

Attitudes Regarding Parental Leave in Orthopaedic Surgery

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INTRODUCTION:

With the increasing importance placed on reducing gender disparities and promoting wellness in orthopaedic surgery, there has been a focus on parental leave with the recent ABMS policy in 2021 providing a minimum of 6 weeks of parental, caregiver, and medical leave to trainees, further expanded by the ACGME in 2022 specifying that this leave should be paid. The objective of this study is to understand awareness among orthopaedic surgeons of these recent parental leave policy changes, explore attitudes regarding parental leave, and investigate ideal parental leave lengths.

METHODS:

A survey was constructed evaluating demographics, parental leave history, the factors influencing length of parental leave, and opinions regarding colleagues taking leave. This survey was distributed to orthopaedic surgery program trainees and practicing surgeons participating in the Collaborative Orthopaedic Educational Research Group who have indicated that they are interested in participating in this survey.

RESULTS:

The survey was distributed to 11 programs and yielded 113 responses. There were 29 (25.7%) females, 84 (74.3%) males, 64 (56.6%) trainees, and 49 (43.4%) attendings. When asked a true or false question about the specifics of the current ABMS leave policy, 79% answered correctly, indicating that they were familiar with the policy change, with no statistically significant differences between gender or career stage. More males in practice (70.8%) felt that their workload increased in response to a colleague taking parental leave compared to females (40.0%), although this did not reach statistical significance ($p=0.13$). Males and females in training had more similar attitudes about workload increase [62.9% for males and 60% for females ($p=1.0$)]. Over 80% of trainees felt that attitudes surrounding a colleague who took parental leave were very supportive or somewhat supportive. This was also reflected by male attendings; however, female attendings felt that there was less support regarding a colleague taking parental leave (Figure 1).

Almost all females regardless of stage in training would take at least 6 weeks of parental leave. Males, however, had varied feelings about this statement; although, there were more males in training than in practice who agreed with this (Figure 2). Trainees had varied sentiments regarding whether or not they should take the total amount of leave allowed; whereas more attendings disagreed with this statement (Figure 3). More male trainees (33.3% female; 53.5% male) felt that they will not take full leave due to lack of precedence. This sentiment was slightly amplified among female attendings, whereas male attendings felt more able to take full leave. The same question was posed to attendings regarding their sentiments when they were trainees, demonstrating that the majority of them felt that they could not take full leave due to lack of precedence, even more so than current trainees (Figure 4).

Females believe that the ideal parental leave length should be significantly longer compared to males [10.7 vs. 8.0 weeks for the birthing parent ($p=0.00$), 6.2 vs. 4.2 weeks for the non-birthing parent, and 8.2 vs. 5.0 weeks for the adoptive parent ($p=0.00$)]. Attendings believe that the ideal parental leave length should be longer compared to trainees, but this did not reach statistical significance [9.2 vs. 8.3 weeks for the birthing parent ($p=0.31$), 4.4 vs. 4.9 weeks for the non-birthing parent ($p=0.37$), and 6.5 vs. 5.3 weeks for the adoptive parent ($p=0.10$)].

DISCUSSION AND CONCLUSION:

This study demonstrates that the majority of orthopaedic surgeons surveyed are aware of recent parental leave policy changes, indicating these have provided some degree of clarity. Still, most surgeons believe that at least the birthing parent requires more than 6 weeks of leave. Given the significant differences in ideal parental leave length among respondents for birthing, non-birthing, and adoptive parents, this is an area which requires further investigation. Overall, there is a positive shift, indicated by more support surrounding those taking parental leave compared to prior studies¹⁻⁴, and more males wanting to take longer leave. This may be partially due to fact that males are sharing in the childcare duties and improvement in the normalization of taking leave among current trainees compared to prior trainees. There are still significant barriers to overcome, reflected by a majority of trainees who still felt neutral or agreed with the sentiment that they will not take the full allowed parental leave due to social stigma, fear of compromising the ability to advance one's career, or lack of precedence.

