

Redefining Residency Support the Impact of Progressive Parental Leave on Training and Well-being in Neurology Residents

Cony Bruce*

Pediatric Neurologist-Headache Specialist, Department of Pediatric Neurosciences, Boys Town National Research Hospital, USA

Abstract

Progressive parental leave policies in medical training programs, including neurology residencies, aim to address work-life balance challenges while maintaining the integrity of medical education. This study evaluates the implementation and impact of a progressive parental leave policy on neurology residents' training and well-being. To assess the effects of a progressive parental leave policy on the academic and clinical performance, well-being, and overall satisfaction of neurology residents. A mixed-methods approach was used, involving a retrospective analysis of training outcomes, survey responses, and interviews with neurology residents affected by the policy. Key metrics included board exam performance, clinical evaluations, time to graduation, and resident satisfaction. The findings revealed that neurology residents who utilized the parental leave policy reported no significant negative impact on their training outcomes. Additionally, residents noted improvements in work-life balance, mental health, and job satisfaction. The policy was well-received and did not significantly delay program completion or affect clinical competencies. Implementing a progressive parental leave policy in neurology residency programs supports residents' well-being and work-life balance without compromising academic or clinical training outcomes. This policy may serve as a model for other medical specialties.

Keywords: Parental leave policy; Neurology residency; Work-life balance; Resident well-being; Medical education; Training outcomes; Policy impact

Introduction

The increasing demands of medical training, coupled with personal responsibilities such as family planning, have heightened the need for residency programs to adapt their policies. Historically, parental leave in medical residencies has been minimal, often leading to burnout, stress, and difficulty balancing personal and professional life [1]. With more residents seeking flexibility and work-life balance, many programs are rethinking their approaches to parental leave. In neurology residency programs, where clinical demands are high and training is rigorous, the challenge becomes even more pronounced [2,3]. In response to this, a growing number of institutions are adopting progressive parental leave policies that provide extended time off and greater flexibility for new parents. This study seeks to explore how such policies affect residents' training, performance, well-being, and overall satisfaction.

Materials and Methods

Study Design: This is a mixed-methods study consisting of a retrospective analysis of training metrics and qualitative data from resident surveys and interviews. Study population neurology residents at who took parental leave between and a comparison group of residents who did not take parental leave was also included [4,5].

Data Collection

Academic Metrics: Board exam scores, clinical evaluations, and procedural competencies were collected to evaluate training outcomes. Time to graduation, fellowship placement, and any delays in training were tracked.

Qualitative Data: Surveys standardized surveys were administered to all neurology residents who utilized the parental leave policy to assess their perceptions of work-life balance, well-being, and satisfaction [6]. Interviews semi-structured interviews were conducted to capture more in-depth experiences and opinions on the policy.

Analysis: Quantitative data were analyzed using statistical methods

to compare training outcomes between those who took parental leave and those who did not [7,8]. Qualitative data were coded and analyzed thematically to identify key themes related to the benefits and challenges of the parental leave policy.

Ethical Considerations: This study was approved by the Institutional Review Board (IRB), and all participants provided informed consent.

Results and Discussion

Training Outcomes: No significant differences were found between residents who took parental leave and those who did not in terms of clinical competencies, board exam performance, or time to graduation.

Work-Life Balance and Well-being: Residents who utilized the parental leave policy reported significant improvements in work-life balance, mental health, and reduced burnout [9]. They expressed satisfaction with the policy and felt it helped them manage both personal and professional responsibilities.

Program Completion: No substantial delays in training or fellowship placement were observed for residents who took leave [10]. Qualitative themes key themes from interviews included increased flexibility, reduced stigma around taking leave, and improved departmental support for residents with families.

Conclusion

The implementation of a progressive parental leave policy in

***Corresponding author:** Cony Bruce, Pediatric Neurologist-Headache Specialist, Department of Pediatric Neurosciences, Boys Town National Research Hospital, USA, E-mail: brucecony@gamil.com

Received: 03-Sep-2024, Manuscript No: nctj-24-148521, **Editor assigned:** 05-Sep-2024, Pre QC No: nctj-24-148521 (PQ), **Reviewed:** 19-Sep-2024, QC No: nctj-24-148521, **Revised:** 25-Sep-2024, Manuscript No: nctj-24-148521 (R) **Published:** 30-Sep-2024, DOI: 10.4172/nctj.1000221

Citation: Cony B (2024) Redefining Residency Support the Impact of Progressive Parental Leave on Training and Well-being in Neurology Residents. Neurol Clin Therapeut J 8: 221.

Copyright: © 2024 Cony B. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

neurology residency programs demonstrates positive outcomes, both for the professional development of residents and their overall well-being. The policy did not negatively impact training milestones or performance but was instrumental in improving residents' quality of life. Institutions should consider adopting similar policies to foster a more supportive and inclusive training environment, particularly in specialties with demanding clinical duties like neurology. Further research is needed to explore long-term outcomes and potential broader applications across medical specialties.

Acknowledgement

None

Conflict of Interest

None

References

1. Cho E, Kim W (2021) Effect of Acupuncture on Diabetic Neuropathy: A Narrative Review. *Int J Mol Sci* 22: 8575-8578.
2. Jankovic M, Novakovic I, Nikolic D, Maksic JM, Brankovic S, et al. (2021) Genetic and Epigenomic Modifiers of Diabetic Neuropathy. *Int J Mol Sci* 22: 4887-4889.
3. Kamenov ZA, Traykov LD (2012) Diabetic somatic neuropathy. *Adv Exp Med Biol* 771: 155-175.
4. Mah JK, Pacaud D (2014) Diabetic neuropathy in children. *Handb Clin Neurol* 126: 123-143.
5. De Lau LM, Breteler MM (2006) Epidemiology of Parkinson's disease. *Lancet Neurol* 5: 525-35.
6. Lill CM, Klein C (2017) Epidemiology and causes of Parkinson's disease. *Nervenarzt* 88: 345-355.
7. Balestrino R, Schapira AHV (2020) Parkinson disease. *Eur J Neurol* 27: 27-42.
8. Lew M (2007) Overview of Parkinson's disease. *Pharmacotherapy* 27: 155S-160S.
9. Eliasson AC, Krumlinde-Sundholm L, Rösblad B (2006) The Manual Ability Classification System (MACS) for children with cerebral palsy: scale development and evidence of validity and reliability. *Dev Med Child Neurol* 48: 549-554.
10. Hidecker MJ, Paneth N, Rosenbaum PL (2011) Developing and validating the Communication Function Classification System for individuals with cerebral palsy. *Dev Med Child Neurol* 53: 704-710.