Insights From a New National Academies Report on Caregiving

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There are only four kinds of people in the world — those that have been caregivers, those that are caregivers, those who will be caregivers, and those who will need caregivers.

Rosalynn Carter

A recent report from the National Academies of Sciences, Engineering, and Medicine reflects on the universal experience of caregiving and how professional norms and institutional policies can threaten the inclusion and diminish the contributions of talented scientists, engineers, and physicians. The report found that professional and organizational expectations for single-minded devotion to work, or the “ideal worker,” continue to clash with gendered societal expectations about family caregiving. This conflict affects all workers, but differentially affects the contributions, careers, and health of women. Because the ideal worker norm is very pronounced in fields that require intensive training and career development over many years, and because of the essential contributions that scientists, engineers, and health care professionals make to society, a nuanced understanding of the effect of family caregiving merits focused attention to transform professional culture and catalyze broader policy changes that are sorely needed.

As physician-authors of the National Academies report and family caregivers ourselves, we believe that the report’s findings will resonate deeply for physicians and other health care professionals. The report focused on several fields of science but has unique import for physicians and other health care professionals who serve as professional caregivers to patients. Professional caregiving constitutes the core of the such roles, yet, ironically, responsibility for caregiving outside of work remains highly stigmatized in health care, perhaps more so than in any other field. In discussing the key findings and recommendations of this report for health care professionals, we use the term family caregiving to include caregiving for extended kin, friends, and community members, a capacious definition that is particularly salient for racial and ethnic minority groups.

The report reviewed evidence suggesting pervasive effects of family caregiving on careers in science, technology, engineering, mathematics, and medicine (STEMM) that have implications for individuals, institutions, and society as a whole. The arrival of a first child is a moment of great vulnerability; in a national study from 2003 through 2010, 43% of first-time mothers and 23% of first-time fathers left full-time STEMM employment after the birth of their first child. Among parents who remain employed, caregiving may negatively affect productivity, career advancement, compensation, and mental health. As such, the need for support for family caregiving is not simply a personal matter, but rather a societal, institutional, and public issue that requires prioritized, sustained intervention, given broad effects that include economic growth and gender equity. The societal cost of attrition and diminished productivity among highly skilled workers in STEMM serves as a call to action, and structural gender inequities in career paths violate the ethical imperative to ensure fair equality of opportunity.

The federal and state legal requirements governing employer accommodation of family caregiving form a complex patchwork. Amid this complexity, many STEMM institutions operate with limited knowledge and uneven compliance. Unlike most other high-income nations, the US does not have a federal requirement for paid family leave. Nonetheless, legal protections are more extensive than many realize, including requirements for adequate access to leave, accommodations and adjustments, lactation support, and nondiscrimination that are grounded in Title IX for educational institutions, Title VII of the Civil Rights Act, the Americans with Disabilities Act, the Family and...
Medical Leave Act, the Pregnant Workers Fairness Act, and state-level regulations. Universities and health care systems also must follow policies established by funding bodies and accrediting organizations.

In response to growing concerns about physicians’ wellness, equity, and family planning needs, the Accreditation Council for Graduate Medical Education and American Board of Medical Specialties have recently made meaningful advances to ensure medical residents and fellows are permitted to take paid family leave without jeopardizing their board eligibility. Some medical schools permit use of grant funds to support family care during research-related travel, which the National Institutes of Health allows but is infrequently implemented. Other funders provide resources specifically designed to support physicians who have family caregiving demands, initiatives that have transformed institutional cultures to validate engagement in caregiving rather than stigmatize it.

Some institutions provide onsite childcare facilities, but they are often insufficient to meet the need and have long waiting lists. Academic health systems that support family caregiving may experience greater employee wellness and reduced staffing turnover.

The National Academies report focused on academic institutions but made several recommendations that are also important for other employers of health care professionals. First, it emphasized the need for employers to comply with all applicable laws and regulations, which offer protections that are not yet fully implemented. For example, if paid disability leave is provided for conditions other than childbearing, birth parents must be granted paid childbearing leave. Employers, including smaller physician-led groups, should further embrace best practices, such as providing 12 weeks of paid leave, as recommended by the American Academy of Pediatrics.

Family caregiving extends far beyond the arrival of a new child and includes the increasingly common situation of caring for children, older adults, and/or other loved ones who experience illness or other needs. Historically, health care professionals have been at the vanguard of advocating for reforms that support informal caregiving, and the 2022 National Strategy to Support Family Caregivers proposed hundreds of actions that may be implemented by federal agencies and others.

To ensure these efforts benefit not only patients but also health care professionals, changes within these professions are essential. Leveraging innovations born from necessity during the COVID-19

### Table. Select Existing Legal and Regulatory Protections for Caregiving in Medicine

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<th>Legal protections for workers</th>
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| Childbearing and caregiving leave | Federal caregiving leave protections:  
• Title VII of the Civil Rights Act of 1964  
• Family Medical Leave Act  
• Title IX of the Educational Amendments of 1972  
• Pregnant Workers Fairness Act  
• Americans with Disabilities Act for pregnant individuals | • Title VII: Typically up to 6 to 8 wk of paid leave (employers) with 15 or more employees  
• FMLA: up to 12 wk of unpaid, job-protected leave during a 12-mo period  
• Title IX: educational institutions to provide employees with leave for pregnancy or related conditions  
• Americans with Disabilities Act: requires leave for pregnancy-related disabilities | At least 16 states provide job-protected leave for caregiving employees  
State family and medical leave laws are typically similar to the FMLA but provide for paid leave (albeit often capped at levels that would not fully replace a faculty member’s pay) and/or expanded eligibility by reducing employer size thresholds or the length of time employees must work to be eligible for leave |
| Maternity accommodations | Federal:  
• Pregnant Workers Fairness Act  
• PUMP for Nursing Mothers Act | Pregnant Workers Fairness Act: requires reasonable accommodations, including leave, for pregnancy and related conditions |
| Antidiscrimination protections | Federal:  
• Title VII  
• Americans with Disabilities Act | State and local laws prohibit discrimination based on caregiver status or family responsibilities |
| Protections for trainees | Accrediting organization policies | |
| Accreditation Council for Graduate Medical Education | All accredited training programs must offer 6 wk of paid leave to residents and fellows for parental and caregiving leave | NA |
| American Board of Medical Specialties | Member board policies must permit a minimum of 6 wk of time away from training once during training for parental and caregiver leave, without exhausting vacation and sick leave or extending training | NA |

Abbreviations: FMLA, Family Medical Leave Act; NA, not applicable.

* Adapted from the report from the National Academies.
pandemic, such as technological advances that have permitted remote care delivery and meetings, academic medical centers and community-based medical practices should continue to optimize flexibility in work locations and timing, including creative options for trainees.

Physicians and other health care professionals are privileged to serve patients when the crucial importance of family caregiving is most salient during birth, illness, and death. We believe that the recommendations in the National Academies report will enhance the ability for these essential workers to contribute to the national conversation about redefining the approach to family caregiving, including consideration of long overdue cultural changes within health care professions. The narrative must shift from one focused on personal choices to one reflecting shared responsibilities. Health care professionals should lead the way in demonstrating how to redefine supportive systems for caregivers at work and home.

REFERENCES