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International Journal of Women's Dermatology

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Letter to the Editor

Lean in or out: How to balance when the world turns upside down?



Dear Editors,

In January 2020, Dr. Grant-Kels shared a delightful editorial in this journal detailing ten pieces of advice for women physicians (Grant-Kels, 2020). That same month, the first case of coronavirus was confirmed in Washington state (Rabin, 2020). The toll of the COVID-19 pandemic thus far—in deaths, economic instability, and for many, immeasurable suffering—need not be stated here. More recent weeks have seen our country grappling with widespread protests and unrest following the killings of Black victims by police. Quite abruptly, we have found ourselves in the midst of numerous unparalleled challenges, both as individuals and as a nation. The question in this letter is how do we, particularly as early and mid-career dermatologists and mothers, who are so accustomed to navigating the delicate balance of work and family, pilot our way through these uncertain times? We are now faced with the nearly impossible task of steering our families, our careers, our patients, and ourselves across a great unknown. Is it still possible to do so with the grace, fortitude and humor suggested by Dr. Grant-Kels' ten gems?

The delicate balance between our personal lives and careers has been disrupted in a very short amount of time. For some, the pressures faced at home have become exponentially greater: many of us or our partners may be facing pay cuts, unemployment or prolonged furloughs; parents are navigating the unique challenges of homeschool or canceled camps and other activities; nannies and babysitters may be reluctant to expose themselves to the increased risk of exposure from working in a doctor's house; and the risk of infection may prohibit help or visits from grandparents and other family members. The last several months have upset the carefully woven fabric of caretakers and family members necessary for work-life balance.

Both of us come from dual-physician households with young children at home. Risk—a part of our lives even before COVID-19—feels tangible now. Every day is filled with unsettling questions: what might we bring home to our families? What happens if one parent (or both) becomes seriously ill? How do we continue to raise good-hearted, well-rounded children in the face of such uncertainty? As ambitious, accomplished, and well-educated female physicians, it is in our nature to confront new challenges head on, to lift those up around us in times of difficulty, to be leaders at our workplace and in our communities. After many years of stitching together a delicate system to allow us to be the best-possible physicians/mothers/wives/daughters/colleagues we can be, this new normal exposes our support systems for what they are:

oftentimes flimsy and insufficient, bound to fail under the strain of new challenges. As has been shown time and time again, many of the difficulties faced by working mothers are linked to both our tendencies towards perfectionism (Mitchelson and Burns (1998); Weis, 2015) as well as the lack of societal support for female labor in the workplace and at home (Juengst et al., 2019; Pfeiderer et al., 2018).

We are attuned to the particular challenges faced by residents as well as early and mid-career female dermatologists. Resident physicians with children often rely on intricate networks of family and caregivers, given call schedules, lack of autonomy governing daily work hours, and limited flexibility regarding time off. Recently, headway has been made by many dermatology programs across the country to assist residents as they navigate the demands of new parenthood (Gracey et al., 2020; Mattesich et al., 2017). The implementation of similar guidelines to support residents through the COVID-19 pandemic—with increased flexibility to relieve childcare providers and time off for personal illness, to care for sick family members, or for other unforeseen emergencies—would be compassionate and prudent.

Meanwhile, the effects of the pandemic on productivity, scholarship, funding availability, and promotion opportunities will undoubtedly be profound. Female faculty with young children are more likely to be in the early or mid-stages of their careers, when loss of productivity can have significant effects on future opportunities (Svider et al., 2019; Treister-Goltzman and Peleg, 2016). While some physicians have been able to use a reduced clinical schedule to devote more time to academic work, with blurring of the work/home line, many women are now bearing even more of the brunt of childcare and household duties than pre-COVID (Alon et al., 2020; Carlson et al., 2020). Although Dr. Grant-Kels suggests hiring someone to help with “mindless chores” around the house, in these days of social distancing, this may no longer be an option.

During the recent quarantine, while colleagues with older children or stay-at-home partners were able to take advantage of the reduced clinical workload to accomplish long-term academic goals, those of us who were not able to secure full-time childcare find ourselves playing an interminable game of “catch-up.” The new normal may include a return of childcare providers and household helpers, but also increased clinical demands, additional work immediately attributable to COVID-19-related disruptions, and a back-log of academic goals that could not be tackled during childcare-free weeks. Previously carefully structured work and family schedules have become impossible given the demands of both

<https://doi.org/10.1016/j.ijwd.2020.07.008>

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work and home, a scenario all-too-common for physicians with children (Raffi et al., 2020). Recognizing contributions to patient care, student and trainee education, and division/department/institutional committees beyond classic academic productivity measures such as number of publications and invited lectures in the promotion process would help allay concerns from over-taxed early and mid-career female physicians (Azer et al., 2016).

What is more, many of those suggestions offered by Dr. Grant-Kels as enriching, fulfilling and sanity-preserving activities must be re-invented in this new normal: hobbies need to be limited to those that adhere to social distancing; exercise may be transported from the community of a local gym or studio to one's basement or the outdoors, complicated by children co-opting these spaces. We are even closed to simple human connections, abstaining from handshakes, standing six feet apart from patients in our exam rooms, performing skin checks with masks, gloves, eye protection. We risk feeling very isolated, and very alone.

Underlying all of this is a great, deep river of fear: fear for our children, our partners, our friends and family, our patients, ourselves, our country. Multiple reports published in recent weeks indicate the vulnerability of medical workers to symptoms of depression, anxiety, and burnout during the COVID-19 pandemic (Greenberg et al., 2020; Hoffman, 2020; Organization, 2020). Many of our dermatology colleagues in other cities have been called to the front lines to serve in the ICU or hospital floors. Some of us have had to bury family members, friends, patients, and colleagues.

There is no certain way to navigate uncertain times, and unfortunately, the days and months ahead of us remain obscure. What is as true today as it was in January is that when the world turns upside down, we must root ourselves firmly to what grounds us: our close friends, our parents and family, our children, our partners. We will persevere. Because in the end, what is really important has not, in fact, changed at all: *and love is love is love is love is love is love is love is love* (Miranda and Sonnet 2016).

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflicts of interest

None.

Funding

None.

Study Approval

NA.

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Received 27 June 2020

Received in revised form 13 July 2020

Accepted 22 July 2020