BRIEF
REPORTS

Parenting During Residency: Providing Support for Dr Mom and Dr Dad

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BACKGROUND AND OBJECTIVES: Parenting during family medicine residency is increasingly common. Relatively little is known about how the competing demands of work and family life affect residents.

METHODS: We conducted an exploratory qualitative study of parenting family medicine residents at one program in the Midwest utilizing focus groups to understand residents' perceptions of the positive and negative characteristics of their roles as physicians and parents. We used consensus coding to identify themes in the data and then developed a model to illustrate the relationships among the identified themes.

RESULTS: Competing demands on their time require parenting family medicine residents to often make difficult choices, which result in both positive and negative outcomes for residents, their families, and their residency experience.

CONCLUSIONS: Parenting family medicine residents experience numerous conflicts in their concurrent roles of learner, physician, and parent. Parenting-friendly residency training programs would likely offer valuable support for these individuals during this stressful life period.

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A growing number of family medicine residents are parents.[1] While children can be a source of joy, conflicting demands on residents' time may add stress during an already stressful period.[2,3] The current generation of residents is likely to desire a more well-rounded work-family balance than their predecessors.[4] Meanwhile, residency programs often require adherence to fairly inflexible schedules and do not often explicitly address work-family balance.[5,6] Combined, these factors suggest that parenting family medicine residents may face unique challenges and expectations of their training programs.

While most residency programs have parental leave policies,[6] many have no formal support structure beyond the demands of pregnancy, maternity leave, and, in some instances, breast-feeding. A knowledge gap exists regarding ways to support residents beyond the immediate birth of a child. The purpose of this study was to gain a better understanding of the experiences and perceptions of parenting family medicine residents regarding their roles as parents and physicians.

Methods

We conducted an exploratory qualitative focus group study,[7] which was classified as exempt by our university's Institutional Review Board. We recruited study participants according to a purposive sampling strategy,[8] seeking residents from one hospital-based residency program in the Midwestern United States who were actively involved in parenting minor children. We invited potential participants via email, indicating that our focus group would be held during a time when residents were typically involved in didactic educational activities. Participation in the study was voluntary. Those who were not eligible for participation or who elected not to take part were offered an alternate educational activity in a separate location.

Eight of 14 eligible residents (57%) participated in one of two focus groups. During the audio-recorded sessions, we asked participants to respond to several open-ended questions (eg, "How has parenting during residency affected your well-being?"), which were developed with input from all three authors (see Figure 1). To analyze the data, all authors first independently reviewed the focus group transcripts, creating memos about our initial impressions and potential patterns in the data. We then met as a group to review our memos and develop an initial

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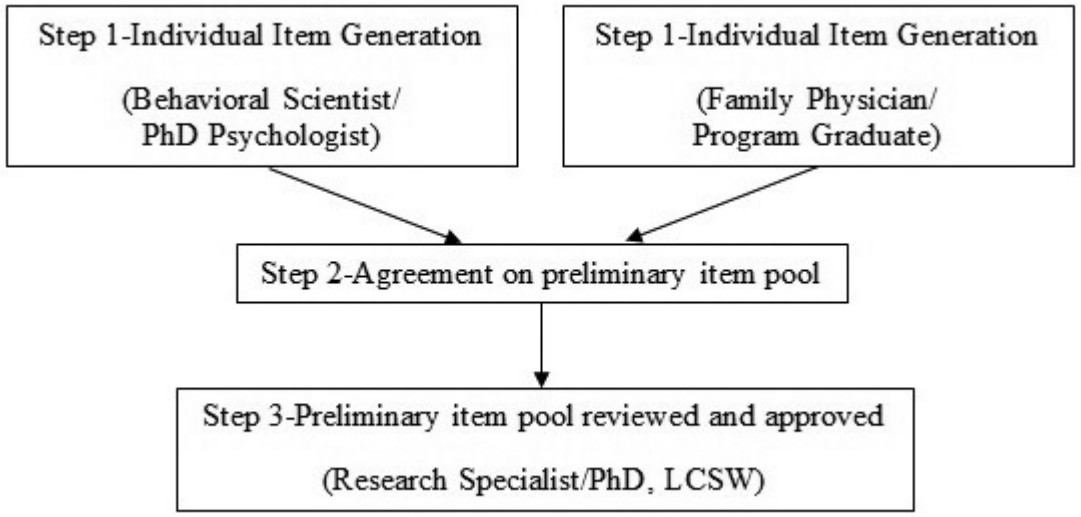
Figure 1: Three-Step Approach to Multidisciplinary Team Question Development



coding framework. Next, we conducted consensus coding,[9] deciding as a group how different segments of data should be coded. We resolved disagreements in coding decisions via face-to-face discussion with all authors present. Then, we examined the fully coded data set, combining conceptually similar groups of coded data into themes. Finally, we identified relationships among the themes, developing a model that illustrated their interrelated nature.

The fairly homogenous composition of our groups (see Table 1) and the focused nature of our questions increased the likelihood that we would achieve satisfactory data saturation with a small sample.[10] These factors, combined with the high level of agreement between responses from participants in our two groups, allowed us to conclude that we had achieved satisfactory data saturation relative to our key themes in this small, exploratory study. Methodological limitations and suggestions for future research will be detailed in our discussion of results.

Results

Our analysis resulted in a model of work-family conflict for parenting family medicine residents, depicted in Figure 2. As the model illustrates, both family and residency are important social contexts for parenting residents, and both produce demands that compete for residents' time. These competing demands lead to often difficult choices residents must make, which generate positive and negative outcomes. The themes comprising our model are briefly described below and summarized in Table 2.

Residents' discussions of their families primarily focused on the support provided by spouses and extended family members. One resident's assertion that he "wouldn't be able to do it by myself" was echoed by many. Others described how their families were affected by their residency responsibilities. In particular, they commented on their inability to parent as actively as they would like. One participant explained: "[My wife] has had to be a single parent for 3 years . . . that's hard to think about."

Participants were largely positive in their discussions of the faculty, staff, and fellow residents they encountered during residency; however, their perceptions of the structural elements of residency were mixed. Positive elements included support for breast-feeding and family-friendly social activities. Negative elements included schedules requiring residents to "flip-flop days and nights," uncertainty about when and how to access sick leave, and schedules that were perceived as overly full. As part of our focus group discussions, residents offered potential changes to address these negative issues (see Table 3). Participants unanimously supported greater scheduling flexibility.

Participants described numerous instances when the demands of parenting and residency conflicted. This required them to make choices about how they spent their time. One participant explained, "I try to [be] a good doctor, maybe not the best, and a good mom . . . probably not the best, and a good wife . . . probably not the best . . . [it's] this balancing act."

Residents described both positive and negative outcomes resulting from their choices. Positive outcomes of parenting included feelings of joy and being "forced . . . to draw [a] line" between work and home. Negative outcomes included feeling guilty when asking for time off and experiencing a "nagging feeling" that time spent with family would mean work-related responsibilities (eg, documentation) would need to be done later. Outcomes of attending to work demands versus family were generally perceived as negative and included previously described feelings of guilt

as a result of not being able to offer more support to one's spouse/coparent and desiring more time with family.

Discussion

To the best of our knowledge, our exploratory study is the first to qualitatively examine the potentially unique experiences of male and female family medicine resident parents in the United States. In some respects, our findings echo those of other studies that have found parenting during residency to be a decidedly stressful undertaking.[11-15] In addition, the need for increased transparency and awareness of parental benefits (eg, parental leave policies,[16] sick days[17]) has been previously identified. In contrast to other research that has found gender differences in parenting stress,[18] both male and female residents in our sample expressed a desire to maintain better balance between work and home life and attributed feelings of guilt and concern for partner neglect directly to their demanding residency schedule.

Residency is a time of competing demands as trainees attempt to balance work roles as learners and clinicians along with personal roles as parents and partners. This study contributes to the body of knowledge surrounding residency training by highlighting both positive and negative outcomes experienced by parenting family medicine residents and elucidating resident-driven recommendations to potentially improve their experiences. Limitations of our

Table 1: Participant Demographics

Demographic	
Age, mean (SD)	31.6 (3.42)
Gender, n (%)	
Male	4 (50%)
Female	4 (50%)
Race, n (%)	
White	8 (100%)
Year of training, n (%)	
PGY1	6 (75%)
PGY2	0 (0%)
PGY3	2 (25%)
Partner status, n (%)	
Heterosexual marriage	8 (100%)
Number of children, n (%)	
1	3 (37.5%)
2	3 (37.5%)
3	2 (25%)
Pregnant, n (%)	
Resident	1 (12.5%)
Spouse of resident	1 (12.5%)

Figure 2: A Model of Work-Family Conflict for Parenting Family Medicine Residents

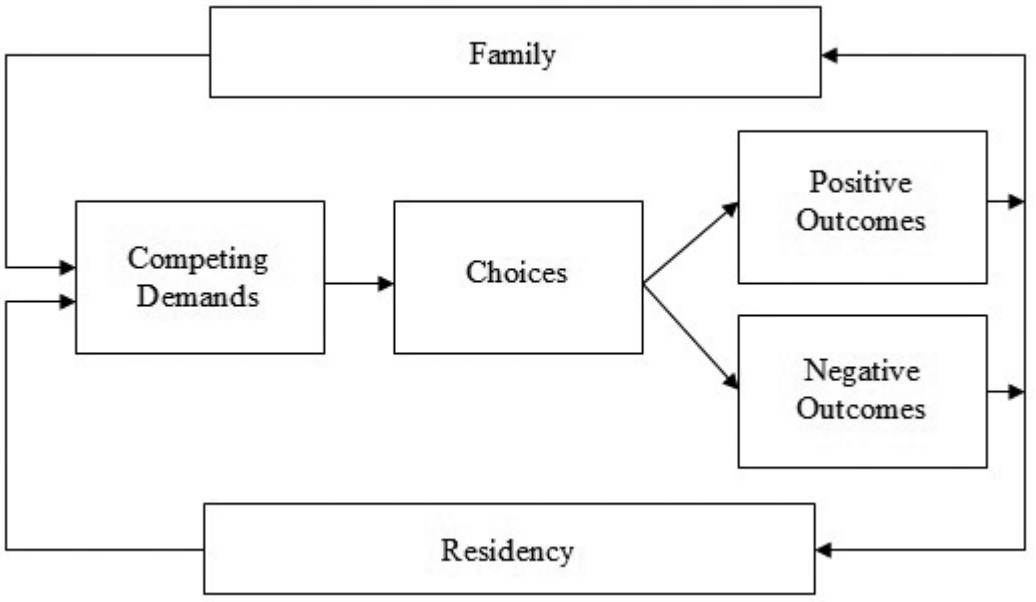


Table 2: Summary of Findings

Theme	Definition	Sample Quotation(s)
Family	Participants discussed their family members or family structure; comments were generally focused on support provided by spouses and extended family.	"[My husband] kind of gave up everything he wanted to do just so that I didn't have to worry…." "I say being a parent is … the best thing I ever did."
Residency	Participants discussed their family medicine residency training, including structural elements and involved personnel; comments about people were generally positive, while comments about structural elements were more mixed.	"I've never felt like an outcast or judged for any decisions I made for my family … I don't think that's probably true everywhere." "It just feels like they're trying to fill every single moment of all of your free time."
Competing Demands	Participants referenced conflict(s) between family and residency responsibilities.	"You do [residency] stuff when you should be doing bath time and other stuff." "When I was [working] in the [medical intensive care unit] I had a three-month-old, and I was … like, 'I should be with my baby.'"
Choices	Participants described the decision(s) they made in the face of competing demands.	"I wind up playing this flip-flop game where today I'm committing to sacrificing family because I've got to do this so that it's not messing up every day, and sometimes … I decide, 'I could probably go [the] extra mile today for this patient, but I'm going trick-or-treating.'"
Positive outcomes	Participants described positive outcome(s) of choices regarding parenting during residency.	"[Parenting] is helping me empathize with patients a lot." "I could probably sit around and read and stress out 24/7 if I wanted to, but whenever your kid's got a tournament or something, you … have to go and get outside and run around and just … have fun."
Negative outcomes	Participants described negative outcome(s) of choices regarding parenting during residency.	"The second you get home, it's like your job doesn't quit …. there's never a minute where you kind of just get to relax." "My wife hates night float. She absolutely hates it. It's the worst part of our marriage and our family life and everything."

study include small sample size, lack of unmarried or "dual-doctor" families, or data regarding external parenting support strategies. Based on these initial findings, future research could explore the impact of changes in residency program structure or career stage. Quantitative studies could be used to examine specific resident or program characteristics with a larger sample size.

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Table 3: Summary of Participant Recommendations for Parenting-Friendly Residency Programs

• Acknowledge time residents spend engaged in work activities, such as reading and completing documentation, outside of scheduled work hours.
• Consider flexible offerings for vacation time, including the opportunity to select individual or partial days for time off to attend children's activities.
• Provide time off for residents who exceed the required number of hours in clinical settings.
• Establish mechanisms for residents to share parenting information and resources (eg, recommendations for local babysitters, nearby daycare providers)
• Make available faculty who are willing to provide mentorship on balancing personal and professional responsibilities.
• Ensure adequate opportunity for residents' spouses and partners to interact with one another; keep both genders in mind when planning.
• Explore the possibility of offering paid parental leave and/or on-site daycare.
• Create child-friendly spaces at the hospital or clinic to make children feel welcome to visit their parent during meals and scheduled breaks.
• Ensure policies for parental leave are well-publicized, equally applicable to both male and female residents, provide adequate time for parental bonding, and are fairly accommodated within the structure of the program.

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