Career perspectives of hospital workers after maternity and paternity leave: survey and observational study in Germany

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Abstract

Objective | A term of maternity and paternity (parental) leave now becomes a frequent waypoint on the career paths of medical personnel. Hospitals are highly competitive environments. The question employees face irrespective of surrounding conditions is how such a leave may alter their personal work situations and careers upon return.

Design and Participants | We surveyed 709 leave-takers and 88 directors of a university hospital (9000 staff, years 2009–2012, response rates: n = 406 and n = 63) for outcome and attitudes concerning individual, sociologically defined workplace factors after return. In parallel, objective epidemiology data were extracted and benchmarked.

Setting | University hospitals in Germany, Switzerland, Norway.

Results | The subject of parental leave elicited very high emotionality score values (4.0 ± 2 out of 5) in all stakeholders. Superiors’ appraisal of employees’ parental leave appeared to be significantly more often positive than negative (p < 0.001, mean: 0.8 ± 0.9 on a bipolar Likert scale [BLS] from -2 to +2). Contrasting with this, in leave-takers the annual labour turnover doubled to 39%; 51% experienced significant task profile changes. 58% of doctors thought about changing their employer after the leave and 17% of leave-taking executives lost status. For central work – changes, 58% of doctors thought about changing to 39%; 51% experienced significant task profile requirements: 

1. Formal recognition of the leave taker’s status pre-leave
2. Establishment of a written (“claimable”) return policy
3. Substitution scheme for each individual, preferably by a locum
4. Redirection of funds to facilitate and protect part-time work schemes temporarily after return.

Introduction

Numerous institutions [1], states [2] and countries [3] have broadened the traditional maternal leave to maternity and maternity leave (MPL) policies: new parents of both sexes have the right to pause (frequently with public allowance [3]) from their job for a maximum of 3 years in order to care for their children and afterwards return to their jobs.

Also in hospitals [4, 5] and biomedical research [6] „family friendliness“ increasingly counts among the canonic values. At the same time major (university) hospitals are extremely competitive workplaces [7]. The acceptance of MPL offers probably depends on the leave-takers career perspectives [8] after return.

Reports on MPL rely either on data from statistical central offices in large scale governmental studies [9] or on isolated cases i.e. „claims and beliefs“. Data directly from institutions could be closer to the subject than the former [10] and more objective than the latter. They are sparse in the inter-

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national literature although the key factors of individual work satisfaction are universal.

**Method**

We surveyed the career development of parents who returned from MPL to their jobs at Hannover Medical School, Germany (MHH, ca. 9000 employees) from 2009 until 06/2012. This data was balanced against directors views and objective personnel data. For benchmarking corresponding epidemiologies were extracted in the uni-hospitals of Zürich, Switzerland (approx. 6900 employees) and Bergen, Norway (approx. 11 800 employees) and complemented with expert interviews (HR-directors).

44 items were explored anonymously with uni- and bi-polar 5 point Likert-scales (including „don’t know“ options), visual analogue scales (VAS) plus categorical (CAT) and free text (FT) questions. Data were computed with cross-table, mean-value and correlation statistics (SPSS, R, Excel). Full study details can be accessed at https://www.thieme-connect.de/products/ejournals/html/10.1055/s-0041–100305.

The response rates from eligible leave-takers (n = 709) and directors (n = 88) were 57.3 % and 72 % respectively. Responder/Non-responder analyses showed that samples were statistically representative (Table 1).

**Results and Discussion**

MPL comes at a time when emotions are naturally highly charged; both employees and directors rated [11] their emotional reactions to be so (4.0±2 of 5). The existence of anonymous letters and the denial of cooperation by some scholars and hospital officials alike, for fear of personal disadvantage, reveals tension between the social desirability of MPL and the actual maintenance of professional status.

As a result, career perspectives post-leave (VAS, fig. 2) were universally (for means) perceived negatively. Within subgroups, men rated their perspectives better than women (p<0.001, exceeding literature figures [8]) and line personnel better than executives (p=0.15); consequently female executives brought up the rear. When career perspectives were related with respondents’ statements concerning a potential second MPL-term one could clearly see the effects of previous experience on future behaviour: Respondents with very negative VAS ratings (≤-3, n=144) would significantly less often take a second term (72 % vs. 92 %, p=0.007) and if so significantly more would shorten it’s duration (25 % vs. 8 %, p<0.05). This may represent another explanation [13, 14] for low birthing rates among professionals.

Further analysis identified such „self-censorship“ as a specific female reaction because other subgroups did not significantly change their future choices following bad experience (e.g. men, p>0.05). This possibly is a result of weaker MPL utilization (fig. 3). MPL in university hospitals is rather medical than surgical (80/20), more specialized (63 %) than residential and still [9, 15] much more female than male.

Senior managers’ judgement of central parameters of MPL differed significantly from employees’:

Table 1 Responder analysis for employees who returned from MPL; Hannover site.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>SAP DATABASE</th>
<th>SURVEY</th>
<th>pΔ</th>
</tr>
</thead>
<tbody>
<tr>
<td>male/female ratio</td>
<td>1:4.4</td>
<td>1:4.7</td>
<td>n.s.</td>
</tr>
<tr>
<td>mean duration MPL for one child (months)</td>
<td>13.6±11.5</td>
<td>14.1±9.9</td>
<td>n.s.</td>
</tr>
<tr>
<td>employees with parental leave &lt;4 months (%)</td>
<td>22.9%</td>
<td>17%</td>
<td>n.s.</td>
</tr>
<tr>
<td>% medical doctors of all leave takers</td>
<td>11.9%</td>
<td>22%</td>
<td>n.s. (0.052)</td>
</tr>
<tr>
<td>operative vs. non-operative discipline</td>
<td>18 vs. 82%</td>
<td>19 vs. 81%</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

MHH practises a „family friendly“ institutional policy which exceeds national legal requirements. Accordingly, the measured reactions of employees and directors to MPL [11] were extremely positive. The loss of knowledge and abilities experienced by returning leave-takers was very modest.

Nevertheless post-leave the labour turnover rate objectively (HR-database) and subjectively (survey) doubled; 1/3 of all employees (58 % of academics) thought about changing employer after return; 17 % of executives experienced loss of status (p=0.11). Overall 51.4 % experienced significant work profile changes; 21 % lost most or all of their previous responsibilities.

Core to the survey were personal workplace factors which were decisive for daily professional advancement and satisfaction: Here we found, e.g., a significant drop of sociologically-defined „power“ and „influence“ and in turn a highly significant increase of „professional workload“ (fig. 1).

As a result, career perspectives post-leave (VAS, fig. 2) were universally (for means) perceived negatively. Within subgroups, men rated their perspectives better than women (p<0.001, exceeding literature figures [8]) and line personnel better than executives (p=0.15); consequently female executives brought up the rear. When career perspectives were related with respondents’ statements concerning a potential second MPL-term one could clearly see the effects of previous experience on future behaviour: Respondents with very negative VAS ratings (≤-3, n=84 compared to positive-raters [VAS≥0], n = 144) would significantly less often take a second term (72 % vs. 92 %, p=0.007) and if so significantly more would shorten it’s duration (25 % vs. 8 %, p<0.05). This may represent another explanation [13, 14] for low birthing rates among professionals.

Further analysis identified such „self-censorship“ as a specific female reaction because other subgroups did not significantly change their future choices following bad experience (e.g. men, p>0.05). This possibly is a result of weaker MPL utilization (fig. 3). MPL in university hospitals is rather medical than surgical (80/20), more specialized (63 %) than residential and still [9, 15] much more female than male.

Senior managers’ judgement of central parameters of MPL differed significantly from employees’:

1. Involving e.g. an unconditional grant of EUR 12,000/ US$ 16,500 paid to departments of female doctors who return within 1 year after birth
2. Illustrated to the respondents in the questionnaire by Max Weber’s definition (1925) “Power is the capacity to impose one’s will, also against resistance.” Weber Max. Economy and Society. Eds. Roth G. and Wittich C. University of Califomia Press. Berkely and Los Angeles/USA, 1978.
e.g. for incidence and appraisal of job profile mutations, estimation of employees’ loss of knowledge and ideal MPL length (p<0.05 to p<0.001, respectively). This points to major difficulties in managing the leave.

At this stage the topic of part-time work (PTW) becomes relevant. Many respondents criticized a poor actual availability after MPL. Given the mere figures this appears paradoxical: Overall findings (both p<0.001) for number of part-timers (up: 21% to 69%) and their work percentage (down: 90 ± 2% [95%-CI: 88–92%] to 65 ± 29% [95%-CI: 62–67.8%] of a full-time arrangement) correspond to expectations.

The drop in work percentage occurred unevenly: The pre-existing gender difference (females working more often part-time than males, p<0.001) deepened because among men, PTW remains [9, 15] a marginal phenomenon (8%). A new gap opens post-leave between groups of different commitment: Concerning PTW subordinates surpass executives (p<0.05) and non-doctors surpass doctors (p<0.0001).

PTW appears as tangible career threat: Among explanations given to leave-takers by superiors for changes to their previous task profile „inflexibility and organizational difficulties linked to part-time work” scored 41%. Put simply, not all groups have access to part-time schemes [16] according to their needs [17]; either the opportunity is not granted or is considered as an abandonment of ambitious career goals thereby influencing choices [18].

MPL outcomes diverged according to status and level of training: Employees with sought-after „high commitment” positions (executives, particular clinical functions) suffered heavier drawbacks in workplace parameters and future career prospects (p<0.05 to p<0.15) than those returning to lower status jobs (e.g. untrained transport staff) who were unanimously welcomed. Correspondingly, causes for leave-associated task profile alterations varied: in line personnel superiors were preponderant, whereas in executives, coequal colleagues played the decisive role in over 1/3 of cases.

A technical aspect: Most of the presented data result from cross-tabulations. Contrastingly, descriptive statistics from ordinal data underlie arithmetical [19] and factual sociological concerns: e.g. mean values of workplace items post-leave such as „size of field of functions” and „professional standard” hovered around the baseline. Corresponding histograms (fig. 1) showed 10–20% extremely negative ratings. Those can be relevant due to the so-called „paradox of the deterrent principle [20]”: one or two cases where peoples’ careers were ruined by MPL can suffice to frighten others into not taking it – despite unsuspicious averages.

Figure 1 Evolution of key workplace factors
Leavers assessed relative changes of key workplace parameters from pre- to post-leave on verbally anchored bipolar Likert scales (ranging from -2 to +2 e.g. „much less than before – less – no change – more – much more than before”).

Total data and selected subgroups: Blue – all respondents (i.e. nursing, medical, technical, administrative staff, n=406); Grey – medical doctors (n=91); Light blue – executives (defined by budget right for personnel and/or executive management competence, n=47). Bar width indicates actual number of valid responses. The upper bracket is labelled with the net change of the parameter (arrows) together with the statistical result of intragroup binominal testing (positive vs. negative ratings). Notable intergroup differences (Chi²-test): “Power”, “Influence” and “size of the field of functions” were more importantly lost in executives than in line personnel (p<0.061, p<0.009 and p=0.006). Ratings for the parameter “professional standard of own work after return” (not displayed in figure, were normally distributed around the baseline; non-academics had better outcomes than doctors (p<0.02).

This canvas has to encompass the „upper end” of balanced histograms: For 10–20% MPL yielded positive professional results e.g. because long-awaited positions became vacant.

Benchmarking | Switzerland does not have MPL by law. Zürich liberally makes informal and non-statutory offers of part-time positions to newly-returned mothers to compensate. Labour turnover after birth attained only half of the German figure (p<0.001).

Norway’s national birth rate exceeded the German figure (1.94 vs. 1.37 children / woman / 2009–2012). Bergen male doctors on MPL alone greatly outnumbered (relative figures) their german peers of both sexes. Norwegian experts mentioned a pronounced practice to hire substitutes, a coupling of MPL benefits to paternal participation and effective anti-discriminatory laws e.g. to protect temporary part-time work post-return [21].

The hitherto-mentioned phenomena result from the sum „hospital work + small children”. Like the
want for planning reliability, they are universally human.

Contrastingly the recommendations to be made from this study depend on the specific overriding legal and cultural conditions in countries and institutions. We limit ourselves to result-inspired proposals whose working out is left to the reader.

Fundamental is a defined framework for managing all aspects of parental leave which is claimable by employees. Elements are:

1. A clear recording of leave takers’ status quo pre-MPL
2. Establishment of a legally binding agreement about the restoration of the leave-taker’s responsibilities for each individual case. In our study in only 7% of cases did a written record exist which nevertheless appears adequate in view of the required documentation time, personnel dynamics (also of superiors) and memory plasticity.
3. Active creation of an individual substitution scheme during MPL is essential: 15% of our surveyed leavers said that there was no scheme. 17% were not restored with their previous responsibilities as these remained occupied by colleagues. Only in 1/3 of cases was a locum hired. This had repercussions upon the organizational success e.g. 16% of directors judged MPL as “extremely negative” for their departments’ task-accomplishment.

A non-improvised, formal substitution corresponds to the dynamic knowledge logistics of hospitals. Distinct advantages are:
1. Boundaries of neighboring competence areas remain similar. The leave-takers position remains defined and discrete.
2. Others’ workloads do not increase.
3. The situation is time-bounded.
4. Organization profits from Locum’s gain in competence.
Legal certainty prevents self-censorship concerning MPL duration which promotes substitution blocks of manageable length.
5. Given the overwhelming demand for PTW plus the fact that lack of PTW opportunities was identified earlier [9, 22] as main obstacle for an early return after leave funds are redirected towards facilitating PTW for limited periods of time after the return (e.g. by compensating disadvantages for PTW inflicted limitations to shift work schemes).

Conclusion

MPL is a significant event in the individual working biography which in a highly competitive environment may cause loss of professional status or accidental advancement. High-commitment staff will then confidently opt for MPL when an institutional and legal framework recognizes their status and career perspective.

Literature


Declarations

Author’s contributions: Carsten Engelmann – corresponding author, study design, data collection & analysis, writing, Gudela Grote – study design, redaction, Bärbel Miemietz – study design, redaction, Bernd Vaske – statistical analysis, Siegfried Geyer – study design, redaction.

Transparency: Carsten Engelmann as the lead author / the manuscript’s guarantor affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Conflict of interest: We declare: no support (other than their regular wages paid by their employing universities in Zürich, Hannover, Bergen) from any organisation for the submitted work; no financial relationships (other than the printing and mailing fees for the survey, please see below) with any organisations that might have an interest in the submitted work in the previous three years; other relationships or activities that could appear to have influenced the submitted work: C.F. has in the past passed a term of parental leave of 3 months duration. No other potential conflicts of interest exist for the other authors.

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Ethics: As medical employees but no patients were concerned by this work, no ethics committee approval was required. The worker’s council of Hannover University (MHH) gave it’s written consent to the survey on 13–9–2012 (Nr. 9510, signed: Brandmaier), the MHH dean’s office on 20.5–2012.

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