best you can'.

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Notes on contributor

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