

# Children during Residency: It's Easier if You're a Man

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*This paper reports findings comparing views of male and female faculty and residents toward the experience of children during residency. Eighty-four faculty and 187 residents at a major university medical center were surveyed. Results indicated that all participants felt it was more difficult for the woman resident than for the male resident to become a parent during residency. All subject groups, except female residents, felt female residents should postpone their families until after residency. All subject groups also agreed that their departments had a more favorable attitude toward the resident with a pregnant spouse than toward the pregnant resident herself. The article concludes with policy suggestions elicited from both sets of respondents.*

## Statement of the Problem

Increasingly, more and more women are entering medicine. The percentage of women medical students has increased from 4.5% in 1929 to 25.5% in 1977-1978.<sup>1</sup> Many of these women are not only committed to careers in medicine, but also to pursuing fulfilling family lives as well.<sup>2</sup> One study shows that there is no difference between the number of children desired by male and female doctors.<sup>3</sup> However, at this point a somewhat sexist inequity seems to enter the equation. Anecdotally there seems to be a clear bias against women physicians starting families, at least during their residency. Discussions by this author with women residents in a variety of specialties confirmed that, for many women, the idea of pregnancy was almost unthinkable during residency. Some women had become pregnant and apprised their departments after the fact, fearing a departmental veto unless the pregnancy was a *fait accompli*. Other residents reported that to their knowledge there had never been a

pregnant resident in their department. Women physicians also have been criticized for dropping out of the labor force to pursue family obligations.<sup>4, 5</sup>

The present report looks more closely at data gathered during a larger study of pregnancy during residency.<sup>6</sup> In particular, this report addresses the question: Is it easier for the male resident or the female resident to have children during residency? The answer may seem commonsensical. However, it was felt important to provide preliminary documentation to confirm or disconfirm the existence of an implicit bias in favor of men as opposed to women starting families during their residency. If positive findings were discovered they would raise important questions about a negative bias built into most residency training programs solely on the basis of biological sex.

## Methodology

The methodology of the study has been described in detail elsewhere.<sup>6</sup> A survey questionnaire was mailed to all faculty and residents at a major medical facility, the University of California Irvine Medical Center. Two mailings were made, the second to nonrespondents. The response rate was 35.4%, not overwhelming, but sufficient to warrant an examination of the results. Questionnaires were five pages long, and included both open-ended and closed-ended questions. They collected demographic data, as well as questions on departmental policies and procedures both toward the pregnant female resident and the male resident's pregnant spouse; and on attitudes of respondents toward pregnancy during residency (for both the resident and the spouse), and toward the balancing of family and medical career.

*Subjects.* Subjects consisted of 76 male faculty, 8 female faculty, 143 male residents, and 44 female residents. The mean age of male faculty was 41.2 years and the mean age of female faculty was 41.8 years. The mean age of male residents was 29.9 years, while the mean age of female residents was 30.1 years.

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TABLE 1. *Mirror Item Responses*

Mirror Items Rated on a 1-5 Scale	Group	Z-Score	2-Tailed P
Career/Family balance harder for male resident	Female residents, N = 44	-3.5	0.001
	Male residents, N = 142	-5.5	0
Career/Family balance harder for female resident	Female faculty, N = 8	-1.6	N.S.
	Male faculty, N = 73	-4.5	0
Residency is too pressured to be a good time for a resident to become pregnant	Female residents, N = 41	-2.9	0.004
	Male residents, N = 141	-8.5	0
Residency is a good time for a woman physician to become pregnant	Female faculty, N = 7	-2.0	0.04
	Male faculty, N = 74	-5.0	0
Male residents should postpone their families until after completion of their residency	Female residents, N = 43	-3.2	0.001
	Male residency, N = 142	-5.9	0
Female residents should postpone their families until after completion of their residency	Female faculty, N = 7	-2.0	0.04
	Male faculty, N = 72	-4.8	0

TABLE 2. *Summary of Mirror Items According to Sex and Group of Respondent*

Mirror Item Rated Yes or No	Group	$\chi^2$	2-Tailed P
My department has a favorable attitude toward the pregnant resident	Female resident, N = 22	9.1	0.003
	Male resident, N = 88	36.5	0
My department has a favorable attitude toward the resident with a pregnant wife	Female faculty, N = 5	No statistical analysis possible	
	Male faculty, N = 72	5.8	0.02

**Marital Status.** Of the male faculty ( $N = 74$ ), 74.7% were married, while among the female faculty ( $N = 7$ ), only 42.9% were married. Of residents, 63.8% of the men were married ( $N = 143$ ), as were 50.0% of the female residents ( $N = 44$ ).

**Children and Plans for Children.** Among the male faculty ( $N = 75$ ), 72.0% reported having at least one child, with 32% reporting 3 or more children. Among the women faculty ( $N = 7$ ), however, 57.1% reported having no children at all. Of the male faculty ( $N = 70$ ), 21.4% planned either on children or more children, while none of the female faculty indicated this choice.

The resident group, as might be expected, reported somewhat lower numbers of children. Of male residents ( $N = 141$ ) 64.5%, and 61.9% of female residents ( $N = 44$ ) had no children, although interestingly more females than males had one child (19.1% of the males and 31.0% of the females). Of the male residents ( $N = 137$ ), 55.5%, and 52.4% of the female residents ( $N = 44$ ), planned on either children or more children.

**Breakdown by Specialty.** At the faculty level there was a fairly even distribution between primary care specialties and other specialties. Among the resident sample, respondents reflected a definite skew toward the primary care specialties, with 67.4% of the women and 60.9% of the men coming from primary care programs.

### III. Results

Data analysis was conducted according to four separate groups: (a) male residents, (b) female residents, (c) male faculty, and (d) female faculty. It was felt that in this study, both sex and group differences might be significant. Responses of subjects on 3 "mirror" items were compared and analyzed according to a Wilcoxon Matched-Pairs Signed-Ranks test. These items are presented in Table 1. Results from other relevant survey items were also analyzed, using either a Mann-Whitney U test or a McNemar test. These results are summarized in Table 2. All probabilities refer to 2-tailed levels of significance unless otherwise stated.

**Female Residents.** When asked to rate two separate items assessing the difficulty of balancing family and career for the male and for the female resident, female residents felt maintaining this balance was significantly more difficult for the female resident than for the male resident. On ratings of two statements (one asserting that residency is too pressured to be a good time to become pregnant, the other stating that residency can be a good time for a woman physician to become pregnant), significantly more women residents agreed with the former statement than with the latter. Interestingly, however, despite these perceived difficulties, significantly more women thought that male residents should postpone their families until after residency than thought female residents should postpone their families. A significantly higher number of women felt that their residency program had a supportive attitude toward the male resident

with a pregnant wife, than those who felt their program was supportive toward the pregnant resident herself.

*Male Residents.* Results for male residents paralleled those of female residents on most items. Significantly more residents agreed that it was harder for the female resident than for the male resident to combine family and career. Similarly, a significantly greater number agreed with the statement that residency was too pressured for a resident to become pregnant, than with the statement that residency was a good time to become pregnant. Predictably, a significantly higher number of male residents felt the female resident, rather than the male resident, should postpone her family until after residency. Finally, a significantly higher number of male residents felt that their departmental attitude had a favorable attitude toward the male resident with a pregnant spouse than toward the pregnant resident herself.

A further comparison examined the attitudes of male and female residents toward the possibility of successfully combining family and career. This item was designed to measure the degree to which residents felt anxious about their ability to balance both roles. When male ( $N = 142$ ) and female ( $N = 44$ ) resident responses were compared on the item, "I worry about whether it will be possible for me to successfully combine family and career," significantly more women than men agreed with this statement ( $Z = 2.3, P = 0.02$ ).

*Female Faculty.* Because of the small  $N$  (7) involved, these statistical results must be treated with extreme caution. In terms of family and career balance, no statistical significance was reached, although a comparison of median values indicates that women faculty agreed the balance was more difficult for the female than for the male resident. Similarly, female faculty also agreed with the statement identifying the pressures of residency against pregnancy significantly more than with the statement suggesting residency as a good time for the woman resident to become pregnant. They also agreed significantly more that female, rather than male residents, should postpone their families until after completion of the residency. Finally, as with the other groups, they perceived the departmental environment to be more favorable toward the resident with a pregnant spouse than toward the pregnant resident herself, although this finding did not achieve significance.

*Male Faculty.* We find a pattern similar to the other groups in the male faculty. Male faculty felt that family/career balance was harder for the female, than for the male resident. They also agreed significantly more often with the statement that residency was too pressured a time for the resident to become pregnant, than with the statement that residency was a good time for a resident to become pregnant. They felt to a significant degree that the female resident should postpone her family more

often than they felt the male resident should postpone his family. Finally, a significantly greater number felt that the department had a positive attitude toward the resident with a pregnant spouse than toward the pregnant resident herself.

*Policy Provisions and Suggestions.* A little over 14% of women faculty, 13.0% of male faculty, 32.3% of female residents and 25.7% of male residents believed their departments had no provisions at all for the pregnant resident. With the exception of female faculty, approximately two-thirds of all other respondents thought their departments had no special provision for the resident with a pregnant spouse. Twenty-five percent of female faculty also agreed with this. The largest percentage of faculty who did feel a policy existed for pregnant residents mentioned "some time off" (28.7% of women, 37.0% of men), while for the resident with a pregnant spouse they mentioned vacation time (25% of female, 14.3% of male faculty) and delivery day leave (25% of female faculty, 19.0% of male faculty). Male residents also tended to mention some time off (32.4%) for the pregnant resident, while some women residents most often mentioned accrued time (22.6%) and unpaid leave (16.1%). For the resident with a pregnant spouse, most often mentioned by both groups were vacation, and delivery day plus a few days.

In an effort to equalize the perceived environmental bias against the pregnant resident, and in favor of the resident with a pregnant spouse, one might expect to see policy suggestions strongly accommodating the pregnant resident. In fact, on the whole, this did not occur. In general, suggested policies for the pregnant resident were only slightly more generous than toward the resident with a pregnant spouse.

For example, 83% of faculty, and 87.1% residents disagreed with the statement that the pregnant resident should receive no special treatment. Similarly, when considering the resident's pregnant spouse, 67.1% of the faculty, and 79.6% of the residents also disagreed with the statement. Of faculty, 75.9%, and over 82.8% of residents supported flexible scheduling for the pregnant resident, while 75% of the female faculty and only 40.5% of the male faculty, 79.5% of the female residents and only 58.5% of the male residents supported this for the resident with a pregnant wife. Interestingly, women seemed to favor a more flexible policy toward the male resident expecting a child than did the men. Of women faculty, 75%, and 58.7% of male faculty, 75.0% of female residents and 61.3% of male residents believed the pregnant resident should receive support and encouragement from her department, while for the resident with a pregnant spouse 75.0% of female faculty, 47.3% of male faculty, 68.2% of female residents and 52.1% of male residents agreed with this.

The vast majority of male and female faculty and residents felt that neither the pregnant resident (93.1% and 87.1%, respectively) nor the resident with a pregnant spouse (95.1% and 87.6%, respectively) should receive additional financial support from the department. Of residents, 60.8%, and 57.8% of faculty felt that the pregnant resident should not have special counseling available to her, while approximately the same percentages felt the resident with a pregnant spouse also should not receive any special counseling. Similarly, high percentages in both groups felt that departments should not provide support groups either for pregnant residents (74.7% of faculty and 73.1% of residents) or for residents with wives expecting children (75.0% of faculty and 72.0% of residents).

In terms of additional recommendations by residents, female residents suggested for the pregnant female resident some other possibilities: 69.4% of respondents ( $N = 36$ ) agreed that flexible scheduling would be helpful, while 100% of respondents were in favor of individual negotiation ( $N = 11$ ) and leave plus part-time residency ( $N = 23$ ). Of female respondents ( $N = 12$ ), 33.3% were in favor of 6 months unpaid leave. Other suggestions included 1 months educational leave, and between 1 and 12 months of partially paid leave, with the majority indicating a preference for 3 months.

Male residents indicating their preferences for departmental policy toward the resident with a pregnant spouse, suggested between 0 and 6 months unpaid leave, with 56.8% ( $N = 74$ ) favoring 1 month's leave. Other suggestions ( $N = 81$ ) included no special treatment (27.2%), flexible scheduling (21.0%), unspecified amount of leave (17.3%) and vacation time (13.6).

*How Relevant Were These Issues to Individual Respondents?* Of male resident respondents, 21.7% reported having their wife pregnant during their residency, and 5.1% reported a pregnant spouse twice during their residency training. Of male residents, 33.6% planned on starting or expanding their family sometime during their residency, with another 11.2% undecided. Those figures compared with 20.9% of women resident respondents experiencing pregnancy during residency; 21.2% of women residents planned on the possibility of children during residency, while another 18.2% were undecided as to whether or not they would become pregnant during residency.

## Discussion

On one level, the findings reported here point to the obvious—that both male and female residents, and male and female faculty believe it is easier for the male, than for the female, to have a child during the residency years.

It would be simple to consider this a fact of life, and let it go at that. However, it is also possible to interpret these findings as a significant comment on the current state of affairs at the residency level for the woman physician. There appeared to be unanimous agreement among participants that a bias exists in favor of the male resident having children, and against the female resident having children. Further, faculty as well as male residents, feel female residents should postpone their families until after residency. Only the female residents themselves do not agree.

It is possible that other solutions are available, in addition to the somewhat sexist one endorsed by faculty and male residents. Surely an attitude inimical to pregnancy during residency for women, but not for men, seriously limits their rights as human beings participating in professional training. Such a policy could never, of course, reach official status. And yet, in the past it has certainly been implicit in many residency programs.

In considering the solutions suggested by the subjects themselves, one is struck by the somewhat conservative posture adopted. On the whole, women seemed to be somewhat more supportive of liberal policies for both the pregnant resident and the male resident expecting a child. In general, the most common suggestions for the pregnant resident were flexible scheduling and 3 month's leave (partially paid). For the male resident, commonly endorsed provisions were either delivery day plus a few days, or 1 month's leave.

Of course, other more radical alternatives are also possible. For example, part-time residencies for both men and women are currently in existence.<sup>8</sup> Others have suggested that maternity or paternity leave be made an elective experience<sup>9</sup> to allow the resident the opportunity to gain first-hand experience one aspect of the family developmental life cycle in a semistructural educational context. Paid maternity leave is also an important consideration<sup>10</sup> which received little attention from respondents. For the majority of respondents, suggestions such as these did not find their way into the survey.

It is difficult to know what to conclude from this absence. Possibly respondents favored a generally hard-line approach to the pregnant resident, and in some ways were at least as sympathetic to the male resident expecting a child. It is also possible that proposing radical solutions did not seem safe to respondents, even when protected by the anonymity of the survey questionnaire because of their widespread institutional implications. Only additional investigation of this topic holds the answer.

For the moment, all that can be concluded from the results reported is that in the perception of individuals involved both as learners and teachers at the residency level, becoming a parent during residency is harder for

the female than for the male resident and receives less departmental support. With the exception of the group of female resident respondents, all groups favored the female resident postponing pregnancy more than they favored the male resident postponing starting a family until after residency. Clearly, such an attitude cannot fairly provide the basis for any workable maternity/paternity leave policy that is equitable to both men and to women.

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