

Childcare Arrangements of Dual-Physician Families With Young Children: A Descriptive Study

Maria Cristina S. Morabe, Judith Adrienne F. Valdes*

Abstract

Families where both parents are physicians may face greater challenges with regard to childcare due to long and demanding work schedules. This study presents a profile of dual-physician families with young children, describes their childcare arrangements, and examines the effect on their medical practice.

Subjects: Dual-physician families with at least one child aged 7 years and below.

Method: Semi-structured interview was used to determine the participants' age, type of practice, number and age of children, living and childcare arrangements.

Results: Forty physicians, 27 to 39 years (Mean = 34.03 years) were included. Twenty were medical specialists, 18 were in training, and two were general practitioners. Sixteen families had two children each, age ranging from three weeks to seven years (Mean=2.84). Four families had children with special needs, two with autism and two with speech delay.

The number of working hours per week ranged from 11 to 119 hours, with a mean of 56.48 hours. Training physicians had a mean of 76.83 hours while the specialists had a mean of 39.82 hours. Extended family members, especially grandparents, were a major source of childcare support aside from live-in paid caregivers. Thirteen families lived with or near their extended families. In two families, the children lived with the grandparents, away from their parents.

Five physicians, all female, reported decreasing the number of working hours to care for their children while six others, four of them female, did not pursue or delayed pursuit of further training to care for their children.

Conclusion: The study suggests that childcare concerns may affect physicians' practice patterns and may have an impact on healthcare. The provision of quality, on-site childcare services to provide support to dual-physician and other dual-income families is recommended.

Keywords: dual-career families, dual-physician families, childcare arrangements.

INTRODUCTION

Finding reliable childcare is a common concern among young families across societies and socio-economic levels^[1,2,3]. For families where both parents are physicians with high-demand and high-stress careers, this may present a greater challenge^[4].

REVIEW OF RELATED LITERATURE

Review of literature shows that physicians work longer hours compared to other professions [5,6]. On the other hand, there are studies which showed that having young children heavily influenced the physician's decision to cut down on work, with a higher prevalence among female physicians in particular [7,8,9]. Furthermore, a study has shown that concerns about whether or not their children are getting appropriate care may actually result in stress for the physicians while they are away at work, and may affect the quality of their performance, as well as the quality of healthcare in general^[10].

This issue has received attention in certain developed countries such as the United States of America, where it has been suggested that the difficulty of arranging for reliable childcare may have an impact on the number of individuals entering medical educational programs, and ultimately, the number of practicing physicians.

*From the University of the Philippines Diliman

It was further suggested that the situation may possibly result in a shortage of physicians in the United States within the next decade ^[10].

In the Philippines, the Department of Health reported a lack of physicians in the country in the year 2016[11]. A review of the literature shows a lack of reports on dual-physician families.

OBJECTIVES

This study aims to describe the profile of Filipino dual-physician families with young children, describe their childcare arrangements, and determine if their social situation has any effect on their medical practice.

METHODS

Subjects: Families where both parents are doctors residing in Metro Manila, who have at least one child aged seven years and below.

Design: Descriptive

study. Methodology:

Respondents were recruited through purposive sampling of couples who met the criteria, supplemented by snowball sampling through referrals of initial respondents. Informed consent was obtained and confidentiality was assured.

A standardized pre-interview survey and semi-structured interview tool for data collection was used. Demographic data were noted including age, sex, workplace, average daily number of working hours, and work schedule. This was followed by a background of the family in terms of the place of residence, other family members living in the same household, age and sex of children, and the presence or absence of household helpers or nannies. Data were made anonymous using code-names. Results were tabulated and analyzed.

RESULTS

A total of 20 dual-physician couples, or 40 individual physicians were included in the study. Participants were 27 to 39 years of age, with a mean of 34.03 years. Of the 40 respondents, 20 were medical specialists, 17 were in training – 11 in specialty residency training, and six in subspecialty fellowship training. Two were general practitioners, and one was a post-graduate intern.

Of the 20 medical specialists, 15 were practicing in private institutions, while five were with government institutions. Of the 17 physicians in training, 15 were in government institutions, with only one resident and one fellow affiliated with private institutions. The lone post-graduate intern was rotating in a public institution while both general practitioners were working in private institution.

The number of working hours per week varied widely with a range of 11 to 119 hours, with a mean of 56.5 working hours per week. There is an observed difference between the mean number of working hours of physicians-in-training, which was 78.8 hours per week versus 38.8 hours for the specialists. The mean number of working hours for the general practitioners was 50 hours per week. The medical specialists reported more free days in a week compared to the physicians who were still in training. (Table 1)

Table 1. Working hours of Dual-physician Families, Metro Manila, 2017

	Range	Mean (SD)
Working hours per week overall	11 to 119 hours	56.48 hours (± 27.07)
Working hours per week, in- training	45 to 119 hours	76.83 hours (± 22.42)
Working hours per week, specialist / GP	11 to 86 hours	39.82 hours (± 17.56)
Working hours per week, male	12 to 94 hours	58.1 hours (± 23.06)
Working hours per week, female	11 to 119 hours	54.85 hours (± 31.10)
Working hours per week, male specialist	12 to 86 hours	45.83 hours (± 18.24)
Working hours per week, female specialist	11 to 50 hours	32.6 hours (± 14.38)
Working hours per week, male in-training	45 to 94 hours	76.5 hours (± 16.58)
Working hours per week, female in-training	40 to 119 hours	77.1 hours (± 27.11)

Twelve out of the 17 physicians in training were required to go on 12-hour and 24-hour duties at regular intervals. Five of the 20 medical specialists also were on-call to render medical services even during their non-working hours. The two general practitioners were found to have more regular working hours with no 24-hour or on call duties.

Sixteen out of the 20 families had two children each, with two mothers pregnant with a third child. Three other families had three children, and one family had one child, with the mother pregnant with her second child. The children's ages ranged from three weeks to seven years, with a mean age of 2.84 years. Four out of the 20 families had a child with special needs; two of these were diagnosed with autism, while the other two had speech delays.

In terms of their childcare arrangements, 16 out of 20 families had at least one stay-in maid to help with both childcare and general household maintenance.

The study documented the major role of the extended family system in the life of dual-physician families. In 17 out of the 20 families (85%) the extended family members were involved in some way in the care of their children. In two of these families, the children lived completely with the maternal grandparents, one set in the province, and the other in the suburbs. The parents lived separately in Metro Manila to pursue further medical training. Eight families lived in the same household as their extended family, while three other families lived adjacent to their homes or nearby. Only seven out of the 20 families lived independently of their extended families, including the two families whose children lived with the grandparents. (Table 2)

Table 2. Living and Childcare Arrangements of Dual-physician Families

	Number of Families	% (Out of 20 families)
Stay-in Maids / Nannies	16 families	80%
Living with Extended Family Members	8 families	40%
Families Adjacent or Nearby	3 families	15%
Children Living with Grandparents	2 families	10%

Six respondents, four of them female, decided to delay or no longer pursue further medical training to take care of their family. Three of these were female physicians who cited pregnancy and childbirth as the reason for postponing their training. One was a male post-graduate intern who only pursued his internship after his wife had finished hers in order to care for their children. The remaining two decided to cease further training altogether.

Five out of the 20 medical specialists (25%), all female, specifically adjusted their working hours in order to attend to their children's needs. Their working hours ranged from 11 to 48 hours weekly, with an average of 28.4 working hours per week.

In addition to decreasing their working hours, four respondents, all female, occasionally brought their children to their place of work. One brought her children with her to work as part of their daily routine due to a lack of reliable paid caregivers. The rest only brought their children to work as the need arose, such as when their children were sick and needed supervision and medical attention, or when there were no available caregivers to stay at home with them.

DISCUSSION

A medical career requires a profound dedication to the profession and a commitment to a lifetime of learning. Several studies have noted that physicians tend to marry co-physicians, thus leading to an increase of so-called dual-physician families [7,8,9]. The study aimed to examine this social situation and determine its possible effect on medical practice.

The Magna Carta for Public Health Workers (RA 7305) prescribes 40 hours of work per week, but the results of this study showed that 27 out of the 40 respondents, or 67.5% worked longer than 40 hours per week, including one respondent who worked up to 119 hours each week, about 297.5% more than the prescribed. Four respondents had exactly 40 hours of work per week, and nine worked for less than 40 hours.

The extensive working hours of the majority of respondents may leave them with less time to spend on family and childcare. This finding was most pronounced among physicians who were still in specialty and subspecialty training. On the other hand, for physicians who were already medical specialists, the working hours were 27.5% lower than the standard 40 hours, with one respondent reporting only 11 working hours per week, in order to actively attend to her children's needs.

High occupational demands and irregular and inflexible working schedules have been shown to increase work-life conflict^[6,4,12], particularly if the children are below the age of six and have yet to start regular schooling^[13,14,15]. In the case of physicians, this stress may lead them to limit their working hours, or their practice overall even if they have spent many long, difficult years on extensive training.

The results of this study highlighted the major role of extended family members, particularly the grandparents, in providing childcare support to the dual-physician families. The literature reports a similar pattern with a study that showed that among a pool of families, the ones that had physicians for both parents relied on either family members who lived nearby, reliable caregivers or babysitters, or live-in nannies to take care of the housework and childcare since both parents had inflexible schedules^[8].

In the present study, two couples had temporarily given the full responsibility over their children to the grandparents who lived in far off and separate households. This arrangement allowed the parents to pursue further training. Eight families lived with the extended family in the same household while an additional three families lived close by or directly adjacent to the homes of the extended family who could thus be regularly relied on for childcare.

Studies have shown that a high degree of confidence in the quality of childcare reduced the anxiety of parents regarding the welfare of their children while they were at work [10,16]. Having extended family in the same household or close by was also cited by several respondents in this study

as a factor that helped alleviate some of the worry that they experienced while away at work, as compared to when their children were in the sole care of paid caregivers.

While some respondents reported that their children were enrolled in pre-schools and daycare centers, they also noted that these establishments held sessions for short periods of time only, and therefore these were not considered a form of support for childcare, but more for social development and supplementary learning experiences for their children.

Foreign studies have reported the demand for quality, on-site childcare facilities that can cater specifically to the long working hours of physicians. This was a proposed solution to give physicians, particularly those in training, peace of mind, thus allowing them to "provide unhurried, high-quality patient care"^[16].

The results of this study support the same recommendation. There appears to be a need for high quality childcare services with longer hours, preferably in or near the workplace, that may provide childcare support to families with young children.

CONCLUSION

In summary, this descriptive study gave a profile of 20 dual-physician families with young children. The results showed that a majority of the physicians worked longer hours than prescribed, especially while in training. However, after completion of training, there is a trend, especially among the female physicians to cut down on practice hours to take care of their children. The role of the extended family, particularly the grandparents, in providing childcare support to the dual-physician families was documented.

While this study focused on dual-physician families, the results may also be pertinent and the recommendations applicable to other dual-income, dual-career families, which is a growing phenomenon, not only in the Philippines but elsewhere, given the increasing employment of women in the workforce^[17].

REFERENCES

1. Morris, L., Cronk, N., & Washington, K. (2016). Parenting During Residency: Providing Support for Dr Mom and Dr Dad. *Family Medicine*, 48(2)
2. Perlman, R., Ross, P., & Lypson, M. (2015). Understanding the Medical Marriage. *Academic Medicine*, 90(1), 63-68. <http://dx.doi.org/10.1097/acm.0000000000000449>
3. Schueller-Weidekamm, C., & Kautzky-Willer, A. (2012). Challenges of Work-Life Balance for Women Physicians/Mothers Working in Leadership Positions. *Gender Medicine*, 9(4), 244-250. <http://dx.doi.org/10.1016/j.genm.2012.04.002>
4. De, J. (2017). Dual Career Couples and their Stressful Work Balance. *International Journal Of Research - Granthaalayah*, 5(3). <http://dx.doi.org/https://doi.org/10.5281/zenodo.439574>
5. Bakker, A. B., Lieke, L., Prins, J. T., & van der Heijden, F. M. (2011). Applying the job demands-resources model to the work-home interface: A study among medical residents and their partners. *Journal of Vocational Behavior*, 79, 170-180.
6. Birdie, A. K., Jain, M., Chrishti, Z., & Yadav, G. (2015). Quality of working life among dual career women. *Indian Journal of Health and Well-being*, 6 (5), 500.
7. Fider, C., Fox, C., & Wilson, C. (2014). Physicians in Dual-career Marriages: Nurturing Their Relationships. *The Family Journal*, 22(4), 364-370. <http://dx.doi.org/10.1177/1066480714547699>
8. Isaac, C., Petrashek, K., Steiner, M., Manwell, L. B., Byars-Winston, A., & Carnes, M. (2013). Male Spouses of Women Physicians: Communication, Compromise, and Carving Out Time. Qualitative Report (Online), 18, 1-12.
9. Sobecks, N. (1999). When Doctors Marry Doctors: A Survey Exploring the Professional and Family Lives of Young Physicians. *Annals Of Internal Medicine*, 130(4_Part_1), 312. <http://dx.doi.org/10.7326/0003-4819-130-4-199902160-00017>
10. Snyder, R., Tarpley, M., Philips, S., & Terphune, K. (2013). The Case for On-Site Child Care in Residency Training and Afterward. *Journal Of Graduate Medical Education*. <http://dx.doi.org/http://dx.doi.org/10.4300/JGME-D-12-00294.1>
11. Cabato, R. (2016). DOH Secretary: Philippines lacks 15,000 doctors. CNN Philippines. Retrieved from <http://cnnphilippines.com/news/2016/10/13/department-of-health-lack-of-doctors.html>
12. Dyrbye, L., Sotile, W., Boone, S., West, C., Tan, L., & Satele, D. et al. (2013). A Survey of U.S. Physicians and Their Partners Regarding the Impact of Work-Home Conflict.