An academic physician! Finally!

Ever since I was a medical student, I wanted to be an academic physician. I had my heart set on being a teacher! As my dad said, “You are training the next generation of physicians.” I took his words to heart, even delaying my own personal life to achieve my academic goals.

My first job was a dream come true. I worked very closely with residents as well as medical students on the consult service and became involved in teaching formal lectures. I loved interacting with my residents on a day-to-day basis. Over the next 15 years, I grew as an academic physician. I became the Chief of the C&L service and then the Associate Training Director of the residency program. My dreams were becoming real!

I was so fortunate to have wonderful mentors all along this journey. They guided and fostered me. Their influence was so important in shaping my career. As my professional life flourished, I also began to grow in my personal life. I married, we had two sons, and we moved into a new home. Things were going well. Compared to male physicians, it is common for women physicians to spend more time on family and social activities, caring for children at home, helping with children’s education, planning meals, and caring for extended family members [1]. As women in the medical field, our expectations of ourselves are often different than those of men. Not only are we fulfilling our professional duties, but we must also care for our families. The fine balancing act between these two parts of our lives is extremely challenging in the best of times. Nonetheless, I felt I was doing a good job of meeting family responsibilities as well as my career goals.

Then the pandemic hit. Every physician was stressed, was overworked, and had to make multiple changes to their schedules. It had a major impact on our personal and professional lives. During the COVID-19 pandemic, there has been an increase in household responsibilities and childcare needs. With the schools closing and children being at home for online/virtual schooling, the burden for parents has been intense [2].

Many physicians are unable to do their jobs remotely and must be present physically to provide patient care. With school closures, mothers often bear the burden of childcare responsibilities. This heightens the conflict felt by physician mothers.

The emotional impact of the pandemic on children has also been tremendous. This has forced women physicians to not only play the role of a mother, teacher, spouse, and chef all in one, but also to act as a therapist in chief. As if this were not enough, women physicians must consider the risks of bringing COVID exposure to their families. Some married physicians had to rely more on their spouses for childcare, and this in turn led to conflict and stress on the relationships.

I struggled to find this balance too. I knew that I had to be at work, caring for my patients, teaching my residents, and being a role model for them in dealing with tough situations at work, but as I saw my children struggle with virtual school, social isolation, and anxiety, I began to question how I was fulfilling my role. I was taking care of patients at work but what about my own children?

Under ordinary conditions, women physicians working full time often spend an additional 8 h a week on childcare and domestic duties [3]. With the advent of the pandemic, there are added responsibilities, leaving women physicians with fewer opportunities for self-care, contributing to burnout [2].

This has caused some female physicians to consider leaving academia to find positions offering more flexible schedules and childcare supports [4]. The decision to give up professional goals and aspirations is not easy to make. It is devastating and heartbreaking to have to feel forced to make a choice between family and professional growth.

I worry about the long-term effects this can have on the future. Are we at risk of losing a whole generation of female physician leaders? How will it affect the career paths of our female trainees to watch their mentors having to make this difficult decision?
Personally, I felt obligated to make this difficult decision to move away from academia, switch to a more flexible job, and give up on my personal dreams. I was surprised to see how my female residents responded to my decision. They said things like, “we always looked up to you as a woman who does it all and still does it well.” What did my leaving mean to them? Were they disappointed that the physician who was their role model had given up on her dreams?

As people become intensely aware of the loss of women physician leaders and realize the impact it has made not only on the future of medicine but also on society, I hope that employers, government, and healthcare systems will take steps to make it possible for female and male physicians to reach their professional and family goals. We need childcare located near work. We need flexible hours. We need to find ways to support the development of women who need to step away temporarily from academics.

Let’s not lose the talents of highly trained academic physicians!

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