Part-time Academic Male Physicians: A Call for Role Models

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People reading this title may remark that they are not aware of any male colleagues in academics or full-time clinical practice who have chosen to work part time. The few men I know who have scaled back are nearing the end of their careers and not—like me—at the beginning. In 2015, I began a new academic position with one and a half days free to provide child care or attend to other family responsibilities. I chose this consciously, but my only role models in this choice have been female physicians. Why is it that in 2015 many of us are aware of female but not male colleagues working part time?

The last few decades have seen a serious change in gender roles within the home and the workplace, with women increasingly taking their place in the workforce in medicine and elsewhere and men taking more of a share of domestic tasks. Many of the non-physician young fathers I know have an expectation of hands-on parenting, carving out of their careers more time to parent. I have a sense that young male physicians inclined toward prioritizing time at home with family may be choosing specialties other than general internal medicine, given that I have not encountered male physicians working part time in my field.

Surveys indicate that in the United States 20% to 30% of female physicians are practicing less than full time compared to 4% to 9% of their male counterparts.¹ Most frequently, the reason cited for this is to provide care for family members. Certain specialties, such as outpatient pediatrics, have higher numbers of men working part time.²

Personally, I’ve received a variety of positive and negative reactions to my plans. One female colleague said, “Oh, if you do that, your division won’t involve you in much of anything. It was only when I went full time that I began to be included in projects.” Another senior mentor said, “That sounds like a wonderful way to manage the rigors of academic medicine.”

There are multiple reasons why male physicians may not consider part-time employment. Many may not consider it an option, given that they do not see others doing it. Most of us are still influenced by a narrowly defined cultural expectation around men and women’s spheres of influence. Medical school debt is also highly influential, and thus limiting work time and earnings seems simply impractical. Additionally, many are concerned about implications for career advancement and promotion and may believe that they cannot succeed without working full time and giving up many of their evenings and weekends as well. The New York Times recently profiled millennial men, who have more egalitarian views than previous generations but find themselves taking a more traditional bread-winner role.³

Leaders in academic and clinical medicine are grappling with these issues for both male and female physicians. Addressing male physicians’ need to contribute in the home may actually foster opportunities for their spouses. As Nancy Andrews, dean of Duke School of Medicine stated, “Many of the most successful women physician-scientists owe their success, at least in part, to enlightened partners who have made their own unrecognized and unrewarded career sacrifices to help the women succeed.”⁴ The effect of male physician partners taking more of a role in the home assisting in the careers of their partners may be amplified, since academic women physicians are more likely than men to have physician spouses and spouses who work full time.⁵ Additional benefits of part-time work include decreased burnout, lower stress levels, higher work-related satisfaction, and a better sense of control over work life.

A number of leaders and organizations have taken steps to create a more egalitarian supportive culture in their institutions:

- SGIM supports part-time careers through interest groups and a career development award, the Mary O’Flaherty Horn Scholars Program, for junior faculty seeking to support an academic career while raising children.
- The Alliance for Academic Internal Medicine in 2009 sponsored a task force report with recommendations for academic leaders. The task force has challenged us to conduct research to determine “best practices” in part-time hiring that will enhance the attractiveness of internal medicine careers and improve recruitment, retention, and productivity in a cost-effective manner.
- Online forums like “Mothers in Medicine” allow opportunities for women physicians to share personal experiences, successes, and frustrations. I am not aware of a similar resource for men.
- The American College of Physicians has included guidance for trainees considering continued on page 2
part-time work on their career counseling website.

- Some divisions directly confront negative stereotypes and encourage part-time providers. During my fellowship, my division proudly highlighted the number of part-time faculty in the division in reports to departmental and institutional leaders.

During my residency and fellowship, I received the indispensable guidance of multiple women who work part time. They gave valuable advice about navigating logistical problems related to clinical time, employee benefits, and career advancement and recognizing the potential for stigma. These stories and advice are unlikely to be shared unless students, residents, and faculty feel safe and supported in telling them.

Why is this issue so important for me? Put simply, I have seen the benefits among my non-physician male friends and family of prioritizing time for family. The most significant example—one that remains a regular reminder—was my brother-in-law Karl, who died unexpectedly at the end of my intern year. At the end of a long overnight call, I was jarred by an urgent call letting me know that Karl, a healthy 40-year-old man, had died suddenly in his sleep. For years he had been one of my role models. He had chosen to teach high school rather than pursue a more lucrative career because he wished to achieve work-life balance and be at home with his children after school and during the summer. After he died, friends and family repeatedly remarked on how well he had used his time.

Coming during a time when I was deeply immersed in the work culture of medicine, I saw the sharp contrast between Karl’s path and my own. My perception of the medical work culture contributed at times to my feeling as if my absence from work unfairly added to the workload of my fellow residents. During the days around his funeral, I worried about a lack of continuity for my primary care patients; I even worried that I was ineffectively using valuable downtime. In the ensuing years, remembering Karl’s example has assisted me in maintaining perspective and setting priorities for achieving balance between home life and career. By having mentors who modeled the kind of balance I desired, I created my own approach for managing these pressures. My mentors never gave me a false sense that working part time in academic medicine was easy; rather, they have shown me that it is possible to do and worth aspiring to.

A growing body of literature suggests that it is possible to have an impactful personally meaningful academic career while working part time. Recent evidence suggests that part time providers may have more satisfied patients.\(^6\) As many female (and a few male) part-time colleagues have shown, being open about one’s intentional choice to work part time can help to create opportunities for community, mentorship, and improved strategies for improving our professional contributions. More men should share our thought processes, experiences, and results in navigating part-time employment. Let us ask important testable questions about these choices. For those who are curious about part-time practice, look for examples within your institution or in larger professional organizations of those who seem to have the work-life balance that you seek. I believe that greater sensitivity to these issues will positively transform academic medicine and lead to more satisfied physicians (and, potentially, patients). I am convinced that the results for our families and ourselves will be well worth the effort.

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References

3. Miller CC. Millennial men aren’t the dads they thought they’d be. New York Times, August 1, 2015. Available at: http://nyti.ms/1KBq4em  