Striving for balance: A review of female dermatologists’ perspective on managing a dual-career household,

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ARTICLE INFO

Article history:
Received 19 June 2019
Received in revised form 18 August 2019
Accepted 19 August 2019

Keywords:
Dual-career household
Working moms
Division of labor

ABSTRACT

As the gender gap in medicine continues to close, female dermatologists are striving to balance the competing demands of career ambitions and family responsibilities. Despite gaining a new sense of autonomy and personal fulfillment, working women report feelings of guilt, frustration, and exhaustion as they struggle to be a good doctor, partner, mother, family member, and friend. The presence of children in the household and the asymmetrical division of labor have been reported as main stressors for women in dual-career families. Finding time for self-care and maintaining a robust support system are effective strategies to mitigate these challenges.

In this study, we performed a literature review to evaluate the internal and external pressures among working women in dual-career families. In addition, we provide the personal commentary of Sara Samimi and Karolyn A. Wanat, two female dermatologists living in dual-career families, to gain further insight into the difficulties of balancing personal and professional responsibilities.

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Introduction

In 1969, Rapaport and Rapaport introduced the term “dual-career families” to describe married women joining their spouses in the workforce (Rapaport and Rapaport, 1969). Specifically, in the field of medicine, the number of women pursuing careers has steadily increased. Today, 48.8% of medical school graduates are women, compared with 6.9% in 1965 (Sadeghpour et al., 2012). As the gender gap in medicine continues to close, more women are gaining autonomy, financial independence, and a new sense of personal fulfillment. Yet, despite the rise and increasing societal acceptance of dual-career families, working women continue to feel guilt, tension, and anxiety as they strive to balance the competing demands of career ambitions with homecare responsibilities (Skinner, 1980).

In this study, we reviewed literature that assesses three common, yet difficult, themes faced by working women in dual-career families: feelings of guilt, the division of labor, and sacrificing career for family. We also provide personal commentary

https://doi.org/10.1016/j.jiwld.2019.08.008
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from Sara Samimi and Karolyn A. Wanat, two female dermatologists living in dual-career families, to gain further insight into the difficulties of balancing personal and professional responsibilities. The interviews were conducted in June 2019.

Theme #1: The feeling of guilt

The presence of children in the household has been reported as a main stressor for dual-career families. Working women express feeling guilty for not being full-time caretakers of their children (Epstein, 1971). According to Skinner (1980), this guilt stems from working mothers’ inability to uphold the work-family structure that has been ingrained in society.

In a study of 183 members of the Women’s Dermatologic Society, 40% of female dermatologists responded “yes” to the question “Did you feel you missed out on your child(ren)’s milestones” (Mattessich et al., 2017). In a separate study of 123 licensed female physicians, logistical issues surrounding childcare were cited as a primary career-related stressor. Common examples included finding suitable daycare options, driving to extracurricular activities, and coordinating care during unexpected child illnesses or school closures (Parsons et al., 2009).

Question: Are there times when you feel guilty about being a working mom?

Response from Drs. Samimi and Wanat: Some days more than others, resulting from both intrinsic and extrinsic contributors. Intrinsically, the guilt sets in when there is a feeling that we are not wearing our multiple hats well. We never want to feel like we are not doing our best at anything we do, and at times, one hat that we wear gets more attention than another. A work responsibility may take us away from home, causing us to miss bedtime or special events. It becomes a push and pull between quantity and quality. Often times, it feels that there is not enough time in a day to meet demands in both professional and personal life. It is also difficult when it feels like we are outsourcing the parenting of our children. We rely on caregivers and family members with the hope that they will help us support and mold our children as we would. Extrinsically, the guilt is exacerbated when our children verbalize their discontent with us not being home or being available to them. Some cutting comments and questions are “but mommy, I need you,” “why do you work so much,” and “my friend’s mom was there, why weren’t you?”

Theme #2: Division of labor

Equalizing division of labor among partners has also been reported as a challenge for dual-career families. According to Treister-Goltzman and Peleg (2016), the increase in the number of female physicians has not resulted in a restructuring of household responsibilities. Female physicians in dual-career households continue to carry the main responsibilities for the day-to-day functioning of their families (Parsons et al., 2009). Parsons et al. (2009) surveyed 216 licensed male and female physicians to compare gender differences in the division of labor. The results showed that 15.7% of female physicians and 0% of male physicians spent >20 hours per week on domestic activities. Additionally, 36% of female physicians and 2.5% of male physicians spent >40 hours per week on childcare activities (Parsons et al., 2009).

Long working hours, lack of scheduling flexibility, and an expectation to achieve the utmost efficiency have made it difficult for female physicians to balance career demands with the asymmetrical division of labor (Verlander, 2004). The constant tug-of-war between work and family has caused female physicians to report feeling inadequate in both roles. Responses from female physician in the study by Parsons et al. (2009) included “I am constantly feeling guilty for being only half a doc and half a parent” and “I fear I short-change everyone.”

This sense of overwhelming responsibility may contribute to the recent parallel increase in the number of female dermatologists and burnout rates among dermatologists. The self-reported professional burnout rate among dermatologists increased from 32% in 2011 to 57% in 2014 (Mattessich et al., 2017). Furthermore, a study evaluating job satisfaction among physicians revealed that female physicians in the United States are 1.6 times more likely to report burnout than men. Lack of controlling work hours and scheduling were reported as strong predictors of burnout (McMurray et al., 2000).

Question:

1. How have you and your partner dealt with the division of labor?

Response from Drs. Samimi and Wanat: A critical part of the division of labor in our homes is open communication around how to best divide our roles and responsibilities at any given time. This is a team sport, and we both need to be able to step into any position at a moment’s notice. There are times that we take more of the load compared to our partners and vice versa depending on stressors outside of the home. In general, most of the decisions around childcare, activities for the kids, and their health management falls upon us. That is more driven by our preferences. While they are time-consuming efforts that make the division of labor at times uneven, it is our way of feeling more involved in their day-to-day life, even when we cannot be physically present.

We also have learned to outsource and simplify whatever we can in the home. Using available services that help with grocery shopping (online shopping with delivery), other shopping (e.g., Amazon prime), meal preparation (e.g., Blue Apron, Plated, Hello Fresh) can help reduce the stress and burden for all.

Question:

2. Have you experienced feelings of burnout? What strategies have you used to mitigate these feelings?

Response from Drs. Samimi and Wanat: We have felt overwhelmed and not in control at various points in our career. It may happen when there is an excess of work stressors, including mounting deadlines, sick patients, excess electronic medical record workload, and additional administrative responsibilities. Unfortunately, meditation, yoga, and happy hours have not helped us mitigate these. We have taken the approach of tackling these contributors head on. Lists upon lists help us maintain organization. Family calendars help us visualize our responsibilities 1 month at a time to plan ahead. Pre-charting allows us to prep for our busy clinics and spend time thinking through our complicated patients. Most importantly, we have also learned that it is ok to say no. To succeed, we are used to always saying yes. However, it is critical to do self-reflection and to say no when something does not provide you value or if it is at the expense of something of greater importance. We also have found that building a support network of caregivers, other working mothers who are friends, and our family is important to maintain resilience during tough times.

Theme #3: Sacrificing career for family

Several studies have also assessed the impact of gender on career trajectory among married physicians with children. A study by Warde et al. (1996) reported that, compared with male physicians, female physicians were more likely to alter their careers for the benefit of their families (35% for male physicians vs 85%
A reduction in work hours was reported as the most common career change (Verlander, 2004; Warde et al., 1996). Additionally, in the study by Parsons et al. (2009), 20.2% of female dermatologists with children reported that they had sacrificed their ideal job because of their spouse’s career choice.

The unequal gender distribution among leadership roles in academic dermatology may be a consequence of these findings. In a national survey of academic dermatologists across the United States, women were 24.6% more likely to consider leaving academia than men. The most commonly cited reasons were institutional pressures, higher salary, and a desire to spend more time with family (Mattessich et al., 2017; Sadeghpour et al., 2012).

**Question:**

1. What career sacrifices, if any, have you made to benefit your family?

**Response from Drs. Samimi and Wanat:**

While there is a constant internal struggle to be a good doctor, partner, mother, family member and friend, in general, our sacrifices have been to ourselves. While we have been ok with saying no to certain opportunities, most often what suffers is taking care of ourselves. This may be in the form of getting sleep, having down time, or making time to exercise and manage our health. Sometimes, the easiest item to drop off the list is ourselves. Of all the sacrifices, this is the most detrimental and warrants attention and open discussion. We have had to make promises to our children that we will leave on time at the end of the day, but inevitably we then need to log back in after they go to bed to finish our work for the day. A secondary sacrifice is at work where we have had to turn away research opportunities or learning experiences to be able to be more present at home. Even though we make these sacrifices, it is important to us not to have regret. Those same sacrifices open up time with our families or allow us to make a school event or a performance, which is what we will remember and treasure the most.

**Conclusion**

As the number of female physicians continue to rise, more women are recognizing the difficulty of balancing the competing demands of career ambitions with household responsibilities. The feeling of guilt in response to childcare, a lack of redistribution of household responsibilities among partners, and a tendency to sacrifice career goals for family are common themes shared among working women living in dual-career families. Having a robust support system and open communication among spouses are key strategies that Drs. Samimi and Wanat recommend implementing to fulfill both career and family goals.

**Conflict of Interest**

None.

**Funding**

None.

**Study Approval**

The authors confirm that any aspect of the work covered in this manuscript that has involved human patients has been conducted with the ethical approval of all relevant bodies.

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