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Abstract Title: Women's Health in Academic Medicine: The role of work-family conflict

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Introduction: Women faculty in academic medicine experience professional and personal challenges in regards to retention and advancement. An NIH-funded cluster-randomized intervention trial is underway at the University of Pennsylvania School of Medicine to improve academic productivity, work environment, job satisfaction, and work-family balance for junior women faculty. From our baseline survey, we hypothesized that increased levels of work-family conflict is associated with factors related to outcome indicators of retention, such as stress, job dissatisfaction, frequent thoughts of quitting, and intention to look for a new job.

Methods: Women assistant professors participating in the trial (N = 133) completed a comprehensive, baseline survey including two standardized measures of work-family conflict, one based on time and the other based on stress. T-tests were conducted to examine the association of time-based and strain-based work interference with family (work-family conflict) and selected outcomes: stress, work dissatisfaction, thoughts of quitting, or intention to look for a new job.

Results: The average work week of participants was 59.3 (SD = 9.5) hours, and most (75.9%) have children. The prevalence of outcome measures were as follows: stress 23.7%, work dissatisfaction 19.2%, thoughts of quitting 24.2%, and intention to search for a new job 21.4%. Time and stress-based work-family conflict were positively associated with very high stress level ($p = 0.016$ & 0.005 , respectively), work dissatisfaction ($p = 0.034$ & 0.043 , respectively), and frequent thoughts of quitting ($p = 0.008$ & 0.002 , respectively). Stress-based work-family conflict was also associated with intent to look for a new job within 12 months ($p = 0.033$).

Conclusion: Our baseline evaluation of junior women faculty in a major school of medicine demonstrate that the experience of work-family conflict is inversely associated with factors related to retention. Interventions aimed at improving the culture for work-family balance may better foster the advancement of women's careers in academic medicine.