Parenting in Plastic Surgery Residency

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• None
The impact of plastic surgery training on family planning and prenatal health

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Background
Study Aim

• Evaluate the current status of childrearing during plastic surgery training
Method

• An anonymous, electronic survey distributed to current plastic surgery residents
  • Demographic information
  • Training program information
  • Basic financial information
  • Child care accommodations and availability
  • Attitudes and issues surrounding childrearing during residency
Results

- 32 respondents
  - 66% women and 34% men
  - 94% integrated, 6% independent
- Mean age: 31
- PGY 1-9 (avg 3.4)
- 75% married, 38% had at least one child
  - No difference when stratified by gender
1\textsuperscript{st} Child Born Prior to Residency
Average PGY for first child born in residency
Results

- Women were more likely than men to be married to a spouse working outside the home. (94% vs 75%).
- 44% of married female residents were married to another physician.
  - Compared to 13% of married male residents.
Spouse as Primary Child Care

- Male: 75%
- Female: 12%
**Child Care Accommodations**

- 63% utilize a nanny
- 37% utilize daycare

- 2 respondents reported availability of on-site child care
  - They did not have children.
Monthly Child Care Costs

• Average monthly costs= **$1800 ($21,600/yr)**
  • **2.25x** higher than the national average

• For residents utilizing spouse a caregiver:
  • Average income loss= **$46,600/yr**

• 75% of respondents with children would utilize on-site child care if it was available.
Financial Impact

• 100% of respondents with children agreed with the statement:
  “The cost of child care creates a financial burden.”

• From 2013-2018
  • Weekly *nanny costs* have increased 25%
  • *Resident salaries* have increased 8%
How often do you feel stressed about finding child care?
Results

• Only 3% agreed with the following statement, “My institution has provided me with services to arrange adequate child care if needed.”

• 63% of respondents disagreed with the statement, “My training program allows for schedule flexibility to accommodate child care needs.”
Results

• Female residents missed work twice as often as male residents due to difficulties finding child care.

• Female residents were twice as likely to require a co-resident to cover her clinical duties due to difficulties finding child care.
The availability of on-site child care played a role in selecting a residency program.
If you had to pick a residency program today, the availability of on-site child care would influence your decision.

* p=0.002
Results

• 25% female residents with at least one child reported seriously considering leaving their residency programs due to difficulties with child care accommodations.
Limitations

- Response bias
- Anonymous survey
Conclusions

• Training institutions are not adequately meeting the child care needs.
• Child care costs have swiftly outpaced the stipends of plastic surgery residents creating a financial burden.
• As female residents require outside the home child care at a far greater rate than male counterparts, failing to provide adequate access to affordable, reliable child care truly creates a gender disparity, resulting in a negative impact on plastic surgery training.
Conclusions

• If we wish to recruit and retain the most highly-qualified and well-rounded applicants, we must improve the accommodations for child care for our trainees who are and who wish to become parents.

• All training institutions with plastic surgery residency programs should provide affordable, accessible child care that accommodates the 24-hour natures of both patient care and parenthood.
Acknowledgements
References


