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EDITORIAL PERSPECTIVE

# Commentary: Parental Leave Policies: Have We Come a Long Way, Baby?

**Kendra N. Iskander**[1] · **Virginia R. Litle**[2]

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Even in 2020 B.C. (Before COVID), stress reduction and burnout in the workplace were becoming increasingly common content of medical publications and e-mails from professional organizations and our institutional leaders. The concept of stress but not stress reduction has been in our literature for decades as exemplified in one psychiatry survey published ~ 40 years ago in which having pregnant colleagues was considered a stressful factor for their co-workers [1]. As summarized in a more recent survey of almost 500 healthcare providers, lack of support, lack of respect, and problems with the proverbial work life balance are proven risk factors for burnout [2]. Acknowledging the risks to employee health and patient safety, some institutions are taking novel and aggressive stances to address this problem with a formal wellness program for individuals [2]. With a corporate focus on well-being, the time is ripe to aggressively address the issue of parental health as well. Several groups have shown previously that paid maternity leave improves infant and maternal health with a reduction in postpartum depression and familial re-hospitalizations and with improved child development [3, 4].

In their recently published survey of women surgeons, Bingmer and colleagues hypothesized that academic and private surgeons would experience differential parental leave based on practice settings [5]. Indeed, their study findings reflect the literature that money significantly drives the decision making. Understanding the issues that women encounter surrounding pregnancy and parental leave is increasingly important as more women join the surgical workforce, so this recent report from the Association of Women Surgeons leaders is timely. According to the study, private practitioners were less likely to have paid leave and were more likely to continue to pay benefits while on leave. Also, private practice surgeons were more likely to leave a job or face pressures making them more likely to return to work earlier than desired. Often, the financial buffer to absorb leave in private practice or diminished productivity is narrow. Private practice surgeons were also more likely to create their own family leave policy. Highlighting potential differences that working surgeons may face is a useful consideration for surgical trainees as they plan their career. The importance of clearly defining the leave policy ahead of time and negotiating for appropriate paid leave and benefits is vital for surgeons joining private practice, especially in their childbearing years.

For women surgeons in the academic settings, pregnancy and parenting impede job advancement with regard to promotion and appointment to leadership positions [5]. Recognizing the prevalence of potential bias and working to advance surgeons equally in the workplace are integral to progress and equality. We will increasingly benefit from more academic female surgical leaders who will educate and mentor the next generation of surgeons, many of whom will be women. Academic surgeons are more likely to report that their hospital or department determines family leave policy [5]. An effort has been made to normalize pregnancy in surgical training, and this should be extended to practicing surgeons through implementation of standardized, transparent, and robust family leave policies in academics.

Unfortunately, some negative workplace bias exists in the surgery community surrounding pregnancy. As a

✉ Virginia R. Litle
Virginia.litle@bmc.org

[1] North Coast Surgical Specialists, Eureka, CA, USA

[2] Division of Thoracic Surgery, Department of Surgery, Boston University School of Medicine, 88 East Newton Street, Collamore 7380, Boston, MA 02118, USA

number of pregnancies increase so do perceived bias and discrimination regardless of job setting [5]. In contrast, male surgeons typically make family decisions without interference, while female surgeons may encounter overt or subtle bias. For example, female surgeons with multiple children may be asked when and if they are having additional children, whereas their husbands who are male surgeons do not face the same scrutiny. Changing attitudes and policies is needed to support women who desire to be both surgeons and mothers.

Surgical practice settings are not exclusively academic or private practice. Increasingly physicians are employed more by health networks than are working in private practice. Including the parental leave experiences of such employees will be important for future investigations of leave policies. Reducing stigma and advocating for better policies and protections are necessary to maintain our workforce of female surgeons. Through ongoing research, respectful discussion, and open dialogue, the surgical community can foster female surgeons, promote their achievements, and support their families, while they contribute to invaluable patient care.

Nap time is over! Wake up and incorporate a consistent parental leave policy between all practice settings and for all parental models. It has taken a pandemic to thrust the significance of mental health and wellness to the top of society's list of priorities, and preceding this social change was the increasing acceptance of how a family is defined. Creation and implementation of new policies should standardize the term parental and not just maternal leave. Let us develop a blanket policy for all. For the health, wealth, and future well-being of children and their parents.

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