A Woman Physician-Researcher's Work Is Never Done

In this issue, Jolly and colleagues (1) report the results of a recent survey of physicians who received National Institutes of Health K08 or K23 awards between 2006 and 2009 and had an active academic affiliation at the time of the survey. They found that among these persons with a strong commitment to academic medicine, there were marked gender differences in the time devoted to domestic activities among those with children. The authors worry that the medical profession may be particularly resistant to policies and cultural changes necessary to ensure the success of women. As women in academic medicine who nurture families along with husbands who are also high achievers within the profession, we find the results of this survey neither surprising nor all that worrisome. We reflect on why Jolly and colleagues found what they found and on the lessons their observations offer to a profession where women are no longer the minority.

Establishing an academic career while caring for a young family is hard work. The respondents in this study report average work weeks of 89 hours (men) and 94 hours (women) split between their paid and domestic responsibilities. If we subtract 7 hours per night for sleep (this is likely wishful thinking), that leaves men with 30 hours and women with 25 hours per week for personal activities, such as exercise, recreation, community service, religious activities, or anything else they may like or need to do. The arrival of children produces tectonic shifts in family relationships. There is just more to do, and the necessity of adult supervision means that if 1 parent has an overnight shift, a grant deadline, or work-related travel, responsibility for the children shifts to someone else—often the other parent.

Jolly and colleagues explore economic theories that may account for the assumption of a disproportionate share of domestic duties by these high-achieving, academically oriented women. They consider the possibility that the culture of academic medicine, set by generations of male department chairs supported by wives who worked part-time or not at all, has not accommodated itself to the realities of the full-time working couple and has failed to provide amenities that would allow women not to miss work when a child is ill. Although the academic culture and provision of services, such as care of sick children, are clearly important, we believe that many of Jolly and colleagues' findings reflect a simple truth, at least for this economically privileged group: Division of time is driven by preferences.

Female physicians choose research for the same reasons as their male counterparts: It is intellectually engaging, it affords the opportunity for self-determination (to be one's own boss), and it is the coin of the realm in academics. However, research is also the most flexible component of an academic career because it is the activity in which others, such as patients or trainees, depend on us the least. On a daily basis, it may be more compatible with raising a family than a purely clinical or teaching position. This is not to suggest that women are choosing to be researchers because it is the "easy way" to combine career and family but simply to recognize that researchers have a bit more discretion over where and when they work than educators or clinicians.

How can we explain the difference in time allocation by female researchers compared with their male counterparts, both with spouses working full-time? The data, specifically the relative parity of division of labor in the couples without children compared with the "overinvestment" in domestic responsibilities seen among female researchers with children, suggest that some of this may be due to differences in the choices made by women compared with those made by men. Perhaps the advent of children more profoundly triggers a woman's sense of the central features of her role. We guess that few women would say, "It is central to my role as a wife that I clean the bathroom," or even, "It is the wife's responsibility to prepare the evening meal." However, many women would likely say, "Mothers should devote a substantial part of their time at home to their young children," or, "When a child is sick, it is best if his mother can stay home with him."

Is this something that we should try to "get over" or remedy? There are 2 issues here: the potentially compromising effect on women's careers and the distress that women may feel because they view the roles of mother and researcher as incompatible. In the multivariate analysis, being a woman was associated with less time spent in research (−2.94 hours per week). In contrast, a faculty member who works 55 hours per week for 30 years will turn in 85 800 hours of work. From this perspective, is the fact that talented women may choose to shift a few hours from research to their family roles until the youngest child is in high school a threat to academic medicine? We certainly do not think so.

To help explain why Jolly and colleagues are disturbed by the disparities they saw in this study, let us reflect on a few previous studies suggesting possible trouble for women in academic medicine. In 2009, Jagsi and colleagues (2) reported that the actuarial rate over 5 years of achievement of an R01 award among recipients of K08 and K23 awards between 1997 and 2003 was only 22.7% and that there were significant gender disparities (18.8% of women and 24.8% of men). Although this previous work could not account for whether the disparities were due to differences in funding success or because fewer women chose to seek funding, these findings suggest a leak in the pipeline that delivers successful clinical researchers. This group's previous work also suggested a "gender gap" in authorship of the medical literature (3). Also worrisome is a mid-1990s

survey of academic medicine faculty that showed that female faculty neither advanced as quickly nor were compensated as well as professionally similar male counterparts (4). There is no doubt that, in 2014, gender differences in achievement of traditional measures of professional success between female and male faculty remain, and such continued differences in standards are inexcusable. However, programs with flexible tracks for professional advancement in current times where fewer and fewer academic physicians (women or men) have a stay-at-home spouse to manage the home front while they work unfettered are emerging (5). More such programs need to be developed, and more faculty need to be aware of and unafraid to avail themselves of them (6). The influences that guide junior faculty, from senior mentors to promotion clocks, must recognize that successful academic careers do not follow a singular trajectory.

Women also need to take some pressure off themselves. Most of us are lucky enough to have long careers with distinct phases. There is no need to do it all, all at once, right now. The true measure of a successful life in academic medicine, particularly for couples within the profession, may no longer be measured in grants garnered, papers published, or salary attained but rather in the flexibility to balance career and family over a lifetime in a way that makes personal sense and achieves realistic goals in both arenas.

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