

# Mothers In Medicine of El Paso, Texas

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Female physicians allow their careers to dictate their decisions about motherhood. Some women create a timeline for their motherhood. Drs. Simpson, Cusimano, and Baxter explain in their research, “The Inconvenience of Motherhood during a Medical Career,” that “in spite of recent advances in the promotion of physician well-being, parenthood, especially motherhood, is seen as an inconvenience during medical training and beyond; in the medical profession, it seems there is really no “good” time to have children”<sup>1</sup>. Many young women with dreams of becoming a doctor hold off on the maternal aspect of their life until they are secure in their jobs and partners. Those that take on the challenge of becoming a mother face all the difficulties of motherhood along with those of being part of the medical field. Female physicians already encounter difficulties of the gender pay gap, finding a work-life balance, fair maternity leaves, and guilt.

A case study is a form of research that focuses on an individual or sample group using different types of analysis, including surveys or interviews. A variety of 20 female physicians in El Paso, TX partook in this research on gender inequalities in the medical field. Data collected from the case study was gained through interviews and an online survey called “Female Physicians in El Paso” on SurveyMonkey. Through this case study, the internal and external disputes that discourage female physicians in El Paso are revealed. This research analyzes and explains how the various struggles affect female physicians in El Paso, Texas. Qualitative data used includes information gathered from interviews done with female physicians of El Paso. Quantitative data was gathered through survey polls rating the physician’s acknowledgement of the gender pay gap, difficulty finding work-life balance, maternity leave time line, and feelings of guilt on a scale from 1-10. Survey and interview questions regarding maternity leave and mom guilt were only asked to female physicians with children. The results of this paper suggest that mothers in medicine experience gender discrimination in wages, struggle finding work-life balances, endure unfair maternity leaves and mom guilt. The gender pay gap was measured qualitatively through survey questions asking if the physicians recognized the gender pay gap in medicine. Quantitative data on wages was collected using online data sources. Work-life balance struggles were also measured on the survey qualitatively by asking physicians to rate their happiness with their work-life balance. Maternity leaves were measured qualitatively by inquiring about the physician’s maternity leave time and experience. Maternity leaves are also analyzed using government acts. Mom guilt is analyzed qualitatively through survey and interview answers of female physician experiences. Solutions to combat these problems for female physicians in El Paso are represented based on data gathered through this research. These solutions will change the educational path to the medical field, physician’s wages, emotional and physical support, and work hours.

## Introduction

Previous research of the challenges facing female physicians was not focused on El Paso, Texas with respect to gender pay gap, work-life balance struggle, guilt, and maternity leaves. In the, “State of Women in Medicine: History, Challenges, and the Benefits of a Diverse Workforce,” Madeline Joseph et al define progress made by women in medicine over time, and highlight challenges faced by female physicians. The authors explain that, “challenges include gender bias in promotion, salary inequity, professional isolation, bullying, sexual harassment, and lack of recognition, all of which lead to higher rates of attrition and burnout in women physicians”<sup>2</sup>. These challenges are even greater for women from groups that have historically been marginalized and excluded, in all aspects of

their career and especially in achieving leadership positions”<sup>3</sup>. Although this research defines gender inequalities in the medical field, it lacks challenges that are specific to female physicians with children. Another study, “Physician Mothers’ Experience of Workplace Discrimination: A Qualitative Analysis,” gathered responses of physician mothers of their experiences with discrimination<sup>4</sup>. These physician mothers reported sexual harassment and maternal discrimination during and after their pregnancies<sup>5</sup>. This study does not cover unfair maternity leaves and mom guilt as challenges faced by physician mothers. Mothers dedicate everything to their loved ones and in return they receive lower wages and discrimination in the workplace. Researching gender inequalities faced by mothers in medicine educates current and future generations in hopes of lessening discrimination in medical professions. Medical

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gender equality in wages also contributes to national productivity and economic growth. Gender inequalities in the United States have lessened but are still prominent in male dominated fields, such as the medical field.

Given that the life-or-death responsibility creates an intensity in the medical field, the institutional structure of wages and unpaid maternity leaves along with mom guilt and work-life balance is less accommodating of mothers. Female physicians in El Paso, especially mothers, face challenges, because of their gender, in guilt, wages, finding a work-life balance and getting a fair maternity leave. El Paso is a medically underserved area; consequently, physicians are strained to provide healthcare to a large population. The culture of El Paso, a border community, emphasizes working beyond your limits. Female physicians in El Paso have adjusted to the culture, both individually and professionally. Being an El Pasoan, I elected to gather information that is relevant to my community. This research can help my community's mothers in medicine in the future.

This paper will discuss the phenomenon of mom guilt concerning jobs in the medical field. Female physicians of El Paso discuss how the gender pay gap inhibits them in the workplace. The importance of and the difficulty of learning how to balance work-life and personal life are further discussed. Maternity leaves of El Paso physicians highlight problems and offer solutions.

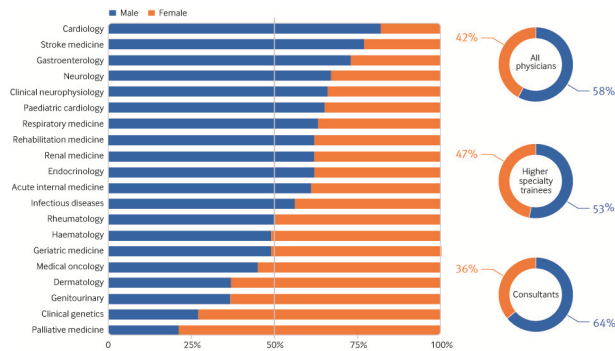
This paper includes a literature review section, methodology section, results section, and conclusion section. The literature used includes journals on gender, gender inequalities, inequalities in health care, sexism, and mom guilt. This section serves as contextualization of the history of gender, gender inequality, gender discrimination, and sexism and how it has shaped today's world. Some key topics discussed include the process of gendering, the description of a double burden, the explanation of mom guilt and its effects on mothers with careers, the waves of feminism, etc. The methodology section defines the case study. Interviews and surveys done with physician mothers of El Paso are included as well as the original questions used. The results section includes analysis of mom guilt, the gender pay gap, work-life balance, and maternity leaves of female physicians. Possible solutions to these problems are discussed, including the implementation of a national minimum wage based on the workplace and therapy groups for physician mothers. A national minimum wage would be difficult to attain because of different statewide costs of living. Therapy groups for physician mothers would be helpful to create; physicians, however, may prefer to use their free time with their loved ones rather than joining such groups.

## Literature Review

“The making of a man or a woman is a never-ending process that begins before birth – from the moment someone begins to wonder if the pending child will be a boy or a girl<sup>6</sup>”. Gender allows people to identify themselves on a spectrum of masculinity and femininity. It is a social construct that creates an internal sense of self, whereas sexual organs determine a person's biological sex. According to Penelope Ecker and Sally McConnel-Ginet of “An Introduction to Gender,” sex determination is the process of gendering as a child is growing up and learning about themselves. As children, boys and girls face unequal gender norms of expectations and access to resources and opportunities that affect them for the rest of their lives. Gender inequality is drilled into children who, eventually as adults, will carry these power relations into their careers. Gender norms also establish girls as caretakers leading to an unequal distribution of roles in households. Women in medicine, in general, choose less demanding specialties in order to balance their work life and home life.

Growing up, I was taught that medicine was a competitive male dominated field. Jill Matthews defines gender order as the social practices that develop power relations between men and women. This concept fortifies the idea of traditional gender roles in adolescents' minds. Young kids are taught that the man of the house should provide for his family by taking a job with high pay and long hours. This motivates the career choices made by young boys who feel the need to dominate in medicine. Female physicians are discriminated against in their own specialties based on their gender. Some female physicians get less trust from patients just because they are women. In *Gender Trouble*, Judith Butler argues that gender is performed through repeated interactions between men and women<sup>7</sup>.

The unequal treatment of people based on their gender is known as gender inequality and common forms include the gender pay gap, employment opportunities, and the distribution of education. Gender equality is a human right that has been advocated for since the 1970s in the United States to gain equal rights, opportunities, and responsibilities for women. Although gender inequalities in employment of women have decreased from 1970 to 2018, women continue experiencing them, according to Paula England, Andrew Levine, and Emma Mishel in “Progress Toward Gender Equality in the United States has Slowed or Stalled<sup>8</sup>. ” The feminist movement is broken into four waves. The first wave of feminism focused on the pursuit of legal rights for women and creating more opportunities. The first woman to earn a medical degree in the United States, Elizabeth Blackwell, opened opportunities for women in the medical profession in the 19th century during the first wave of feminism<sup>9</sup>. Second wave feminism began with Betty Friedan's *The Feminine Mystique* where she



**Fig. 1** Moberly, Men outnumber women three to one in some specialties 2018

discussed the idea of women finding meaning outside of the home and domestic labor<sup>10</sup>. With each wave of feminism, more women created careers for themselves, with medical careers beginning as early as the beginning of the 19th century. Simone de Beauvoir’s *The Second Sex* (1949) analyzes the treatment of women in society throughout history and defines the concepts of immanence and transcendence<sup>11</sup>. Women who feel like they are stuck as housewives in domestic labor face immanence. Transcendence is the ability to throw oneself into projects that go beyond surviving. These concepts laid the groundwork for the Second Wave of feminism. Second-wave feminism has created progress for women in employment, educational attainment, occupational segregation, earnings, and segregation in fields of study. Throughout the second wave of feminism, more women started becoming licensed doctors and less worked as nurses because, “women were finally encouraged to pursue leadership roles, but the careers paths thought to exemplify ‘leadership’ were still in fields that were seen as traditionally male<sup>12</sup>.”

Gender inequality is a form of discrimination in which people are treated unfairly based on their gender. Wedada Andrada Quffa identifies the gender gap in earnings, social norms and practices, education, political participation, and social institutions. The gender pay gap is a measure of what women are paid in relation to men; it recognizes the difference in compensation between men and women. Quffa analyzes economic participation and opportunity inequalities between men and women in her article “A Review of the History of Gender Equality in the United States of America.” She demonstrates that the gender pay gap is more than capital factors, work patterns, and men being negotiators for their wages and promotions. Quffa points out that it is, “clear that women are usually paid less in the United States and all over the globe, but the fundamental reason between that is debated: do women choose lower-paying jobs, because they are more risk-averse?<sup>13</sup>” The gender pay gap is seen in each profession, but some specialties in the medical field have larger

wage differences between men and women. According to the World Health Organization, “women in the health and care sector face a larger gender pay gap than in other economic sectors, earning on average of 24 percent less than peers who are men<sup>14</sup>.” Some measurable causes of the gender pay gap include educational attainment, occupational segregation, and work experience. Female physicians work as hard as male doctors but are compensated less as a form of gender discrimination. The passing of the 14th Amendment of the United States Constitution states:

*“All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.”*

Quffa uses this to reveal that even “if this amendment does not specify gender protection, it does include a most likely deliberate equality between all ‘persons’<sup>15</sup>.” This was a step forward in gender equality of social norms and practices implemented by the U.S. government. Regarding political participation, Quffa reviews how it “took half a century of political distress in order to reboot the women’s rights movement capable of gaining the traction needed to bring social change<sup>16</sup>.” The passing of the 19th Amendment to the United States Constitution gave women political rights to vote and to hold office. The Equal Rights Amendment was another change proposed to the United States Constitution which would have brought legal equality to men and women if it had passed. The 19th amendment allowed for an increase in women’s public and political voice in the United States.

Gender discrimination is unfair treatment of a person based on their gender. Some examples of gender discrimination in the workplace include failure to promote, unfair treatment, earning lower wages, being assigned fewer demanding assign-

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ments, and receiving less support from supervisors based on gender. Although women are represented in the medical field, most hold lower paying jobs than men and are not at the tops of their fields. The average pay for women is 20% lower than for men in the medical field according to Victoria Masterson who wrote “Health and Social Care’s Gender Pay Problem<sup>17</sup>.” The subject of maternity leave is subjective according to the subspecialty and the situation of each female physician. The federal Family and Medical Leave Act guarantees up to 12 weeks of unpaid leave for the birth of or adoption of a child. Although the Family and Medical Leave Act is federal not all employers need to adhere to it and not all employees are eligible for the rewards. To be eligible, an employee must have worked for 1,250 hours in the last 12 months and the employer must have 50 or more employees in the workplace; this is one negative effect. Positives of the FMLA are the help in balancing work and family life for certain medical reasons, the financial stability for men who go on paternity leave, and the job security of employees who request to take or take FMLA leave<sup>18</sup>. One major weakness of the FMLA is the fact that it does not guarantee paid leave; “more than 120 countries around the world have made it a law to provide paid maternity leave and health benefits, except Australia, New Zealand, and the United States”<sup>19</sup>. The act may be inapplicable for female physicians in private practice because there are fewer physicians on hand to replace them during maternity leave. According to the “Impact of Procedural Specialty on Maternity Leave and Career Satisfaction among Female Physicians,” “female physicians lose significant income during maternity leave and report high rates of career dissatisfaction, particularly those in procedural specialties”<sup>20</sup>. The return to work in a private practice after maternity leave would be overwhelming as patients don’t have many options of other doctors.

Sexism is discrimination or prejudice against women based on gender. In the medical field, sexism is represented through the bias against female physicians. Female physicians experience derogatory and aggressive comments and lower pay in their workplace from employers and colleagues. Author Nicholas J. G. Winter compares hostile and benevolent sexism in “Hostile Sexism, Benevolent Sexism, and American Elections<sup>21</sup>.” Hostile sexism creates a negative image of people who do not follow traditional gender roles. Benevolent sexism is more subtle in the way that it highlights a man’s role to protect and provide for a woman. Benevolent sexism also promotes compliance to gender roles by women who are “taken care” of by a man. Women witness benevolent sexism every day, especially in the workplace. Indirect discrimination is an act that supports men and women but has an unfair advantage towards men because of their sex. A strong example of indirect discrimination is an implementation of dress codes with more guidelines made for women than for men. In medicine indirect discrimination is seen in the difference in wages for

physicians of the same specialty but different gender where men are favored. Pregnant female physicians face further discrimination due to a lack of reasonable accommodations from employers, disrespectful treatment in the office, and a lack of support during the pregnancy and postpartum periods. Other forms of indirect discrimination include gender reassignment, marriage or civil partnership, and pregnancy and maternity.

Regarding domestic labor, women are labeled as responsible housewives by traditional gender roles. Women are traditionally seen as nurses in the medical field because they are stereotyped as caretakers, but today this is changing as more males join the field of nursing. Authors Toni M Calasanti and Carol A Bailey of “Gender Inequality and the Division of Household Labor in the United States and Sweden: A Socialist-Feminist Approach”<sup>22</sup> review economic and social-psychological consequences for women who maintain a home and have a career. This idea is known as a double burden. A double burden is having a compensated job while being responsible for domestic labor. Today, many women carry a double burden, especially in the medical field. Female physicians must find a balance between caring for their children and for their patients. Because mothers in medicine must maintain their unfair work-life with the wellbeing of their children, their mental and physical health is at stake. The double burden creates guilt of inadequacy that affects a physician’s performance in the workplace and in their personal life. The physicians interviewed in this study elucidate their struggles of finding a work life balance while describing the double burden they face.

Mom guilt is the constant feeling of not doing enough for your children while balancing other aspects of life. Mom guilt is “feeling unable to live up to cultural ideals of the ‘good mother’<sup>23</sup>.” The idea of a good mother is a woman who does not work so she can focus on her children. Caitlyn Collins composed “Is Maternal Guilt a Cross-National Experience?” to highlight experiences of working mothers around the world and find solutions for them. These solutions involved “giving mothers more time outside of work, encouraging fathers to complete more unpaid care work, and distributing the responsibility and costs of childbearing more broadly<sup>24</sup>.” Collins identifies mom guilt in the United States where “work-family policies are structured to reflect the ideal of intensive mothering<sup>25</sup>.” The cultural archetype of a good mother has affected women’s decisions about their careers, maternal life, and personal life. Many women struggle with the idea of starting a family while in graduate school or amid a career because of the dedication both aspects require. The phenomenon of mom guilt is experienced by female physicians in El Paso.

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## Results

### Medical Mom Guilt

**Competence and Motivation**The female physicians in El Paso that were interviewed experienced mom guilt in relation to their workloads. A physician's level of competence is affected by the stress of their job and their personal life. An El Paso pediatrician, Dr. Zoe Tullius, exemplified mom guilt in her responses to "the Female Physicians in El Paso" survey created for this case study. In response to "Has the experience of your job changed after your maternity leave?" she replied, "I am less satisfied with it and feel more guilt about leaving my own children to care for the babies of others." As a pediatrician she cares for other children while missing her own children's major events. In terms of juggling a career and motherhood, Tullius reveals, "Despite the fact that I also work full time, the actual and cognitive burden of raising children fall mostly on me despite the fact that my spouse is very supportive and does a lot of work in his own right. There is also the guilt/frustration of trying to do both and feeling like one is not doing a very good job at either." This response directly relates to mom guilt compromising competence in the workplace. Dr. Lauren Eisenburg, a urologist, found challenges in finding work-life balance because of "mommy guilt and patient guilt. Unfortunately, I am the only female in my specialty in El Paso. I have to see a high volume of patients just to accommodate everyone which forces me to work every weekend to catch up on charts, surgeries, calls, etc. When I try to cut back to be with family, I am letting down my patients and vice versa." A lifestyle managing motherhood and a demanding career creates a sense of guilt and exhaustion, thus the creation of mom guilt. These factors of exhaustion and feelings of incompetence affect performance in the workplace. The data gathered is specific to the El Paso female physicians and cannot be generalized because of the small sample population selected. Although the sample size is small, it is anecdotally representative of most female physicians. Quotes were gathered through free response questions in the SurveyMonkey, "Female Physicians in El Paso."

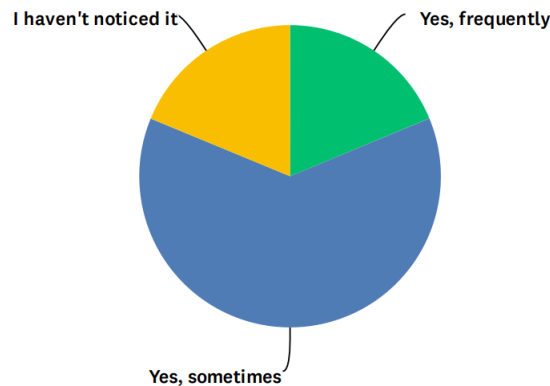
**A Physician has no Work-life Balance**Mom guilt intensifies challenges in finding work-life balances of female physicians in El Paso. In my SurveyMonkey, 52.94% of 20 participants point out that they are not satisfied with their work-life balance. This statistic is specific to the El Pasoan population of female physicians interviewed in this study. Dr. Christine Brandl, an OB/Gyn at El Paso's Advanced Centers for Women's Health, described one challenge of finding work-life balance, "the need to work more to maintain my pay scale (insurance companies have continued to decrease payments over the years). Family life since OB/Gyn can have unpredictable hours... Managing my time and setting work boundaries is

how I survive. This does result in less pay but more time with my family." Dr. Brandl represents the percentage of the interviewees who stated they were not satisfied with their work-life balance. Although she has separated her personal life and her job, she still suffers from her mom guilt with her family. An outpatient pediatrician in El Paso, Dr. Maria Prodanovic Nutis, represents 47.06% of participants who responded that they are satisfied with their work-life balance. She further expresses this by saying she has experienced a, "decreased workload as my child is older." Another representation of this population is the orthopedic surgeon, Dr. Cheryl Ledford, who noted she works 50 hours a week where she sees around 35 patients daily. A challenge she identified with finding work-life balance was her workload where, "24-hour call often interferes with family." Like Dr. Prodanovic, Dr. Ledford detailed that her workload had lessened in relation to her kids' ages. Although her workload had lessened, she still struggled with, "making kid pickups, kid events, and keeping up with home chores." Both doctors identified that their workloads lessened but they still found challenges in their work-life balances.

**Widespread Mom Guilt**Mom guilt was recognized with the question, "What challenges do you face in finding work-life balance?" Fifteen out of seventeen female physician participants classified a form of mom guilt or patient guilt in this open-ended question. Fourteen participants stated they had hired help with household chores. Mothers who are female physicians experience a double burden. This burden encompasses a physician's workload and a mother's workload, which does not leave enough time for physicians to wholeheartedly take care of their children and their patients. Because of this, hired help is required to assist them. Physician mothers experience the "'motherhood penalty... [where] they have fewer opportunities for leadership advancement and earn lower compensation<sup>26</sup>." These women overwork themselves to avoid the perception of being inattentive at work when they need to leave early to take care of their kids. My survey shows a pattern where physicians who are mothers repeatedly pinpoint a form of mom guilt affecting their performances in the workplace and at home. Although jobs of female physicians may not be the only causes of mom guilt, their workloads are heavy. The extent of mom guilt faced is dependent upon many factors including the number of children, the availability of hired versus familial help, and the specialty in question. Other causes for mom guilt include comparisons to other parents, differences in parenting styles than those close to you, overwhelming childcare, criticism from family and friends, and the decision between breastfeeding or formula feeding. These can be considered among the confounding variables in this study. These issues can be further generalized to all working mothers.

## Q8 Have you witnessed the gender pay gap in your profession?

Answered: 16 Skipped: 0



**Fig. 2** This figure represents the female physicians in El Paso that were interviewed who acknowledged the gender pay gap in medicine out of 16 in a pie chart.

### A Mother's Gender Pay Gap

**The United States' Gender Pay Gap** The gender pay gap is a measure of what women are paid in relation to men, it recognizes the difference in compensation between men and women. In 2021, Timothy Hoff, in "The Gender Pay Gap in Medicine: A Systematic Review," investigates previous articles on causes of gender pay gaps and analyzes them. He establishes that "thirty-two of these 46 articles presented either adjusted or unadjusted means comparisons (or both) comparing pay between male and female physicians... Across almost all studies, female doctors earn significantly less than men, often tens of thousands of dollars less annually, despite similar demographic and work-related profiles. This earnings gap is persistent across time, medical specialty, and country of practice<sup>27</sup>." Hoff demonstrates employer bias of female physicians who are underpaid when he adds that male and female physicians had similar work profiles but different wages. Female physicians in El Paso also identified this gender pay gap when asked, "Have you witnessed the gender pay gap in your subspecialty?" 62.50% of physicians responded they had witnessed the pay gap and 18.75% responded they notice it frequently. Although 18.75% do not acknowledge a gender pay gap in their subspecialty, most female physicians that were interviewed did recognize the pay gap. According to "Male Physicians Earn More Than Women in Primary and Specialty Care," the gender pay gap is partly because "women physicians tend to see fewer patients, spend more time with their patients, and provide more services with lower reimbursement rates... Female physicians had a lower readmission rate<sup>28</sup>." A

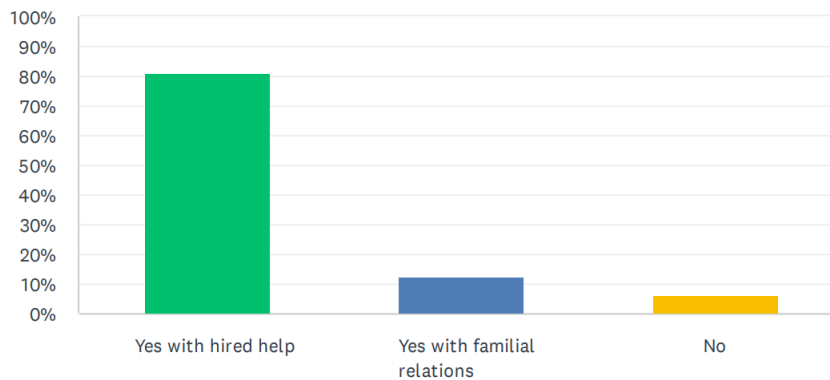
recommendation to limit the gender pay gap is to give equal opportunity for promotions to all physicians. This can be done by publicizing available promotions to a larger group of personnel instead of focusing on an elite group. Promotion committees should have lists of the contact information of all the physicians in their hospital and send promotion opportunities to everyone in order to get more participation.

### Subspecialties and their Gender Pay Gaps

Primary care is general medicine while specialty care involves physicians with advanced training in one specific area of medicine. Primary care physicians include general practitioners, family physicians, and pediatricians. Specialty care physicians have advanced education in areas of medicine like cardiology, neurology, or oncology. The gender pay gap is evident across healthcare, "women physicians make less than men, across primary and specialty care, and women in primary care make the least of all physicians. The compensation gap between men and women in specialty care is larger than the gap between men and women in primary care<sup>29</sup>." Female physicians in El Paso identified a pay gap in their subspecialty; 81.25% did notice the gap and commented on it. The larger gap between men and women in specialty care is partly due to the employer's bias. Another factor of inequality of wages in a hospital is, "the presence of capitalism in healthcare [which] creates a conflict of interest that perpetuates artificially high costs for patients, low pay for healthcare workers, and problems staffing hospitals<sup>30</sup>." Based on the healthcare model in the US, physicians are compensated based on the profits of

## Q12 Do you have help at home with household chores or domestic labor?

Answered: 16 Skipped: 0



**Fig. 3** This figure represents the female physicians in El Paso that were interviewed who acknowledged the gender pay gap in medicine out of 16 in a pie chart.

the institution that employs them. Hospitals and physicians they employ, are compensated based on the number of patients they treat and not on the quality of care provided. Because the wages of physicians are based on quantity rather than quality of their work; some physicians may rush through patients to see as many as possible. Although this generates more revenue for the hospital and physicians, the patient does not get a thorough consultation and the physician may miss a diagnosis.

**The International Gender Pay Gap** If a developed country like the United States has such an extensive gender pay gap between primary female and male physicians, then how do other countries compare? A study analyzed gender pay gaps between primary care physicians in the United States, United Kingdom, Germany, France, Brazil, and Mexico to find that women were making significantly less than their male colleagues. The gender pay gap, “was greatest in Brazil, where female primary care physicians make US \$38,000 annually while males make US \$49,000, and smallest in Germany, where women and men make US \$157,000 and US \$189,000, respectively. Specialists reported even wider gaps in pay by gender, ranging from 19% in Spain to 47% in Germany<sup>31</sup>.” Gender inequality in wages affects women in the United States and all over the world. The persistence in the gender pay gap internationally displays the effects of gender discrimination against women with a variety of factors like the motherhood penalty, unpaid maternity leaves, and biased gender norms. A cause of this gender inequality is the time that female physicians dedicate to motherhood. As a result, mothers in the medical field are forced to take additional time off work. These women increase the gender pay gap because they are making

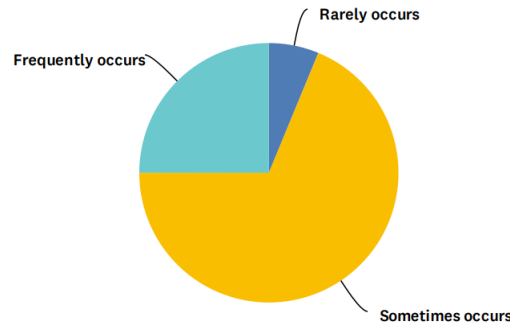
less money on unpaid maternity leave.

### Finding a Healthy Work-life Balance

**Domestic Labor** Participants in “Female Physicians of El Paso” were asked about their work-life balance and their workload in the home. In response to “If you had to describe how you feel about your work-life balance are you not satisfied, satisfied, or very satisfied,” 11 out of 16 participants specified that they were not satisfied with their work-life balance. Responding to the question, “Do you have help at home with household chores or domestic labor,” 13 participants said they have hired help, 11 said they have help from their families, and 1 female physician said they don’t have help at home. There is a negative correlation between the responses to these questions. Most female physicians in El Paso stated they were not satisfied with their work-life balance, but they have help with domestic labor. These results show that having help at home is not enough to maintain a work-life balance. It requires constant help and reassurance that can be provided by spouses. Calasanti’s and Bailey’s, “gender-role ideology is related to education and occupation prestige. Those persons with higher levels of schooling and occupational prestige are expected to have more egalitarian<sup>32</sup>.” Egalitarian is an adjective that describes people who believe in equality. Higher educated people carry the expectation of inclusivity. If physicians are very educated, then established equality between female and male physicians should exist in the workplace. If this equality was established through the gender pay gap, then female physicians would not have to work more hours to get similar

Q13 Gender discrimination is unfair treatment of a person based on their gender. Some examples of gender discrimination in the workplace include failure to promote, unfair treatment, earning lower wages, being assigned less demanding assignments, and receiving less support from supervisors based on gender. If you had to identify gender discrimination in the workplace in relation to how often you recognize it would you say it never occurs, rarely occurs, sometimes occurs, or frequently occurs.

Answered: 16 Skipped: 0



**Fig. 4** This figure represents the female physicians in El Paso that were interviewed who acknowledged the gender pay gap in medicine out of 16 in a pie chart.

wages to male physicians and they wouldn't need to hire help for their children. Regarding an ideal egalitarian society in comparison to the capitalist society in the United States today, female physicians would not endure inequalities in wages or gender discrimination in the workplace. Egalitarian society values follow the idea that all people are equal and deserve the same rights and opportunities. A capitalist society focuses on the economic system of private companies and corporations dictating prices and production. Capitalist societies, like the United States, are determined to generate profit. Healthcare in capitalism generates revenue by the physicians and hospitals' rushed patient care. An egalitarian society would allow for equal opportunities for healthcare of patients, quality of care for patients, and wages of physicians.

**Work-life Balance with different work** Managing time proves to be difficult for physicians, but what about other professions? Lawyers and doctors are some of the most educated individuals in the United States because of their extended education courses. Both require hard work and a long education plan. A difference between lawyers and doctors that affects their work-life balance is the different work settings. Some general lawyers can maintain a healthy work-life balance because, "most lawyers work in office environments, though they may need to travel to meet with clients and at-

tend conferences<sup>33</sup>." A lawyer's workday consists of meeting with clients or doing paperwork in an office from 9 am to 5 pm. Their workloads can be overwhelming when preparing for a court case while maintaining their home life. Doctors struggle with finding the right work-life balance because they, "usually work in fast-paced environments that require excellent attention to detail and compassion<sup>34</sup>." The intensity in a hospital, or physician's office, increases spontaneity of on call schedules and working hours for a doctor. The life-or-death responsibility a doctor has over their patients creates a sense of urgency in their work. For example, during COVID-19 epidemic, physicians became accustomed to using telemedicine for virtual doctor appointments. Comparing a doctor's work-life balance to that of an accountant, for example, you will find a large discrepancy. Accountants work a 9-5 job analyzing financial data and have developed a balanced relationship between their work and home life. Physicians, on the other hand, do not have this luxury because they remain responsible for the lives of their clients. The factors that affect work-life balance include the job demands, hours worked, and wages. Jobs with higher wages, like doctors and lawyers, have longer hours and more demands. Jobs like accountants require less higher education and in turn get lower wages.

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**Physician Self Care**The demanding schedule of a physician has disheartened many women interested in pursuing a career in the medical field because of this need for a work-life balance. Medical students experience, “the myriad challenges of school [to] prepare them for the ultimate responsibility of protecting their patients’ health. But what about these new doctors and their own health<sup>35</sup>?” The aspect of the physician’s mental health has been disregarded in the medical field for the maintenance of the patient. A physician’s mental health is important to keep balanced for optimal performance, female physicians understand this especially. Female physicians with kids take care of their children and patients, but most importantly themselves. Medical schools do not consider teaching physicians how to manage the psychological distress that comes with entering the medical field. Medical schools are too focused on preparing future doctors’ physical and educational skills in healthcare. Education about the importance of mental health in medical school may be helpful to future doctors and their wellness. Creating a class that teaches medical students how to manage their time and take care of themselves while producing their optimal work would benefit them in the future. Finding a professor to lead a class on mental health may prove challenging depending on the state the medical school is in. Getting the class approved may not be difficult but people may not sign up if it is not required to graduate. The implementation of physician support groups in hospitals and clinics would create a sense of community. Group interaction may be beneficial to physicians to reduce stress and prevent burnout. Sharing the same struggles, physicians can relate to each other and connect. Some problems with group therapy sessions are the lack of flexibility in scheduling and the lack of confidentiality of problems discussed. Access to a free therapist for physicians on call in hospitals or in clinics that is paid for by the institution is another solution for stressed physicians. This therapist would be accessible to all physicians. Barriers to this solution are the hours.

### **Pregnant Physicians Ponder**

**Government Acts for Maternity Leave**The United States government has a single maternity leave act that was constructed in 1993. “The Family and Medical Leave Act allows an employee 12 weeks off to care for themselves or a family member with a serious medical condition. FMLA guarantees the employee’s job and insurance benefits during this time. This includes care related to pregnancy – either for prenatal care visits, illness prior to delivery, or for recovery and bonding time after you have your baby<sup>36</sup>.” Although this act was a step in the right direction, it was passed in 1993 and is already 30 years old. No new acts have passed since to provide mothers with more career protection. This shows how outdated the United States laws are in terms of conditions for maternity

leave. The United States government guarantees that mothers with a career will have the basic needs of maternity leave from their job. The requirements to qualify for the Family Medical Leave Act are, “Your employer must have at least 50 employees. That means small employers are exempt from this program. You must have worked at least 12 months in the past seven years for your employer, and you must have worked at least 1,250 hours in the past 12 months. When counting up your hours, sick days and vacation time do not count – just the hours that you physically worked<sup>37</sup>.” Most female physicians in El Paso that of the study implied they did not have a paid maternity leave and that they used vacation days for part of their maternity leaves because their employers wouldn’t provide them with more time.

**Global Mothers**Maternity leaves in the United States are unpaid and not guaranteed. Countries that provide fully paid maternity leaves include Austria, Canada, Chile, Costa Rica, Croatia, Estonia, Germany, Israel, Lithuania, Mexico, Netherlands, Poland, Portugal, Slovenia, and Spain<sup>38</sup>. These countries provide 100% paid maternity leave and some also provide paternity leaves in contrast to the United States. These countries pay for these maternity leaves through employers and government contributions like general taxes or health insurance. The United States does not provide paid maternity leaves because of political interference in women’s healthcare. For example, abortion care in the United States has become a political subject between Republicans and Democrats instead of between women and their families. With paid maternity leaves businesses lose money because they are paying for someone who is not working. Another challenge in the implementation of paid maternity leaves is the frustration by other employees who are getting paid the same amount as someone who is not working. In medical professions, longer maternity leaves are difficult due to the limited number of providers in a single institution.

**Maternity leave solutions**When asked “Would you change anything about your experience with your maternity leave as a physician to help future generations?” Every response, among the participants interviewed suggested the need for a longer maternity leave; some recommended it should be compensated. Dr. Nagela Sainté-Thomas who works in pediatric emergency medicine at The Hospitals of Providence Memorial Campus responded, “Yes, it should be covered by training programs. We serve our communities and encourage family units, yet we are extremely unsupported as mothers.” This response acknowledges the lack of community appreciation for female physicians in El Paso. The United States disregards the need for a paid maternity leave, a minimum of 12 weeks leave, and a gradual return to work of mothers with a career. In response to the question, “Did you have a fully paid maternity leave?” in the survey “Female Physicians in El Paso,” many participants

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confirmed they did not have a paid maternity leave. The acceptance of an unpaid maternity leave is common among female physicians because they feel guilty about leaving their job. Negotiating for more time off and a paid maternity leave may cause conflict with employers that female physicians avoid. Answers to the question, “Has your experience of your job changed after your maternity leave?” involved multiple confirmations. Dr. Allison Wawer-Chubb, a pediatrician who works at El Paso Pediatric Associates, states, “Yes, I am more empathetic to the difficulties of working moms, like the difficulty of breastfeeding/pumping at work, sleep deprivation, etc. Also, trying to coordinate childcare/pickup and drop off from school on workdays or when on call is difficult to do.” This response exemplifies the unwelcome adaptations that must be made in the workplace for mothers who are returning to their jobs after giving birth.

**Discrimination toward Mothers** Gender discrimination is unfair treatment of a person based on their gender. Some examples of gender discrimination in the workplace include failure to promote, unfair treatment, earning lower wages, being assigned fewer demanding assignments, and receiving less support from supervisors based on gender. A statistical question on the survey “Female Physicians of El Paso,” asks “If you had to indicate gender discrimination in the workplace in relation to how often you recognize it would you say it never occurs, rarely occurs, sometimes occurs, or frequently occurs.” In response to this question 68.75% of participants answered sometimes occurs, 25% answered frequently occurs, and 6.25% answered rarely occurs. Most female physicians in El Paso that participated in the case study acknowledged that they face or have faced gender discrimination in the workplace. Dr. Allison Wawer-Chubb disclosed, “Yes, I feel you are judged when trying to change schedules to accommodate child issues” when asked “Does motherhood affect your perception of gender discrimination?” The small changes in the workplace that create an uncomfortable scenario for a mother, as the one described by Dr. Chubb, are another form of gender discrimination. Dr. Kronfol stated “Being a working mother, I feel like I have two fulltime jobs. A male would not have to do as much. At work, my male colleagues are questioned less than my female colleagues and myself because of their gender.”

## Discussion

This paper identified gender inequalities in the medical field of El Paso physicians regarding guilt, wages, a work-life balance, and maternity leaves. Research conducted for this case study was done through interviews and online surveys targeting a group of 20 female physicians in El Paso, Texas. Descriptive statistical analysis was used to visualize data collected. My

data suggests that motherhood affects the wellness of female physicians in El Paso through wages, societal biases against working mothers, and how much work these women accomplish. Physicians who are mothers require additional support to minimize the feeling of mom guilt. This support can include the addition of a daycare to their workplace, a group therapy session with other mothers in medicine, and further flexibility in their schedules given by their employers. A daycare in the workplace would be challenging to implement because of costs, the institution would have to create a safe space for the daycare, hire employees, and pay them. Group therapy sessions for mothers in medicine would be difficult to implement because of possible conflicts in the group, a lack of confidentiality, and scheduling sessions. Flexibility in the schedules of mothers in medicine are dependent on their employers, especially if they are in private practice. Because of this, no set schedule can be implemented without changes made by the institution. The gender pay gap is a recurring notion in the medical field whereby physicians with similar qualifications are paid less because of their gender. This can change with a constant minimum wage for all physicians in one workplace that increases with the hours a physician has worked in a month. Physicians should get paid the same amount for every hour they work. A challenge of a minimum wage for physicians is the difference in wages for specialties and working hours. Promotions and promotion opportunities would also affect the minimum wages of physicians and make it more difficult to implement. Physicians who struggle with finding a work-life balance would benefit from a support group of others with the same difficulty. Support group struggles include scheduling and confidentiality as mentioned before. Support from employers in scheduling off days helps physicians maintain a work-life balance. Medical advocacy associations have recognized that the wellbeing of women physicians is lacking severely and have created programs to support them. Medical groups and academies have developed programs for female physicians like, “The Women’s Wellness through Equity and Leadership (WEL) [which] has been a five-year endeavor spearheaded by the American Academy of Pediatrics (AAP) that aims to foster leadership skills and personal wellness in women physicians<sup>39</sup>.” The implementation of programs such as these are even more important since the mental health movement during COVID-19 pandemic. Leadership programs encourage change in female physicians and institutional changes. A barrier of scheduling with a physician’s employer is that their employer must work around a various number of employees. The Family and Medical Leave Act is not enforced by all employers for the maternity leaves of female physicians. Female physicians should have at least 8 weeks of paid maternity leave to recover from giving birth with a gradual return to work. A gradual return to work also allows for a period of adaptation to life balancing motherhood and a career.

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One program that can be implemented is called Mindful Return and is made for employers to help their employees have a safe and peaceful return to work after maternity leave<sup>40</sup>. The program is 4 weeks long and gives lessons related to the return to work along with the parents mental and physical health. This program's challenge is that it is fully online and doesn't help the physical adjustments of returning to a work setting. How can society prevent gender discrimination in the medical field? The implementation of gender study courses in medical school and demonstrations of gender equality spread awareness to gender discrimination faced by female physicians in the United States. The union of hard sciences/natural sciences and soft sciences/social sciences in medical school will make students more aware of gender inequalities in their profession in hope that they can change them. One initiative to lessen gender discrimination in the medical profession was created by The American Medical Association. It includes the implementation of policies and resources to promote gender equity and collaborations to improve the environment for female physicians in medicine. This addition to research about female physicians in medicine will add to the gap of knowledge on mothers in medicine<sup>41</sup>. More research on paternity leaves and ways to get mothers in medicine more care during their pregnancies and postpartum periods is another direction this research can continue.

## Methodology

My case study research involved data collected from interviews. Female physicians in El Paso ranging from pediatricians to general surgeons participated in this research. Interviews were conducted via zoom call or on a SurveyMonkey called "Female Physicians in El Paso." These physicians were contacted by calling their offices and requesting their emails. Emails sent included the SurveyMonkey, "Female Physicians in El Paso," and the question asking if they would be interested in participating in an interview.

My interviews followed a script of questions.

- Where do you work and what do you do?
- How many hours do you work a week?
- How many patients do you see every day?
- The gender pay gap is a measure of what women are paid in relation to men, it recognizes the difference in earning between men and women. Do you think there is a gender pay gap in your profession?
- What challenges do you face in finding work-life balance?

- If you had to describe how you feel about your work-life balance are you not satisfied, satisfied, or very satisfied?
- Do you have help at home with household chores or domestic labor?
- Gender discrimination is unfair treatment of a person based on their gender. Some examples of gender discrimination in the workplace include failure to promote, unfair treatment, earning lower wages, being assigned less demanding assignments, and receiving less support from supervisors based on gender. If you had to identify gender discrimination in the workplace in relation to how often you recognize it would you say it never occurs, rarely occurs, sometimes occurs, or frequently occurs.
- Do you have children?

For mothers:

- How has your workload changed in relation to your children's age?
- Has your experience of your job changed after your maternity leave?
- How long was your maternity leave?
- Did you have a fully paid maternity leave?
- Did you feel that your maternity leave was long enough?
- What challenges do you face in terms of juggling your career and motherhood?
- Does motherhood affect your perception of gender discrimination?
- What kind of childcare do you or did you have access to when your kids were young?

For physicians without children:

- How do changes in your personal life affect your workload?
- Is it easy to change your schedule with your employer?
- Do you have help accomplishing household tasks? If yes, who helps you?
- Do you wish to have children in the future (in the past have you wished to have children) how does your career affect those decisions?

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## References

- 1 A. Simpson, M. Cusimano and N. Baxter, *Canadian Medical Association Journal*, **193**, year.
- 2 Joseph, *State of Women in Medicine: History, challenges, and the benefits of a diverse workforce*.
- 3 Joseph, *State of Women in Medicine: History, challenges, and the benefits of a diverse workforce*.
- 4 Halley, *Physician mothers' experience of workplace discrimination: A qualitative analysis*.
- 5 Halley, *Physician mothers' experience of workplace discrimination: A qualitative analysis*.
- 6 Ecker and S. McConnel-Ginet, *Language and Gender*, Cambridge University Press, Cambridge and New York, p. 7.
- 7 *Judith Butler's Gender Trouble: A Short Introduction*, <https://www.youtube.com/watch?v=q3i-8JEWsk8>, YouTube (YouTube, 2020),.
- 8 P. England, A. Levine and E. Mishel, *Proceedings of the National Academy of Sciences*, **117**, 6990–97,.
- 9 *Yale Medicine Magazine*, *Women physicians over the centuries*.
- 10 B. Friedan, *The Feminine Mystique*, W. W. Norton Company, New York.
- 11 S. d. Beauvoir, *The Second Sex*, Landsborough Publications Limited, London.
- 12 Wright-Mendoza, *How second wave feminism almost killed nursing - jstor daily*.
- 13 W. A. Quffa, *Social Sciences and Education Research Review*, **3**, 144.
- 14 W.H.O., *Women in the health and care sector earn 24 percent less than men*.
- 15 Quffa, *A Review of the History of Gender Equality in the United States of America*.
- 16 Quffa, *A Review of the History of Gender Equality in the United States of America*.
- 17 V. Masterson, *World Economic Forum*.
- 18 Brock, *Short-term disability vs, FMLA: Key differences, pros cons 2021*.
- 19 Brock.
- 20 Scully, *Impact of procedural specialty on maternity leave and career satisfaction among female physicians*.
- 21 N. J. Winter, *Politics amp; Gender*, 1–30,.
- 22 T. M. Calasanti and C. A. Bailey, *Social Problems*, **38**, 34–53,.
- 23 C. Collins, *Qualitative Sociology*, **44**, 1–29,.
- 24 Collins, *Is Maternal Guilt a Cross-National Experience?*
- 25 Collins, *Is Maternal Guilt a Cross-National Experience?*
- 26 A. Glezer, *Physician Moms*.
- 27 T. Hoff and D. R. Lee, *Health Care Management Review*, **46**, year.
- 28 C. Hortsman, *Commonwealth Fund*.
- 29 C. Hortsman, *Commonwealth Fund*.
- 30 N. Chamlou, *NurseJournal*.
- 31 S. Boesveld, *Canadian Medical Association Journal*, **192**, year.
- 32 T. M. Calasanti and C. A. Bailey, *Gender Inequality and the Division of Household Labor in the United States and Sweden: A Socialist-Feminist Approach*.
- 33 E. T. Indeed, *Doctor vs. Lawyer: Definitions and Differences — Indeed.Com*, <https://www.indeed.com/career-advice/finding-a-job/doctor-vs-lawyer>, indeed, June 24, 2022,.
- 34 E. T. Indeed, *Doctor vs, Definitions and Differences.*, Lawyer.
- 35 S. Aymes, *Work-Life Balance for Physicians: The What, the Why, and the How*, <https://www.medicalnewstoday.com/articles/318087#Is-work-life-balance-just-hype>
- 36 R. Horsager, *Your Pregnancy Matters — UT Southwestern Medical Center*.
- 37 R. Horsager, *FMLA and Maternity Leave: What You Need to Know: Your Pregnancy Matters*, UT Southwestern Medical Center.
- 38 *World Population Review*, *Maternity Leave by Country 2023*.
- 39 Richmond, *Search for more papers by this author, WEL offers leadership development, better health for women m.d.s.*
- 40 [Wwwfacebookcom/mindfulreturn](https://www.facebook.com/mindfulreturn), *For employers*, Mindful Return.
- 41 *Advancing Gender Equity in Medicine: Resources for Physicians*.