It’s no secret that the United States lags far behind other developed nations on parental leave. While many countries offer between 12 and 52 weeks of paid parental leave, the U.S. remains the only developed country without a national policy on the issue. Only 19% of private sector employees have access to paid parental leave of any length. Perhaps not by coincidence, the U.S. also sees a higher level of maternal and infant complications and mortality than other developed countries.

An increasing number of physicians — and radiologists specifically — say that it’s time for medicine to lead by example, offering paid parental leave in residency, academia, and private practice. This is more than a women’s issue or a family issue, they say. It’s a health issue and fits squarely with the emphasis on health outcomes.

Proponents of parental leave also believe that taking a lead on this issue can help address some of the challenges facing radiology. This includes attracting and retaining talent, preventing burnout, and increasing diversity — including increasing the percentage of women entering the field.

In the past year, individuals and organizations within medicine and radiology have taken a stand on the issue, including the American Academy of Pediatrics, the AMA, the Society of Chairs of Academic Radiology Departments (SCARD), the American Association for Women Radiologists (AAWR), the Association of Program Directors in Radiology (APDR), and the ACR.

Katarzyna J. Macura, MD, PhD, FACR, ACR vice president, believes innovation and forward thinking about parental leave can positively affect the future of radiology and radiologists. According to Macura, “Family-friendly policies and well-being plans have potential to positively impact all radiologists, not just women and their families.” Flexible leave plans can also help people of all genders caring for parents or spouses or those who want to work reduced hours without fully retiring.

Elizabeth K. Arleo, MD, president of AAWR and a leading voice on the topic, agrees. Arleo says proponents are taking a three-pronged approach to advocate for paid parental leave in the field of radiology. The initial step focused on introducing paid leave in academia, the second stage involved “moving the needle on the conversation” for residents and residency programs, and recent efforts have included addressing the issue in private practice (read more on page 16).

Proven Benefits

Research has shown that paid leave of 12 weeks or more increases immunization rates, extends the length of breastfeeding, and improves bonding between parent and child. Paid leave has also been found to decrease rates of post-partum depression. These benefits lead to better health outcomes for both parent and child — as well as the health of the community.

According to Arleo, physicians are well aware of these health benefits and rightfully want them for their own families. “You have young people who love their careers and taking care of patients and who also love their families,” says Arleo. “They shouldn’t have to choose between the two.”

Especially in a tight labor market, employee benefits such as parental leave can make the difference in attracting and retaining talent, and increasing profitability, productivity, and employee morale. According to Glassdoor.com, 57% of jobseekers report that benefits and perks
are among their top considerations for accepting a job. Extending parental leave options is a tactic successfully employed by the IT industry, with companies like Google, Amazon, and Facebook leading the way. Google reported that after implementing a policy of 18 weeks of paid parental leave, new mothers were twice as likely to stay on the job after welcoming a new child. Many top companies offer much longer leaves — up to a year in some cases.

Reduced Burnout

These statistics and outcomes speak directly to the field of radiology, where women make up less than one-quarter of the profession — a percentage that hasn’t changed significantly in decades, Arleo points out. That’s why the SCARD and APDR positions on the topic are so important, she says. The APDR statement affirms that residents are considered employees and have a right to family leave of 12 weeks under the Family and Medical Leave Act and empowers residents to exercise that option. In addition, a new policy from the ABR now allows radiologists to sit for their core exams after 32 months of residency instead of 36 — and residents can take their full 12 weeks of leave and still take their exam at the same time as their class. “This has the potential to change the gender landscape in the profession,” Arleo says.

Monica J. Wood, MD, a fourth-year resident in neuroradiology at Massachusetts General Hospital, agrees. Although she had already decided on a career in radiology, the fact that her residency program offered a generous paid leave policy has helped her feel supported professionally and personally as she welcomed a new baby during her residency. “It makes a difference in my ability to complete world-class training and also be able to start a family,” Wood says.

Parental leave can also help address the rates of burnout that affect 45% of radiologists. Kamran Ali, MD, FACR, a radiologist with Wichita Radiological Group, says he has prioritized physician wellness, work-life balance, and preventing burnout since becoming president of his private practice that employs 20 radiologists and includes a small residency program. Even so, parental leave was not a top concern for him until Amy K. Patel, MD, a former resident at his practice, and Arleo approached him at ACR 2019. Ali quickly saw the connection. “If we really care about value and resilience, then we should take a look at implementing a parental leave policy at our practices,” he says. “It goes a long way in mitigating burnout and making a more resilient and inclusive workforce.”

Broken Barriers

Extended parental leave can be a tough sell, especially in private practice, says Ali. Implementing the new policy will involve making some financial and logistical adjustments, Ali says, but he feels optimistic. His firm already accommodates 12 weeks of vacation a year for radiologists on staff, and he believes that this next leap of implementing paid parental leave is manageable.

According to Ali, in addition to mitigating burnout, the parental leave policy also sends a message to staff and prospective employees. “It shows we think outside the box and are inclusive in our thought process, which opens the door to welcoming people of different religious backgrounds, gender identities, or physical abilities,” he says.

Cheri L. Canon, MD, FACR, president-elect of SCARD, agrees. She points out that encouraging diversity encourages the fresh thinking and innovation that healthcare requires. “Diversity of ideas creates better solutions, particularly for complex problems that we see in medicine and our hospital systems,” says Canon.

Macura urges radiology departments and practices to look at innovations for creating flexible and inclusive work options to improve physician well-being. Alternative hours, part-time employment, job sharing, and remote work opportunities can actually grow business and accommodate the needs of patients — as well as employees in a variety of life circumstances.

Even a relatively simple solution —such as a private workstation to allow new parents to pump breastmilk, while continuing to keep up with readings and dictation — can make a significant difference to a new parent trying to balance work and family. While incorporating paid parental leave into radiology practices will be an adjustment, Arleo admits, she thinks it’s well worth the investment of time and effort, pointing out, “What’s the cost of not offering leave?”

By Emily Paulsen, freelance writer, ACR Press

ENDNOTES

Full list of references available in the digital edition at ACRBulletin.org.