Original Article

"It's impossible to do it all": a cross-sectional observational study of pediatric faculty parents during the COVID-19 pandemic

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Background: The coronavirus disease 2019 (COVID-19) pandemic has caused systemic changes to schooling, childcare, and the workplace, uniquely impacting the lives of physicians and parents, especially women. Experiences of those filling multiple roles as pediatric faculty parents remain largely undocumented.

Methods: In September 2020, we emailed a survey invitation to pediatric faculty (n=275) at a tertiary-care children's hospital in an early pandemic epicenter and collected cross-sectional observational data from those who responded within 1 month. Survey items included age, gender, and parenting status of children <18 years. Our primary outcome was difficulty meeting work commitments due to family demands. Response categories were dichotomized: 'not at all/a little' *vs.* 'sometimes/always'. We assessed bivariate associations of age, gender, and parent status with our outcome and entered significantly associated variables plus gender into a logistic regression model. We asked parents three open-ended items about work/life challenges and mitigation strategies, using thematic analysis to code and identify themes in the data.

Results: Of 110 survey respondents, 66% were women; 46% were parents; 57% were ≤ age 50 years; 40% reported elevated difficulty. Age and parent status were independently associated with elevated difficulty. After adjusting for age and gender, parents had higher odds [odds ratio (OR): 5.48, 95% confidence interval (CI): 1.9–16.1] of elevated difficulty than non-parents. Three themes emerged from open-ended items: (I) challenges of new and expanded roles; (II) variety of sources of support; (III) finding relief in flexible work arrangements.

Conclusions: We found that pediatric faculty parents experienced difficulties that align with a sociological construct termed as 'role conflict', defined as distress occurring from filling multiple social roles with conflicting demands. Institutional policies that provide flexible work opportunities, may help to support faculty holistically and reduce role conflict.

Keywords: Parents; coronavirus disease 2019 (COVID-19); pediatric; faculty; workforce

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Introduction

Since the beginning of the coronavirus disease 2019 (COVID-19) pandemic, physicians have faced a prolonged dilemma: how to simultaneously attend to the escalated needs of the clinical settings where they work, the patients they serve, and their own families. This dilemma has manifested for some physician parents as increased stress, altered work schedules and workforce dropout in order to meet family needs, especially among physician mothers (1,2). Pediatric faculty parents have been expected to balance exposure risk to their own children with service to their pediatric patients and families; to provide childcare and schooling in addition to clinical, administrative and academic work; and even to redeploy to adult units during crisis care (3-5). With over 40% of early career pediatricians also being parents, the impact has been widespread (6). Further, due to pre-existing gender expectations for women to assume more childcare and household work responsibilities than men, pediatric faculty mothers may be especially vulnerable to increased parent load and physician burnout (7-11). Pediatrics employs the highest percentage of women compared to other specialties; as a result, a much more sizable portion of pediatricians, namely mothers, may have been deeply impacted by the pandemic (12).

Experiences of pediatrician parents during the COVID-19 pandemic remain largely undocumented in the scientific literature, so we designed a mixed methods explanatory survey study to capture lived experiences of this population. We hypothesized that (I) pediatric faculty parents would experience more workload challenges than non-parenting peers; and (II) pediatric faculty mothers would be burdened more than fathers. Then, we explored how they experienced these challenges, strategies used to address challenges and suggestions for change. We present the following article in accordance with the STROBE reporting checklist (available at https://jhmhp.amegroups.com/article/view/10.21037/jhmhp-22-43/rc).

Methods

Study design

This mixed methods cross-sectional survey study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). This study was determined exempt from review by the Institutional Review Board of the Albert Einstein College of Medicine (2019-10971) and consent was considered implied upon completion of the survey. This study reports findings from closed and open-ended items designed and collected specifically for one timepoint of data collected within a larger parent study that used a serial cross-sectional design. The parent study was designed as a faculty engagement survey that examined work-life domains, faculty burnout, demographic and work profile data. Detailed study design, recruitment methods and measures of the parent study are reported elsewhere (13).

Survey administration

In September 2020, we emailed a survey invitation to all pediatric faculty at a large academic tertiary-care children's hospital in one of the early COVID-19 epicenters in the United States. 'Pediatric faculty' included those ranked as instructor or above with a primary or affiliated appointment in the Department of Pediatrics. Self-report data were collected via an internet-based survey hosting system (MindGarden Inc.; Menlo Park, CA, USA). The survey was accessed through an email invitation with a unique participant identifier that expired following submission and automated scoring so individual records were untrackable and anonymous. Faculty were sent weekly reminders to voluntarily respond to the survey, for the duration of 1 month.

Measures

Quantitative: our independent variable of interest was 'parent' status, measured as "parent or caregiver of a child under 18 years old". Covariates included gender, age, race, ethnicity, academic rank, commute time, full-time/part-time status and having provided care to COVID-19 patients. Our outcome, difficulty meeting work commitments due to family/personal life demands (DWC), had four response categories that were dichotomized for analysis based on a theoretical cut point: 'not at all/rarely' *vs.* 'some of the time/a great deal of the time'. Verbatim survey items can be found in *Table 1*.

Qualitative: we then asked three open-ended questions to further explore DWC including challenges, attempted solutions and suggestions for the future (*Table 1*). These open-ended items were designed with input from an expert panel of 4 pediatric faculty, 6 faculty parents and 3 hospital administrators with expertise in workplace satisfaction and burnout. Since our outcome variable and open-ended items were new to this survey, the first author pre-tested them using cognitive interviewing techniques to minimize item response error and increase content and face validity (14).

Table 1 Select survey items

Item order and type	Item	Response categories
1. Quantitative	Since the COVID-19 pandemic, the demands of my family/personal life have made it difficult to meet my commitments at work…	Not at all
		Rarely
		Some of the time
		A great deal of the time
2. Qualitative	Please describe	Open-ended response option
3. Qualitative	Since the COVID-19 pandemic, what has helped you to manage family/personal life alongside work commitments? (ex. childcare shares, workplace supports, etc.)	Open-ended response option
4. Qualitative	Since the COVID-19 pandemic, what more could be done to help integrate your family/personal and work lives?	Open-ended response option

COVID-19, coronavirus disease 2019.

Statistical analysis

We assessed bivariate associations between independent variables and the outcome, to identify potential confounding influence on the relationship between parent status and DWC, using Chi-square and Fisher's exact tests. We then entered all variables that were significantly associated with the outcome into a multivariable logistic regression model. We also included gender in the model based on a theoretical rationale recognizing that gender is often a factor in the way parents balance family and work commitments (7,8,10,11). There were no missing data, due to required fields. We tested for multicollinearity in independent variables using correlation tests and variance inflation factors; none was identified.

Qualitative and mixed methods analysis

Qualitative: For parents only, we inductively coded responses to open-ended items, using qualitative thematic analysis techniques to first identify repeating ideas occurring across these three items, developing and applying a preliminary codebook, then developing higher order themes. We then segmented our data by gender to explore potential within-group patterns for mothers and fathers. For open-ended items with complete response data (see *Table 1*, items 3 & 4), we performed counts of theme presence.

Mixed methods: We used a sequential analytic approach, first identifying the relationship between parent status and DWC and potential differences by gender. Then we explored how different parents experienced these phenomena, moving back and forth between the quantitative and qualitative items to explore emergent findings.

Results

Of 275 total faculty emailed a survey, 113 responded, and 110 affirmatively identified as women or men (3 preferred not to answer). Our final sample (n=110) included 66% [73] women; 46% [51] were parents {69% [35] of whom were women}; 86% [95] worked full-time; 40% [44] reported elevated DWC (*Table 2*).

In bivariate analyses, parent status and being age 41–50 years (*vs.* all other age groups) were independently associated with elevated DWC. Among parents, 39% [20] were ≤ age 40; 43% [22] were age 41–50; 16% [8] were age 51–60; and 2% [1] were 61–80. Race/ethnicity, academic rank, employment status, commute time, nor having cared for COVID-19 patients were associated with DWC. In the regression model, adjusting for age and gender, parents had 5.48 higher odds of elevated DWC than non-parents (95% CI: 1.9–16.1), with no differences by gender (*Table 2*).

Parents also described the nature of the difficulties they faced, offering insights and suggestions for the future. Three main themes emerged from responses to the open-ended items: (illustrative quotes are presented in *Table 3*).

Challenges of new and expanded roles

The first theme was defined by pervasive acknowledgment of new and expanded family roles that caused significant challenges for faculty parents. Parents assumed additional roles as homeschool teachers, childcare providers, and stewards of family health, ultimately acknowledging "it's impossible to do it all." Concerns related to distribution of responsibilities and role equity emerged between co-

Table 2 Relationship between characteristics of pediatric faculty and difficulty meeting work commitments due to family demands (DWC) (n=110)

Faculty characteristics	Total, n (%)	Difficulty meeting work commitments, n (%)			Logistic regression††	
		Not at all/a little	Sometimes/always	P	aOR (95%CI)	P
Age in years				<0.001		
<41	39 (35.5)	25 (64.1)	14 (35.9)		0.33 (0.1–1.1)	0.08
41–50†	24 (21.8)	6 (25.0)	18 (75.0)		Ref	
51–60	28 (25.5)	22 (78.6)	6 (21.4)		0.23 (0.1–1.0)	<0.05
>60	19 (17.3)	13 (68.4)	6 (31.6)		0.69 (0.1–4.0)	0.63
Parent status, children <18				<0.001		<0.01
No	59 (53.6)	47 (79.7)	12 (20.3)		Ref	
Yes	51 (46.4)	19 (37.3)	32 (62.7)		5.48 (1.9–16.1)	
Gender				0.46		0.74
Male	37 (33.6)	24 (64.9)	13 (35.1)		Ref	
Female	73 (66.4)	42 (57.5)	31 (42.5)		1.18 (0.4–3.1)	
Race/ethnicity				0.38		
White	79 (71.8)	44 (55.7)	35 (44.3)			
Black/African American	1 (0.9)	1 (100.0)	0 (0)			
Hispanic/Latinx	8 (7.3)	7 (87.5)	1 (12.5)			
Asian/Pacific Islander	10 (9.1)	7 (70.0)	3 (30.0)			
Other/Prefer not to answer	12 (10.9)	7 (58.3)	5 (41.7)			
Cared for COVID patients				0.19		
No	30 (27.3)	21 (70.0)	9 (30.0)			
Yes	80 (72.7)	45 (56.3)	35 (43.8)			
Academic rank				0.2		
Instructor	5 (4.5)	5 (100.0)	0 (0)			
Assistant Prof.	56 (50.9)	31 (55.4)	25 (44.6)			
Associate Prof.	27 (24.5)	15 (55.6)	12 (44.4)			
Full Prof.	22 (20.0)	15 (68.2)	7 (31.8)			
Commute time				0.6		
<45 min	29 (26.4)	18 (62.1)	11 (37.9)			
45–90 min	61 (55.5)	38 (62.3)	23 (37.7)			
>90 min	20 (18.2)	10 (50.0)	10 (50.0)			
Employee status				0.57		
Part-time	15 (13.6)	10 (66.7)	5 (33.3)			
Full-time	95 (86.4)	56 (58.9)	39 (41.1)			

†, Pairwise analyses showed age 41–50 group differed from all other groups (P<0.01); ††, in the multivariable logistic regression model, we adjusted for age, gender and parent status. DWC, difficulty meeting work commitments; aOR, adjusted odd ratio; CI, confidence interval; COVID, coronavirus disease.

Table 3 Illustrative quotes for qualitative themes

Themes	Illustrative quotes from free-text responses (verbatim)
The challenge of new and expanded roles	"Constant pull between family and work; Over reliance on spouse to handle remote learning" (*Mother, 41–50 years*)
	"It's impossible to "do it all" (e.g., help the kids with school, work, homework, house responsibilities, etc.)" (*Father, ≤40 years*)
	"Balancing childcare with a spouse who is also working full time" (*Mother, ≤40 years*)
	"Virtual school makes it almost impossible for me to meet my commitments at work" (*Mother, ≤40 years*)
	"Challenging to balance work and personal responsibilities when family will always be my top priority" (*Mother, 41–50 years*)
Variety of sources of support	"Having a spouse who can work from home has been the only thing to help thus far" (*Mother, 41–50 years*)
	"Ability to pay for a nanny/babysitter" (*Mother, 41–50 years*)
	"Support and flexibility of my division" (*Mother, 41–50 years*)
	"A very strong and supportive wife at home" (*Father, ≤40 years*)
	"Support from colleagues" (*Mother, 41–50 years*)
Finding relief in flexible work arrangements	"Being able to work from home during non-clinical time is very helpful/necessary. It has also helped to improve productivity at work in the form of time given back to me from not commuting 2 hours each day" (*Mother, ≤40 years*)
	"Flexibility on time when doing non-clinical duties [because of] greater need to help with child care/dropoffs/etc. Since COVID" (*Mother, 41–50 years*)
	"Create a culture that cares more about productivity outcomes rather than face time in the office" (*Mother, 41–50 years*)

COVID, coronavirus disease.

parents as they attempted to redistribute family and work responsibilities. One mother stated "[I have a] partner with a demanding job—now I need to miss work if children are sick due to not having usual backups available."

Variety of sources of support

The second theme highlighted a variety of sources of support that parents received. Parents valued both family- and work-based support to manage new and expanding roles. When we counted spontaneous mentions of family or work-based supports, a gendered pattern of support sources emerged: fathers primarily reported support from spouses or other family members, and mothers primarily reported support from co-workers, administrators and/or work-based policies. Professional child caregivers (i.e., a nanny or babysitter) were highly valued for offering dedicated support inside the safety of the family home but were only mentioned as an available resource by a minority of parents. Parents who were offered flexible work arrangements generally perceived this as an indicator that their hospital departmental and/or divisional leadership was supportive. Notably, all mentions of perceived leadership support were paired with flexibility having been granted to the participant.

Finding relief in flexible work arrangements

Parents highlighted administrative strategies that were helpful in navigating challenges both at home and work. Being given the option to work from home to complete charting or other administrative tasks; incorporating telehealth into patient care; and being granted autonomy over one's schedule were all named as critical mechanisms for providing relief and for reducing difficulties managing work commitments. For those who worked from home, reduced commute time was noted as a benefit, acting as a time saver. Working from home was not entirely a positive experience however, with some highlighting an increase in parent load or a decrease in scholarly productivity as they attempted to handle multiple demands simultaneously. Despite difficulties, parents almost universally desired the continued availability of flexible work arrangements rather than going "back to normal."

Discussion

Long before the COVID-19 pandemic arrived in the

United States, physicians of all specialties struggled to find work-life balance and avoid burnout (15,16). Since the onset of the pandemic these struggles have intensified, leaving many exhausted, burned out and even leaving the field of medicine entirely (13,17). For pediatric faculty parents additional responsibilities during the pandemic felt "impossible" to manage, especially when responsibilities clashed (e.g., attempting to conduct homeschool and telehealth visits simultaneously). This phenomenon, as described by faculty parents, closely aligns with a sociological construct pre-dating our research called 'role conflict': defined as distress that occurs when an individual attempts to fill multiple and conflicting social roles (18).

As we hypothesized, parents were more likely to report difficulty meeting work commitments than non-parents (i.e., role conflict), although likelihood did not differ by parent gender. Additionally, an emergent pattern in our textual data suggested that faculty mothers and fathers may receive support to manage role conflict from different sources (e.g., family, work-based or professional sources), although this finding should be interpreted with caution since parents were not systematically queried about the range of support sources available. Further research is warranted to explore different manifestations of role conflict among faculty parents and to develop remediation strategies that are sensitive to gender (19-21). Regardless of parent gender, it is important for healthcare institutions to recognize that all faculty parents may experience elevated role conflict during and beyond the pandemic, as many work-family dynamics persist. In so doing, institutions can develop, highlight and make direct supports readily available to all-gender parents; in turn, helping non-parenting faculty by increasing capacity and engagement of their parenting peers (3).

Early in the pandemic, concerns for physicians focused on physical health and short-term wellbeing. However, longer term concerns, including worsening mental health and workforce dropout, have emerged at an alarming rate and are likely to continue with the rise of new variants, pandemic fatigue and emergent family health crises (22-24). Self-care has often been promoted in workplace wellness initiatives (25,26), yet healthcare organizations must be cautious not to over-prescribe individual solutions to structural level problems, especially in the case of working parents. In our study, faculty parents lauded institutional changes driven by the pandemic such as telehealth innovation and permission to work from home to complete non-clinical duties as being especially impactful to their ability to fill multiple roles.

When hospital leadership offered flexible work arrangements, parents perceived this institutional level support as helpful. This aligns with previous research showing that when working parents' multiple roles are accommodated by work-domain resources (e.g., schedule autonomy), parents experienced less role conflict overall and perceived their organizations as more supportive (26-28). Parents did not want to lose this pandemic-inspired innovation to their work experience: something institutions will need to consider as we emerge from the pandemic. Simply "going back to normal," (i.e., physical presence in the clinic even on non-clinical days) has the potential to negatively impact parents' perceptions of the presence or lack of support from their institutional leadership. While 'flexibility' may be appreciated mainly for its logistical benefits, it may also be perceived as an investment in employees' integrated well-being (29). The deeper meaning and value of workplace flexibility should be further explored within healthcare organizations, specifically among physician parents. Findings can inform feasible and acceptable policies, which may help to reduce role conflict and overall distress even beyond the COVID-19 pandemic.

Since we did not collect data about parents' partners, our ability to understand gender dynamics or norms within relationships was limited. The low response rate, although typical in faculty surveys, does limit the generalizability of the findings. However, results are suggestive of important trends among working parents during the COVID-19 pandemic that have been documented in other professions (7,23,30). Additionally, although the demographics of the survey respondents and the faculty population were reportedly similar, the findings may be influenced by self-selection bias (13). We did identify that parents in their 40s experienced the highest levels of DWC, which may reflect having younger aged children, but the small sample size limited our ability to test an age-moderated model and the lack of data on child age made it impossible to explore this post hoc hypothesis. The small sample size may have introduced type II error, potentially obscuring a true association between gender and DWC. Longitudinal survey designs should aim for larger samples both to minimize possible type II error and to allow modeling of intersectional ways that minority race, ethnicity, sexual orientation, and a broader range of gender identities may account for variation in family and work roles over time.

Future qualitative research should expand on this preliminary understanding of role conflict among faculty parents to capture further context, depth and nuance of

lived experiences, unconstrained by limitations of free-text analysis (31). Our study was limited to only pediatric faculty at a COVID-19 epicenter at one point in time and, as a result, future research with faculty in other specialties and regions will be important to understand if these findings are transferable to pediatric faculty and health systems in other urban contexts and over time. Further, comparative health systems research should include hospital administrators to provide broader context about decision-making motivation, policy changes and subsequent implications for workforce retention, well-being and other targeted outcomes.

Conclusions

With uncertainty around the length of the pandemic or its aftermath, it is likely that the impact on pediatric faculty parents and their employers will be sizable. Future phases of the pandemic experience, including its aftermath, may also impact children more severely academically and/or developmentally, requiring more time and involvement of pediatric care providers and consideration for flexible administrative expectations. In order to retain this valuable and large segment of the pediatric healthcare workforce, it will be critical to holistically support pediatric faculty who are also parents dealing with their own children's needs, addressing the many roles they fill.

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Footnote

Reporting Checklist: The authors have completed the STROBE reporting checklist. Available at https://jhmhp.amegroups.com/article/view/10.21037/jhmhp-22-43/rc

Data Sharing Statement: Available at https://jhmhp.amegroups.com/article/view/10.21037/jhmhp-22-43/dss

Conflict of Interest: All authors have completed the ICMJE uniform disclosure form (available at https://jhmhp.amegroups.com/article/view/10.21037/jhmhp-22-43/coif). MDC is a member of the United States Preventive Services Task Force (USPSTF). This manuscript does not necessarily represent the views of the USPSTF. The other authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. This study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). This study was exempted by the Institutional Review Board of Albert Einstein College of Medicine (2019-10971) and informed consent was considered implied upon completion of the survey.

References

1. Lo JCY, Walters EL, Bengiamin DI, et al. A survey study of the psychological impact of COVID-19 pandemic on physician parents. Int J Emerg Med 2021;14:47.
2. Frank E, Zhao Z, Sen S, et al. Gender Disparities in Work and Parental Status Among Early Career Physicians. JAMA Netw Open 2019;2:e198340.
3. Randell KA, Patel AK, Talib HJ. Parenting Pressures Among Academic Pediatricians During the COVID-19 Pandemic. Pediatrics 2021;147:e2020033159.
4. Osborn R, Doolittle B, Loyal J. When Pediatric Hospitalists Took Care of Adults During the COVID-19 Pandemic. Hosp Pediatr 2021;11:e15-8.
5. Philips K, Uong A, Buckenmyer T, et al. Rapid Implementation of an Adult Coronavirus Disease 2019 Unit in a Children's Hospital. J Pediatr 2020;222:22-7.
6. Webber SA, Frintner MP, Starmer AJ, et al. Exploration of career choice and job satisfaction among early career pediatricians. American Academy of Pediatrics Annual Meeting, 2021. Available online: https://www.aap.org/en/research/pas-abstracts/exploration-of-career-choices-and-job-satisfaction-among-early-career-pediatricians, accessed

May 29, 2022.
7. Catalyst. The impact of COVID-19 on workplace inclusion: survey. 2020; Available online: https://www.catalyst.org/research/workplace-inclusion-COVID-19, accessed May 20, 2022.
8. Starmer AJ, Frintner MP, Matos K, et al. Gender Discrepancies Related to Pediatrician Work-Life Balance and Household Responsibilities. Pediatrics 2019;144:e20182926.
9. Andersen JP, Nielsen MW, Simone NL, et al. COVID-19 medical papers have fewer women first authors than expected. Elife 2020;9:58807.
10. Jolly S, Griffith KA, DeCastro R, et al. Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. Ann Intern Med 2014;160:344-53.
11. Dhara A. Invisible work: Valuing emotional labour in family medicine. Can Fam Physician 2019;65:426-7.
12. Association of American Medical Colleges. 2020 Physician specialty data report: Active physicians by sex and specialty, 2019. Available online: https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-sex-and-specialty-2019, accessed May 20, 2022.
13. Uong AM, Cabana MD, Serwint JR, et al. Changes in Pediatric Faculty Burnout During the COVID-19 Pandemic. Hosp Pediatr 2021. doi: 10.1542/hpeds.2021-006045.
14. Willis GB. Cognitive interviewing: A tool for improving questionnaire design. Thousand Oaks: Sage Publications, 2005.
15. Levin KH, Shanafelt TD, Keran CM, et al. Burnout, career satisfaction, and well-being among US neurology residents and fellows in 2016. Neurology 2017;89:492-501.
16. Orrù G, Marzetti F, Conversano C, et al. Secondary Traumatic Stress and Burnout in Healthcare Workers during COVID-19 Outbreak. Int J Environ Res Public Health 2021;18:337.
17. Amanullah S, Ramesh Shankar R. The Impact of COVID-19 on Physician Burnout Globally: A Review. Healthcare (Basel) 2020;8:421.
18. Merton RK. Social Theory and Social Structure, Revised. Glencoe, IL: The Free Press, 1957:225-300.
19. Shockley KM, Clark MA, Dodd H, et al. Work-family strategies during COVID-19: Examining gender dynamics among dual-earner couples with young children. J Appl Psychol 2021;106:15-28.
20. Carli LL. Women, gender equality and COVID-19. Gend Manag 2020;35:647-55.
21. Harth NS, Mitte K. Managing multiple roles during the COVID-19 lockdown: not men or women, but parents as the emotional "Loser in the Crisis". Soc Psychol Bull 2020;15:1-17.
22. Halley MC, Mathews KS, Diamond LC, et al. The Intersection of Work and Home Challenges Faced by Physician Mothers During the Coronavirus Disease 2019 Pandemic: A Mixed-Methods Analysis. J Womens Health (Larchmt) 2021;30:514-24.
23. Srinivasan T, Sulur Nachimuthu G. COVID-19 impact on employee flourishing: Parental stress as mediator. Psychol Trauma 2022;14:281-90.
24. Matulevicius SA, Kho KA, Reisch J, et al. Academic Medicine Faculty Perceptions of Work-Life Balance Before and Since the COVID-19 Pandemic. JAMA Netw Open 2021;4:e2113539.
25. Reeves TJ, Dyer NL, Borden S, et al. "Making it okay": professionals in high-stress environments construct their understanding of the impact of a yoga-based retreat designed to build resilience. Int J Qual Stud Health Well-being 2022;17:2025640.
26. Jones RD, Miller J, Vitous CA, et al. From Stigma to Validation: A Qualitative Assessment of a Novel National Program to Improve Retention of Physician-Scientists with Caregiving Responsibilities. J Womens Health (Larchmt) 2020;29:1547-58.
27. Kossek EE, Pichler S, Bodner T, et al. Workplace social support and work-family conflict: a meta-analysis clarifying the influence of general and work-family-specific supervisor and organizational support. Pers Psychol 2011;64:289-313.
28. Laß I, Wooden M. Weekend work and work–family conflict: Evidence from Australian panel data. J Marriage Fam 2020:1-23.
29. Moen P, Kelly EL, Fan W, et al. Does a flexibility/support organizational initiative improve high-tech employees' well-being? Evidence from the work, family, and health network. Am Sociol Rev 2016;81:134-64.
30. Delaney RK, Locke A, Pershing ML, et al. Experiences of a Health System's Faculty, Staff, and Trainees' Career Development, Work Culture, and Childcare Needs During the COVID-19 Pandemic. JAMA Netw Open 2021;4:e213997.
31. LaDonna KA, Taylor T, Lingard L. Why Open-Ended Survey Questions Are Unlikely to Support Rigorous Qualitative Insights. Acad Med 2018;93:347-9.

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