Director's Corner

Providing Space to Shed Tears may be Key to a Better, Post-COVID Future

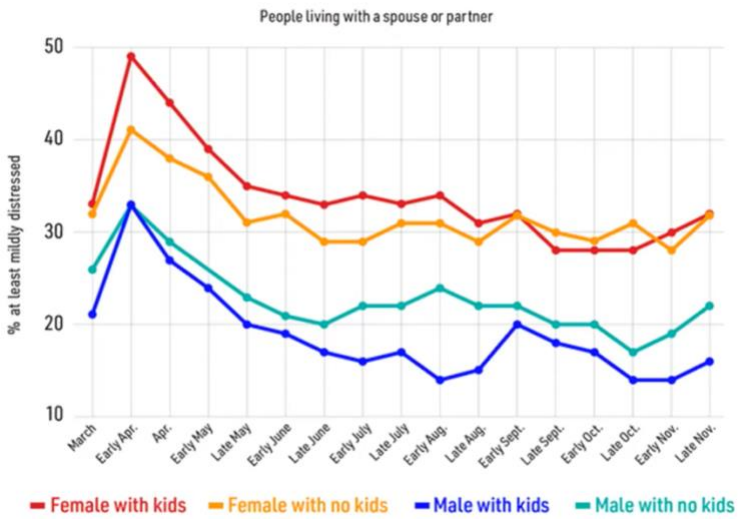
by Adina Kalet, MD, MPH

Over the past couple of weeks, I have witnessed more tears among my colleagues and mentees than I normally see in a year. Even though I care deeply, I am not particularly worried about those who have cried. I find it reassuring that they reached out, seeking support and a reliable pep talk. I know that while shedding tears in someone else's presence makes one vulnerable, it is also a sign of strength, resilience, and self-care. These individuals are bending under the prolonged pressures of the COVID pandemic but are unlikely to break.

On January 21, 2021, Libby Ellinas, MD, Director of the MCW Center for the Advancement of Women in Science and Medicine (AWSM), Associate Dean for Women's Leadership, and Professor of Anesthesiology at MCW, gave Kern Institute Grand Rounds on ***Women in COVID***. Her talk was a *tour de force* of cautionary tales and sobering data. She reminded us that the majority of people on the front lines of healthcare and education – and nearly half of our medical school faculty – are women. Data from multiple sources are consistent: women as a group are under special pressures during this pandemic. This poses a threat to both our medical education and health care systems.

The ways in which COVID-19 has disproportionately affected women

Dr. Ellinas shared survey data from the USC Dornsife Center for Economic and Social Research confirming that the mental load – including concerns about the health of their families, themselves, and financial strain – is significantly higher among women compared with men. And while married men with children have



the lowest mental distress, women with children have, by far, the highest. This is not news. Sociologists have shown over-and-over that being married with children is associated with better health and more happiness for men while, for women, being married/partnered with children is associated with relatively high levels of stress and distress. Women do measurably more emotional work than men, both in families and at work. While often this work is energizing, it is a mental load that can overwhelm.

Among MCW faculty members, Dr. Ellinas demonstrated that the social isolation necessitated by the pandemic is wreaking havoc for working women. With schools inconsistently in session, direct childcare hours have increased for both men and women, but the *number* of additional hours per week has been greater for women. Data from an MCW AWSM COVID survey show that while nearly 60% of male faculty have spouses employed part-time or not at all, this is true for only 21% of female faculty. Thus, MCW working women with families are much less likely to have robust support systems than their male counterparts.

There is also heterogeneity in *how* COVID-19 increases stress. Some find value in working from home, but many do not. Clearly, working from home – for those privileged to be able to do so – allows more flexibility and autonomy, reduces time spent commuting, and decreases costs associated with working away from home. It might even provide unexpected "quality time" with family. However, especially for working women with school-aged children, working from home is associated with less sleep and decreased self-care. Adding to this, the intersectionality of race and gender can weigh even more heavily on Black and Brown women.

And, as if that wasn't challenging enough, there are signs that the COVID-19 pandemic negatively impacts the academic productivity of early-career women

more that it does men. The long-term impact of this is worrisome and may lead to the reversal of recent gains in women's academic status on the whole. These are challenges for us all.

Institutional solutions are critical and complex

What did Dr. Ellinas recommend? She offered a number of institutional recommendations that are consistent with AWSM's inspiring and audacious vision that "*MCW will be a destination for women leaders, cultivating an inclusive and vibrant culture that supports all genders to grow and thrive in the health sciences,*" and mission "*to advance the careers of women at MCW through data-informed strategic projects that enhance opportunity and improve workplace climate."*

- Evaluating leadership structures to ensure women are well represented in decision making
- Valuing parenting through generous parental leave and creative childcare
- Supporting women to "step forward" rather than depending on "step back" policies
- Valuing the hard work of mentoring, equity, diversity, and inclusion
- Valorizing women role models for us all

We need policies that can be individualized and flexible over time. Extraordinary caregiving responsibilities may be **acute**, due to an illness or urgent need, **chronic,** as in having a child with special needs or an aging relative with evolving needs, or **both,** as in this stuttering pandemic. Community resources are distributed unevenly. Some people do not have enough help while others have what they need, if not to excess. Institutions like ours can improve the quality of life for our employees and community by offering concrete services, such as low-cost, high-quality childcare, sick childcare, food preparation and delivery, and help with chores.

To support women (and men) whose academic careers have been impacted by the pandemic, some institutions have found ways to provide assistance that enable researchers to continue collecting and analyzing data while they tend to a "special" personal need. One program, the Doris Duke Fund for the Retention

of Clinical Scientists (see “For Further Reading” below), has funded such efforts. Many workplaces provide access to high quality food, recreation, and other wellness services. Much can be done.

How do we, as an institution, come out of COVID-19 better and stronger? We need a flexible range of options going forward that includes working from home. Our men need to engage. We all need to honestly complete surveys to have quality data that inform best solutions. Men who have the relative privilege of having more support at home and at work – as well as having disproportionately higher salaries – need to be allies and advocates for equity and flexibility. No one should assume that they, alone, know what will work; we need to ask women. Don’t insist on “fairness” or “equality” until you have a full-thickness view of the situation.

Back to crying

I have always kept a box of tissues on my desk. When seeing patients, the box was discretely tucked just out of view, easily slid toward the patient at the first glisten in the eyes. As a colleague and mentor, the box would be brought forward when the face flushed, the head dropped, and the tears rolled. It has been my experience that, most of the time, a good cry in the presence of an empathic other is the most efficient way to clear the air and help the words and problem-solving flow. People cry for all sorts of reasons. Sometimes it is sadness and grief, but just as often people cry because they are overwhelmed, angry or frustrated. I have come to believe that an effective mentor, like the good physician, must learn to invite and sit with the tears of others without needing to fix anything; just listen, sit quietly, check in. Fighting back tears takes energy, blocks thinking, and keeps others away. Letting tears fall clears the air and loosens the voice.

Did I say that it is mostly women who shed tears in my office? Well, it is. But occasionally, the men cry as well. Three times in the past three weeks, I have spoken with distraught educational leaders, people who are deeply respected by colleagues and beloved by trainees. They were emotionally and physically exhausted from the expanding and rapidly evolving needs of school-aged children and elderly parents. They had less help from their working spouse than

they needed. Their jobs presented new and growing demands on themselves and their trainees (e.g., being "deployed" to care for critically ill COVID-19 patients). They feared a loss of income. They were at the brink.

In each case, I pushed the virtual box of tissues. *Why doesn't Zoom design a "tissue box" emoji?* I hope my message is clear: It is okay to cry here. I am not afraid of your tears. I will hear you out and empathize. You are not crazy, this is hard. I know you will find your way through this. I will help if I can.

These folks do not need to be fixed, they just need a shoulder to cry on, a good night's rest, regular meals, and an occasional walk in the woods. I think we can get them that.

For further reading:

Jagsi, R., Jones, R. D., Griffith, K. A., Brady, K. T., Brown, A. J., Davis, R. D., ... & Myers, E. R. (2018). An innovative program to support gender equity and success in academic medicine: early experiences from the Doris Duke Charitable Foundation's Fund to Retain Clinical Scientists. *Annals of internal Medicine*, *169*(2), 128-130.

Jones, R. D., Miller, J., Vitous, C. A., Krenz, C., Brady, K. T., Brown, A. J., ... & Jagsi, R. (2020). From Stigma to Validation: A Qualitative Assessment of a Novel National Program to Improve Retention of Physician-Scientists with Caregiving Responsibilities. *Journal of Women's Health*, *29*(12), 1547-1558.

Adina Kalet, MD, MPH, is the Director of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education and holder of the Stephen and Shelagh Roell Endowed Chair at the Medical College of Wisconsin.