

MAYO CLINIC
PROCEEDINGS

Medical Marriages: Time-Sensitive Bliss

In early 1964, folklore of the sanctity of medical marriages was shattered publically by none other than that stalwart television series *General Hospital*, the longest-running soap opera produced in Hollywood and, for a decade, one of the most viewed shows on television. Within its first 4 episodes, nurse Jessie Brewer (played by Emily McLaughlin) sought extramarital solace from her turbulent marriage to Dr Phil Brewer (Roy Thinnes). The long-held American belief that marriage to a physician was the way to happiness and an elevated socioeconomic status was fully exposed. How have medical marriages fared since? The article by Shanafelt et al¹ in the current issue of *Mayo Clinic Proceedings* provides evidence that physicians and their spouses or partners make pretty good couples, with relationships (hereafter lumped under the term *marriages*) that are as stable and satisfying or better than those of the general population.

Shanafelt and his colleagues previously had surveyed a national sample of US physicians and asked them to provide the e-mail addresses of their spouses or partners for a potential additional study of medical marriages.² A quarter of the more than 6000 physicians in the original survey provided the requested information. More than half (891) of their spouses or partners subsequently responded to a survey about their experiences in medical marriages. The investigators found that the overwhelmingly important factor that promoted increased marriage satisfaction by spouses and partners was the amount of time they spent awake with the reference physicians. The reference physicians' specialties did not matter, nor did the number of hours per week that they worked as long as the couple carved out time to spend together.

There were obvious stressors in the marriages of surveyed spouses and partners. The

physicians' lack of time for family activities and interactions, chronic fatigue, and preoccupation with work while at home were common sources of marital tension. Physicians were reported to occasionally be irritable when arriving home. Nonetheless, these findings appear to match favorably with previous surveys of other married couples in the general US population and in specific professional marriages.^{3,4} In all, 55% of respondents reported extreme satisfaction with their relationship, and 31% reported being somewhat satisfied.

These results are encouraging. However, it should be noted that 13% of the responding spouses and partners were not particularly satisfied with their marriages, less than 19% would likely not choose a physician spouse or partner if starting over, and 12% had seriously contemplated divorce or separation within the previous year. Although these findings may not differ from those in the general population, they are certainly not numbers to cheer.

A careful reflection on the report's limitations raises the specter that these results may represent best-case—not normal—scenarios. The surveyed spouses and partners may not have been representative of the general population of physician marriages in the United States. The respondents were spouses or partners of a unique group of reference physicians who took the time to respond to an earlier survey on physician burnout.² Only a quarter of the physicians, when asked if they would be willing to provide an e-mail address for a spouse or partner who would be asked questions about their marriage experiences, responded with valid contact information. It may be that physicians who believed that their spouses or partners would respond positively were more likely to provide this information, essentially “volunteering” their spouses or partners. There was no way for the investigators to contact other

See also page 216

physician spouses or partners; thus, it is not known if the sampled group represents the general population of US physician spouses or partners. Conclusions based on this potentially biased group must be interpreted with caution, as the authors appropriately note.

Not surprisingly, medical marriages are often comprised of couples who are both employed in health care fields. In this study, 10% of responding spouses or partners were also physicians, and another 31% were non-physician health care professionals. Is satisfaction in these types of marriages different than that for couples in which only the physician is involved in health care? Does a reasonable understanding of what the spouse or partner does at work in health care settings impact tolerance of irritable behaviors after long, difficult workdays or increase patience or coping mechanisms that might not be present when the spouse or partner is not involved in a health care profession?

Answers to these questions might be particularly useful when evaluating relationships in physician-physician marriages. If quality time spent together is the single most predictive factor of marriage satisfaction in this study population, recognition that physicians work more hours on average than other US workers² suggests that two-physician couples may struggle to achieve meaningful time together compared with other couples and, therefore, may have lower levels of satisfaction. Unfortunately, the authors did not provide this information. As the percentage of physicians in two-physician marriages increases,⁵ it will be important to determine the potential negative (decreased amount of time together because of long work hours in both physician spouses or partners) or positive (greater understanding of the potential stresses in the physician workday) consequences. Possible actions to improve their marriage satisfaction may differ from those in marriages that do not involve two physicians.

Although 27% of the responding spouses or partners were men, the authors did not appear to separately analyze potential marriage satisfaction differences in couples of one physician and one nonphysician by gender. It is not clear if couples in which the reference physicians are women vs men have differing levels of marriage satisfaction or reasons for dissatisfaction.

Similarly, it is not clear if relationships between same-sex individuals affect satisfaction. Because women and men may face distinct role stresses in the interactions of their professional lives,^{6,7} there may be differences in the impact of unique physician issues such as long work hours and continuous patient care responsibilities even when at home when comparing men vs women in relationships.

All in all, Shanafelt et al¹ have provided reassuring findings that medical marriages are likely to be as satisfying and stable as non-medical marriages. Efforts to bolster satisfaction in medical marriages appear to be similar to those in nonmedical marriages. In essence, couples who spend time together seem to be more satisfied with their marriages than those who do not. Importantly, in this survey's study population, neither the specialty of the physician nor the amount of hours worked had a significant impact on marriage satisfaction. It remains to be seen if marriage satisfaction differs between the 3 couple groups of (1) physician and non-health care professional, (2) physician and nonphysician health care professional, and (3) physician and physician. Moreover, does it matter if the reference physician in the marriage is a man in a heterosexual relationship, a woman in a heterosexual relationship, or a man or woman in a same-sex relationship? These particular issues are worthy of additional study as gender demographics and the patterns of marriage and relationships of medical school graduates continue to evolve and the percentage of women entering medicine remains at approximately 50% or progresses even higher.⁸

Mary E. Warner, MD

Department of Anesthesiology
Mayo Clinic
Rochester, MN

Nafiseh S. Warner, MD

Gundersen Lutheran Medical Center
La Crosse, WI

Lindsay L. Warner, BS

Mayo Medical School
Rochester, MN

Correspondence: Address to Mary E. Warner, MD, Department of Anesthesiology, Mayo Clinic, 200 First St SW, Rochester, MN 55905 (warner.mary@mayo.edu).

Editor's Note: Dr Mary E. Warner is a faculty physician at Mayo Clinic, Rochester, Minnesota. Dr Nafiseh S. Warner (resident physician) and Ms Lindsay L. Warner (medical student) are her daughters-in-law. All 3 are married to physicians.

REFERENCES

1. Shanafelt TD, Boone SL, Dyrbye LN, et al. The medical marriage: a national survey of the spouses/partners of US physicians. *Mayo Clin Proc.* 2013;88(3):216-225.
2. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012;172(18):1377-1385.
3. Waite L, Gallagher M. *The Case for Marriage: Why Married People Are Happier, Healthier, and Better Off Financially.* New York, NY: Doubleday; 2000.
4. Glenn ND. *With This Ring...A National Survey on Marriage in America.* Germantown, MD: National Fatherhood Initiative; 2005.
5. Fletcher RH, Fletcher SW. Here come the couples. *Ann Intern Med.* 1993;119(pt 1):628-630.
6. Warde CM, Moonesinghe K, Allen W, Gelberg L. Marital and parental satisfaction of married physicians with children. *J Gen Intern Med.* 1996;14(3):157-165.
7. Mayer AP, Files JA, Ko MG, Blair JE. Academic advancement of women in medicine: do socialized gender differences have a role in mentoring? *Mayo Clin Proc.* 2008;83(2):204-207.
8. Barzansky B, Etzel SI. Medical schools in the United States, 2011-2012. *JAMA.* 2012;308(21):2257-2263.