

EDITORIALS

CHRISTMAS 2018: EQUAL TO THE TASK

Unto them a child is born

Hitting the “maternal wall” in medicine

Kate F Lovett *dean*

Royal College of Psychiatrists, London, UK

In a linked paper,¹ Halley et al describe a thematic analysis of free-text answers from an online survey of female doctors.² Quantitative data already published from this survey, suggest that women perceive discrimination related to motherhood, not just gender. The aim of the new qualitative analysis was to identify ways in which women doctors experience this maternal discrimination.

The sample was drawn from an online community of women who identify as medical mothers. The Physician Moms Facebook group was established in 2014³ and now has over 71 000 members, most whom are based in North America.⁴ While the sample is unlikely to be representative of all physician parents, it does provide a large dataset which the authors analysed using grounded theory techniques to explain patterns within the women's reported experiences. Emerging themes included varying expectations of performance (both higher and lower), fewer opportunities for career development, financial differences, lack of support during the perinatal period, and difficulties achieving life-work balance.¹

The study question is undoubtedly important. The adverse effects of discrimination in workplaces are increasingly well recognised and have implications for both individuals and organisations.⁵⁻⁷ A better understanding of the drivers of discrimination against women in medicine is an essential first step towards effective solutions, and a better working environment for everyone.

However, there are several limitations to the study. Using a questionnaire design, the authors were not able to obtain detailed data about the examples of discrimination given by responders. In addition, the all-female authorship did not explore how their own perspectives could have influenced the study design and analysis. They conclude that addressing organisational factors (such as parental leave and childcare) were important. However, the study did not consider how to influence the possible drivers of discrimination, including broader societal expectations, medical culture, and how interpersonal interactions affect the relationship between individual experiences and cultural norms.¹ Further detailed qualitative work to understand this complex area of human behaviour is needed.

Finally, the study did not explore internalised psychological barriers that Sandberg has hypothesised can reduce women's expectations of their own and other's potential.⁸ Further research should look at this specifically within medicine, including how anticipation of parenthood may affect career decisions.

Heilman et al identified that parenthood had negative consequences for both men and women in terms of perceived commitment to work by prospective employers.⁹ In their experiments, however, it was only mothers who were rated less competent than their non-parent female peers and all male colleagues regardless of parental status. Williams has described the effect of motherhood on careers as the “Maternal Wall,”¹⁰ although, as the authors of this study rightly point out, there has been little research to date within the medical profession.

Future research should also focus on employers' and coworkers' attitudes to parenthood among men and women in health care, including the attitudes of both male and female supervisors and trainers. Supporting new parents while providing equal opportunities for professional growth regardless of gender is a nuanced and fine line to tread.

Glick and Fiske conceptualised dimensions of hostile and benevolent sexism.¹¹ While hostile sexism describes overt discrimination, benevolent sexism involves stereotypical views leading to attitudes towards women that could be seen as positive or even helpful. Benevolent sexism is an important form of discrimination which may lead to denial of career opportunities through misguided “protection” of medical mothers from difficult challenges. Benevolent sexism is not simply the domain of men; unconscious bias affects us all.¹²

We cannot fully understand the professional lives of women without examining broader societal attitudes to lives outside work. On average, women spend substantially more time on unpaid caring responsibilities and domestic tasks than men globally, creating a “double burden” of work for women.¹³ While the distribution of responsibilities is more equal in high income countries, it remains the case that in both the US and UK women spend over double the amount of time in caring for children

than men, and throughout OECD countries women spend on average an additional 1.5 hours a day on housework.¹⁴

Lengthy training, long hours, and high societal expectations mean that doctors—parents or not—lead challenging lives. Halley's paper will help start a conversation and identify themes for further exploration. However, as long as parenthood is seen as a women's issue rather than an issue for us all, maternal discrimination will remain unresolved. As both men and women "lean in" on the domestic and work front, we need to understand how we can support each other in equal relationships both inside and outside of work.

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