FEMALE DOCTORS WITH UNDER-AGE CHILDREN IN TIME OF CRISIS. AN ENDLESS ROLE CONFLICT

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Women in Greece constitute over 50% of medical students, but only 38.4% of the medical personnel.[1] This is perhaps due to older cohorts of medical schools' graduates that were mostly men. A large part of female doctors is concentrated in only nine out of the thirty nine recognised specialties, whilst more than half opt for just three specialties, those of bio-pathologist, paediatrician and anaesthesiologist. A mere 1% of women medical graduates becomes a surgeon.[2] The above figures illustrate vividly the intense influence of social gender on the choice of a specialty and of the future career and academic path associated with this choice. Whether consciously or not, the principle criterion that impacts on the choices of female doctors is how they will be able to juggle more effectively the demands of the medical profession with having a family and bringing up children.

The question, to what degree it is realistic to simultaneously pursue a successful professional career with the raising of well-balanced children, is one that haunts women from the moment they decide to enter paid employment on equal terms with men, without jeopardising their family and personal life, or vice-versa. Most women, especially of younger ages, unaware of the stakes at play,

1. According to the ELSTAT 2011 census.

2. The data are based on an earlier study by D. Andrioti, researcher at the Athens School of Hygiene. Mentioned in Kroustalli, 1998.

believe that they, 'will make it', despite the plethora of examples of frustrated initial expectations and disillusionment. In time of crisis as the current one facing Greece over the past seven years, work-life balance becomes increasingly difficult. The reason is that the crisis has undermined several certainties that allowed working parents to juggle, albeit with difficulty, their complex roles. The main reversals include the following:

(a) The male bread-winner and the dual-career models have been undermined by the soaring levels of unemployment (which peaked 27% in 2013)[3] triggering off drastic changes of roles within the family, with the male partner often without work and the female partner in paid employment, even if part-time or undeclared. The reduction in the family income has made it increasingly difficult to recruit paid care services from the market.

(b) Unemployment and shrinking incomes have weakened the informal support networks, such as the family, which is increasingly unable to fulfil its vital function as a substitute or complement of the residual welfare state.[4]

(c) The social infrastructure (nurseries, crèches, school hours) – unable to meet the needs even before the crisis– has been further downgraded and worn out.

(d) Employees' bargaining power has been curtailed and businesses are becoming more and more reluctant to facilitate working parents with family obligations. Liberal professions have seen their ability to organise their time in a way that suited both their family obligations and a demanding job, diminish considerably.

In the case of women who chose to pursue one of the most demanding professions of our time, the medical profession, it is beyond doubt that they are under considerable pressure to successfully fulfil their multiple roles. The daily compromises and juggling of responsibilities has an impact on both their career and their intra-family relations. To explore the difficulties, demands, compromises,

3. ELSTAT, 2014.
4. Mouriki, 2015.

but also the joys and satisfaction experienced by female doctors while enacting their complex and multiple roles, we have sought to track down, using the snow-ball technique, ten doctors of different specialties, with under-age children, at various stages of life and interview them about their experience.

1. Socio-demographic characteristics and professional choices

Efforts were made to have a research population of ten doctors that reflects the diversity of academic and professional pathways, of professional status and of family situations experienced. Most of the doctors in the research population are over 40 years of age, married, with one or two children. Six out of ten work as free lancers in their own private practice, three are employed in public hospitals and one works in three private clinics simultaneously. All but one have between 11 and 27 years of professional experience.

In choosing their specialty, six out of ten doctors were driven to a choice 'by exclusion', as their family responsibilities, current or future, seem to have played a crucial role in their decision to avoid a specialty that would require long waiting times, intense competition with their male colleagues and very demanding and irregular working time schedules. There has even been one case where the respondent stated that she regrets having chosen the medical profession and the time devoted to it, as she had under-estimated the inherent difficulties of the profession and the slow professional advancement.

The medical profession does not seem to influence the choice of the partner (only three cases said they met their future husband at the medical school), but it certainly influences to a large degree the timing of having children and their number. For most of the doctors interviewed, the presence of children of a young age weighs heavily on the performance of the medical profession leading to a loss of career opportunities, even international ones, the turning down of job offers and the curtailment of their ambitions. Most doctors stressed the practical difficulties in reconciling both roles, such as the

overnight duty system in public hospitals, the difficulty in keeping up with scientific developments and participating in conferences and seminars, the lack of time to study in view of getting a postgraduate degree or a doctorate degree, the precedence of children over their profession, etc. To avoid an intense role conflict, some had to lower their expectations from the beginning and abandon their ambitions for an academic career or a large client list in their private practice. In only two cases no role conflict was reported.

Despite the prevailing system of overnight duty (eight shifts around the clock per month), the doctors working in public hospitals are better placed than their colleagues in the private sector or the liberal profession, who would gladly swap their present status for a public hospital job, as that would entail more free time and less work-related stress.

2. The impact of the crisis on the medical profession

The crisis has had a negative impact on the professional and family lives of the doctors interviewed in many ways. Those working as salaried employees in public or private hospitals, have experienced drastic pay cuts, considerable delays in their pay cheques in the private sector and regarding the overnight duties in the public sector, whilst some must work in two or three different jobs to make ends meet. Very often, in the public hospitals, they also must perform their duties in a context of severe shortages in medicines, medical equipment and supplies, and in personnel.

As for the free lancers, they have suffered a severe, double blow. On one hand, the number of patients visiting their private practice has gone down, owing to economic hardship, whilst even those that do visit them have difficulties in paying. On the other hand their increased social insurance contributions have further eroded their already reduced income. Thus, they must work longer hours, to address their growing needs, thus scarifying time that they would otherwise devote to their family and personal life.

The crisis has also had an impact on family life, as the reduction in the disposable income leads to cuts in children's out-of-school activities, in purchasing care services from the market and in the necessary recreational activities.

3. Main difficulties in balancing the medical profession with family life

The doctors interviewed are all faced with considerable barriers in performing their profession whilst at the same time raising their children, as they are the ones mostly bearing the burden of family responsibilities. The main difficulties encountered include:

- the absence of adequate and affordable childcare facilities, especially for the afternoon and early evening hours, when the free lancers need to work in their private practice;
- the unsuitable state school opening hours except for schools operating on the all-day school system;
- the lack of support in caring for sick or disabled children;
- the long and unsocial working hours, the continuous stress and professional fatigue, the responsibility that the doctor carries towards her patients that prevent her from switching away from her problems when at home;
- the rigid working time schedules and the lack of flexible working arrangements;
- the absence of maternity and parental leaves for the doctors without tenure in public hospitals or working as free lancers;
- the lack of a stable environment that allows long-term planning;
- the lack of personal time.

The most common ways to address the above difficulties is the recourse to informal support networks (namely parents) and, less often, the purchase of private services (housekeeper, nanny, childminder). Though not explicitly spelled out, husbands or ex-husbands do not seem to show enough understanding regarding the demanding medical profession and assist very little or not at

all in the house chores and in raising the children, usually limiting their contribution to driving children to classes, helping them with homework or going to the super-market on Saturdays. In only one case, that of the paediatrician with the three young children, it was reported that the husband contributes significantly to the family and household responsibilities. In the case of divorced doctors, the assistance from the ex-husband is even more rare and irregular.

4. Work-life relations

Despite their considerable efforts to combine the demands of the medical profession with their caring responsibilities, the doctors interviewed are not, overall, satisfied with the outcome. The major barriers they encounter in attempting to reconcile their roles include physical and intellectual fatigue due to their job, stress, lack of time, especially regarding their children, lack of effective support from their partners, and the absence of state-funded care facilities. Thus, they feel inadequate in both roles, they are haunted by guilt, they do not have the energy to spend creative time with their children, they put aside their social relations and personal hobbies, or they sacrifice their career prospects in favour of the family. Even in the case of doctors (four out of ten) who consider having put more emphasis on their job than on their family, this comes at a price, as their sense of satisfaction is mingled with guilt.

The doctors, on the other hand, who reported that the outcome of their reconciliation efforts is in favour of their family rather than their job (three out of ten cases), still feel they do not devote enough quality time to their children. Whilst in three other cases, doctors reported that they have managed to strike a balance between their career and their family, without feeling that they have neglected either their children, or their career. However, failed expectations regarding a successful combination of a career with family life is an indisputable reality for most.

In terms of career advancement, most doctors have reason to believe that as women they are treated unfairly compared to their male

colleagues. Some pointed out the loss of professional opportunities, because of having children, which is not the case with male doctors.

5. Policy suggestions for the reconciliation of work and family life

The doctors interviewed, apart from airing their grievances, also put forward concrete proposals as to how to overcome the overwhelming barriers facing them, in managing their multiple roles. Their suggestions cover a wide range of areas, from institutional initiatives (social infrastructure operation hours, employment and social rights of doctors working in the private sector, flexible working arrangements in hospitals, etc.) to the greater involvement of fathers and / or husbands in the family and household responsibilities.

Concluding remarks

For most of the women doctors interviewed, the prospects of work-life balance are bleak, in view of the prolonged economic crisis that exacerbates the subjective difficulties facing female doctors, eager to perform their profession successfully, whilst at the same time raising a family and pursuing their personal balance. As the conditions of performing their medical duties continue to deteriorate, so will the prospects of successfully balancing the complex roles that female doctors have endorsed. Doctors working freelance are particularly concerned about their future and experience intense insecurity, having to work prolonged hours to survive. But even the salaried doctors are affected by the pervasive insecurity surrounding them that prevents them from making long-term plans, in either their public or private sphere.

Regarding intra-family relationships, the prolonged absence of mothers from home and the few hours they can devote to their children, due to exhausting work schedules, have a negative impact on children's well-being, causing them a sentimental void that can

be expressed in various ways: aggressiveness, introverted behaviour, complaints. Grand-parents or professional helpers, and to a varying degree, fathers too, are called upon to make up for the mother's absence. This solution, however, is often associated with conflicts and tensions.

The general impression from the ten interviews with female doctors is that they face with stoicism and personal sacrifices the considerable barriers in reconciling their complex roles, making small compromises on the time devoted to their children, and significant ones on their career and personal development. The support they receive from their husbands and the state falls short from their actual needs and cannot mitigate the tensions and the difficulties they encounter daily. Thanks to their great, often heroic, efforts, they eventually manage to carry the heavy burden of the medical profession, without seriously neglecting their children and their smooth development. However, the often-unresolved tensions that emerge in their private and public spheres come at a price.

Perhaps the best way to help women reconcile effectively their family and work responsibilities is to allow them greater autonomy over their time, which means providing them with the means to avoid working long and rigid hours that deprive them of precious time from their personal life and drain their energy. This is something seemingly unfeasible in the context of the medical profession - amongst many others - and the current crisis. Because it requires a totally different approach to working time organisation, a re-structuring of social hours and of intra-family arrangements, but also a drastically different business mentality, not to mention a value system that embraces with the same respect the women who chose to prioritise their family over their work, with the women that wish to pursue their career advancement in the present and not in some distant and uncertain future.

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