

Supplemental Online Content

Frank E, Zhao Z, Fang Y, Rotenstein LS, Sen S, Guille C. Experiences of work-family conflict and mental health symptoms by gender among physician parents during the COVID-19 pandemic. *JAMA Netw Open*. 2021;4(11):e2134315.
doi:10.1001/jamanetworkopen.2021.34315

eTable. Characteristics of Physician Parents Before Sample Weighting

This supplemental material has been provided by the authors to give readers additional information about their work.

eTable. Characteristics of Physician Parents Before Sample Weighting

	Women (n=114)	Men (n=101)	P Value ^a
Mean age (SD), y	39.6 (2.0)	39.8 (2.2)	0.39
Relationship status, n (%)			.089
Single	1 (0.9)	0 (0.0)	
In a committed relationship	5 (4.4)	4 (4.0)	
Engaged	0 (0.0)	3 (3.0)	
Married	99 (86.8)	92 (91.0)	
Separated / Divorced / Widowed	9 (7.9)	2 (2.0)	
Number of children, n (%)			.072
1	27 (23.7)	17 (16.8)	
2	62 (54.4)	48 (47.5)	
≥3	25 (22.0)	36 (35.6)	
Pre-COVID-19 employment, n (%)			<.001
Full-time (≥ 40 h)	77 (67.5)	88 (87.1)	
Part-time (< 40 h)	31 (27.2)	7 (6.9)	
Missing	6 (5.3)	6 (6.0)	
Partner's current employment ^b , n (%)			<.001
Full-time	83 (72.8)	40 (39.6)	
Part-time	10 (8.8)	25 (24.8)	
Not employed	21 (18.4)	36 (35.6)	
Partner's profession, n (%)			.95
Physician	39 (34.2)	35 (34.7)	
Non-physician	75 (65.8)	66 (65.4)	
Specialty ^{50,c} , n (%)			.084
Surgical	14 (12.3)	21 (20.8)	
Non-surgical	99 (86.8)	78 (77.2)	
Missing	1 (0.8)	2 (2.0)	

^aP value for comparison of women and men.

^bPre-COVID-19 employment categories (full-time, part-time) were defined based on mean reported work hours for January 2020 and February 2020.

^{50, c}Surgical specialties were assigned based on the American College of Surgeons classification. Specifically, for this study, physicians in the following specialties were classified as “surgical”: General Surgery, Gynecology and Obstetrics, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Urology, and Other surgical. Physicians from the following specialties were classified as “non-surgical”: Internal Medicine, Pediatrics, Psychiatry, Neurology, Emergency Medicine, Internal Medicine-Pediatrics, Family Medicine, Family Practice, Anesthesiology, Dermatology, Medical Genetics, Nuclear Medicine, Pathology, Physical Medicine & Rehabilitation, Preventative Medicine, Radiation Oncology, Radiology-Diagnostic, Sleep Medicine, and Other Non-surgical.

ESURVEY

Current relationship status:

- Not in a committed relationship
- In a committed relationship
- Engaged
- Married
- Separated / Divorced / Widowed

What is your partner's current occupation?

- Student
- Physician
- Other medical professional (e.g. dentist, nurse, pharmacist)
- Non-medical professional (e.g. business person, engineer)
- Other occupation _____
- Not a student or working for pay outside the home

What is your partner's current work schedule?

- Full-time
- Part-time

How many children do you have?

- 0
- 1
- 2
- 3 or more

What is your current position?

- Resident
- Fellow
- Out of training
- Not currently practicing medicine

What is your current employment status?

- Full-time
- Part-time
- Not employed

What is your specialty?

- Anesthesiology
- Dermatology
- Emergency Medicine
- Family Medicine
- Family Practice
- Internal Medicine
- Internal Medicine-Pediatrics
- Medical Genetics
- Neurological Surgery
- Neurology
- Nuclear Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology-Anatomic & Clinical
- Pediatrics
- Physical Medicine & Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry
- Radiation Oncology
- Radiology-Diagnostic
- Sleep Medicine
- Surgery-General
- Urology
- Other

Excluding vacation time, on average how many hours per week have you worked over the PAST YEAR?

Please indicate your average weekly work hours for each month so far this year:

January 2020:

February 2020:

March 2020

April 2020:

May 2020:

June 2020:

July 2020:

On average, how many hours have you slept per night over the PAST WEEK?

MOOD SYMPTOMS For each statement, please mark the response which best represents how often you have been bothered by any of the following problems over the PAST 2 WEEKS

	Not at all (0)	Less than half the days (1)	More than half the days (2)	Nearly everyday (3)
Little interest or pleasure in doing things (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep, staying asleep or sleeping too much (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling badly about yourself, or that you are a failure, or that you have let yourself or your family down (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching TV (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slow that others could have noticed or the opposite, being so fidgety or restless that you have been moving around a lot more than usual (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or hurting yourself in some way (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have experienced any of the depressive symptoms described, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

- Have not experienced any depressive symptoms
- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Over the LAST TWO WEEKS, how often have you been bothered by the following problems?

	Not at all (0)	Less than half the days (1)	More than half the days (2)	Nearly everyday (3)
Feeling anxious, nervous, or on edge (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WORK AND FAMILY LIFE Please rate how much you agree with the following statements.

	Very strongly disagree (1)	Strongly disagree (2)	Disagree (3)	Neither agree nor disagree (4)	Agree (5)	Strongly agree (6)	Very strongly agree (7)
My work prevents me spending sufficient quality time with my family (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no time left at the end of the day to do the things I'd like at home (e.g., chores and leisure activities) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family misses out because of my work commitments (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work has a negative impact on my family life (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working often makes me irritable or short tempered at home (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work performance suffers because of my personal and family commitments (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family related concerns or responsibilities often distract me at work (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I did not have a family I'd be a better employee (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has a negative impact on my day to day work duties (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult to concentrate at work because I am so exhausted by family responsibilities (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate if you have experienced any of the following during the COVID-19 pandemic:

- You provided direct care to a patient with known or suspected COVID-19
- You contracted COVID-19
- A member of your household contracted COVID-19

- Your household living arrangements changed to protect others in your household from COVID-19
- Loss or involuntary reduction of your employment income
- Loss or involuntary reduction of your partner's employment income
- Loss of childcare or school closure
- You worked primarily from home
- You voluntarily reduced your work hours
- Your partner worked primarily from home
- Your partner voluntarily reduced their work hours

[BRANCH: If "yes" to "loss of child care or school closure", both questions below]

Who is/was primarily responsible for providing childcare or schooling during this period?

- You
- Your spouse or partner
- A sibling
- Other family (e.g. grandparents, aunts/uncles)
- A paid in-home child care provider (e.g. nanny)
- A child care facility located outside your home
- Other _____

Who in your family is/was responsible for performing day-to-day (non-childcare) household tasks during this period (such as cleaning, cooking, laundry, etc.)?

- I performed most or all of the household tasks
- I performed slightly more household tasks than my significant other
- My significant other and I shared the responsibility for performing household tasks evenly
- My significant other performed slightly more household tasks than I do
- My significant other performed most or all of the household tasks
- Other family performed most household tasks
- We employed outside help to aid with most household tasks