

# The Medical Marriage: A National Survey of the Spouses/Partners of US Physicians

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## Abstract

**Objective:** To evaluate physician relationships from the perspective of their spouses/partners.

**Methods:** Nearly all data on satisfaction with physician relationships come from the perspective of the physician rather than their spouse/partner. We conducted a national study of the spouses/partners of US physicians from August 17, 2011, through September 12, 2011. Responding spouses/partners provided information on demographic characteristics, their own work life, and the work life of their physician partners. Spouses/partners also rated relationship satisfaction and the effect of the work life of their physician partner on the relationship.

**Results:** Of the 1644 spouses/partners of physicians surveyed, 891 (54.2%) responded. Most spouses/partners (86.8%) reported that they were satisfied with their relationship with their physician partner. Satisfaction strongly related to the amount of time spent awake with their physician partners each day. Despite their overall satisfaction, spouses/partners reported their physician partners frequently came home irritable, too tired to engage in home activities, or preoccupied with work. On multivariate analysis, minutes spent awake with their physician partners each day was the strongest predictor of relationship satisfaction, exhibiting a dose-response effect. No professional characteristic of the physician partners (eg, hours worked per week, specialty area, and practice setting) other than the number of nights on call per week correlated with relationship satisfaction on adjusted analysis.

**Conclusion:** The spouses/partners of US physicians report generally high satisfaction with their relationships. The mean time spent with their physician partners each day appears to be a dominant factor associated with relationship satisfaction and overshadows any specific professional characteristic of the physicians' practice, including specialty area, practice setting, and work hours.

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Physicians' personal relationships are often believed to suffer because of the demanding and consuming nature of their work.<sup>1-5</sup> Despite these stereotypes, there is little evidence to suggest physicians have lower-quality relationships or are more likely to go through divorce.<sup>6</sup> Data from the 1970 and 1980 US Census suggest that both men and women physicians are actually at lower risk of divorce than individuals in other occupations, including other professionals.<sup>6</sup> One prospective cohort study of more than 1000 married physicians found a 29% cumulative incidence of divorce among physicians after 30 years of follow-up.<sup>7</sup> Specialty choice was associated with divorce in this cohort, with the highest divorce rates at 30 years observed among psychiatrists (50%) and surgeons (33%). The lowest divorce rates were observed

among pediatricians, pathologists, and inter-nists (30-year cumulative incidence, 22%-24%). Although women physicians and those who got married before medical school graduation had higher divorce rates in this series, the cohort was composed of physicians who graduated from medical school between 1944 and 1960, making the study's relevance to current medical relationships unclear.

Despite these reassuring historical results regarding the stability of physician relationships, the findings do not necessarily indicate these relationships are high quality.<sup>6,8</sup> Indeed, some have suggested that physicians and their partners may be more likely to stay in unsatisfying marriages because of financial security or social status.<sup>6,9</sup> Physician relationships face some unique challenges because of the protracted training process, the high levels of educational

debt physicians incur, the demanding practice schedule, a mentality of postponing gratification, and a professional culture that often prioritizes work responsibilities over personal responsibilities.<sup>4,5,10-12</sup> Physicians also work more hours per week than most US workers. In our recent national study of more than 7000 US physicians and a probability-based sample of more than 5000 individuals from the general US population, approximately 40% of physicians worked more than 60 hours per week compared with approximately 10% of employed US workers.<sup>13</sup> The challenges of being a physician on personal relationships may be even more daunting for 2-career couples, an escalating demographic group in both physicians and the population at large.<sup>5,10-12</sup> Although an adaptive trait in many professional contexts (dedication, attention to detail, commitment to patients), the compulsive personality of many physicians may serve as a barrier to prioritizing self-care and personal needs, which may further strain physicians' personal relationships.<sup>4,14</sup>

For these reasons, the personal relationships of physicians have been the subject of focused analyses for several decades. Although providing important insights, most studies on physician satisfaction with their personal relationships are more than 20 to 30 years old.<sup>1,3,4,6,7,9,15-17</sup> The relevance of this information to today's physicians is unclear given the profound demographic shifts in the profession (eg, an increasing proportion of physicians are women) and larger societal trends (eg, more 2-career couples and more shared responsibility at home between men and women). It is also notable that, with few exceptions,<sup>3,15,18-20</sup> nearly all the data on satisfaction with physician relationships come from the perspective of physicians rather than the perspective of their spouses/partners.<sup>4,6,7,9,16,17</sup> In one of the few studies to explore the views of the spouses/partners of physicians, Sotile and Sotile<sup>18</sup> surveyed 603 physician spouses who were members of the American Medical Association Alliance (a support organization for medical spouses) in 1999. Most spouses surveyed were extremely satisfied with the quality of their marriage.<sup>18</sup> In a study of 125 spouses of physicians attending a 5-day couples workshop, Gabbard et al<sup>3</sup> found that differences in partners' need for intimacy and communication styles were key sources of conflict. Participants

often attributed their marital tensions to external factors (eg "lack of time" due to the demands of practice) rather than addressing these fundamental issues.<sup>3</sup> To address the limitations of the current literature and gain further insights into physician relationships from the perspective of their spouses/partners, we conducted a national survey of the spouses/partners of US physicians.

## METHODS

### Participants

As previously reported,<sup>21</sup> we surveyed a national sample of physicians of all specialty disciplines in June and July 2011 using the Physician Masterfile, a nearly complete record of all physicians in the United States independent of their membership in the American Medical Association. Participation was voluntary, and all responses were anonymous. The last question on this survey asked physicians who had spouses/partners they believed would be willing to complete a survey about their experience as the partner of a physician to enter an e-mail address for their spouses/partners. Of the 6377 responding physicians who were married or partnered, 1644 provided a valid e-mail address for their spouses/partners. Although we are not able to compare the demographic and professional characteristics of physicians who did or did not provide contact information for their spouses/partners directly, the available data suggest that the physicians who provided contact information were generally representative of the overall physician sample (Supplemental Appendix 1; available online at <http://www.mayoclinicproceedings.org>). These spouses/partners were sent an e-mail informing them of the purpose of the separate spouse/partner study (to better understand the experience of spouses/partners of US physicians and physicians' family/social support network) along with an invitation to participate and a link to the survey. E-mail invitations were sent to 1644 spouses/partners of physicians on August 17, 2011, with 3 reminder requests sent in the ensuing 4 weeks (through September 12, 2011). The invitation did not contain any information regarding specific hypotheses of the study. Participation was voluntary, and all responses were anonymous.

### Study Measures

Respondents who confirmed they were the spouses/partners of a physician provided demographic information (age, sex, whether they had children, and age of youngest child), and information about their relationship (how long married/partnered to a physician), their own work life (whether they worked outside the home, profession, and hours worked per week), and the work life of their physician partner (specialty, practice setting, hours worked per week, and call schedule). Spouses/partners also indicated the mean amount of time they spent awake with their physician partner each day, their satisfaction with this relationship, whether they had seriously contemplated separation or divorce in the last 12 months, and, knowing what they know now, whether they would choose a physician as a spouse/partner again. Participants were also asked to rate how often their physician spouses/partners (1) came home too tired to do some of the things they (spouses) would like to do, (2) came home irritable, or (3) were preoccupied with work while at home. Response options for these questions included “never,” “a few times a year or less,” “once a month or less,” “a few times a month,” “once a week,” “a few times a week,” and “every day.” Other items asked the spouses/partners to rate the stress for their family caused by various professional characteristics of their physician partners on a Likert scale (0 indicating no stress and 10 indicating extremely stressful). A copy of these survey items can be found in [Supplemental Appendix 2](#) (available online at <http://www.mayoclinicproceedings.org>).

### Statistical Analyses

Standard descriptive summary statistics were used to characterize responses. Associations among variables were evaluated using the Kruskal-Wallis test (continuous variables) or  $\chi^2$  test (categorical variables) as appropriate. All tests were 2-sided with a type I error rate of 0.05. Multivariate analysis of differences in spouses/partners' satisfaction with their relationship was performed using forward stepwise logistic regression with confirmatory backwards stepping. All multivariate models included the following factors: (1) characteristics of the spouses/partners (age, sex, children, age of children, whether they worked outside the home/hours worked per week [don't work

outside home, work <20 hours per week, work 20-39 hours per week, or work  $\geq$ 40 hours per week], and career type [nonmedical professional, physician, health care professional, or other]); (2) characteristics of their physician partners (specialty area, practice setting, hours worked per week, and number of nights on call per week); and (3) characteristics of their relationship (minutes spent awake with spouses/partners per day). All analyses were performed using SAS statistical software, version 9 (SAS Institute, Inc).

### RESULTS

Of the 1644 spouses/partners of physicians surveyed, 891 completed surveys (response rate, 54.2%). Demographic characteristics of responding spouses/partners of physicians are summarized in [Table 1](#). The median age of responders was 51 years, 239 (27.0%) were male, 768 (86.6%) had children, and 700 (79.7%) had been in a relationship with their physician partners for more than 10 years. These characteristics are consistent with the relationship characteristics of the overall physician population from which the sample of spouses/partners was derived (median age, 55 years; 5241 [71.9%] male, and 6148 [84.4%] children), suggesting the participants were representative of the spouses/partners of US physicians from a demographic perspective. The professional characteristics of the physician partners of responders are listed in [Table 2](#).

The personal work characteristics of spouses/partners are summarized in [Table 3](#). A total of 503 (56.4%) of spouses/partners of US physicians worked outside the home. Male spouses/partners were more likely to work outside the home (174 [73.1%] vs 326 [50.5%];  $P < .001$ ). More than half of spouses/partners in all age categories worked outside the home. With respect to the current profession of spouses/partners who worked outside the home, 51 (10.2%) were physicians (ie, 2-physician couple), 153 (30.7%) were employed as health care professionals in another field (eg, nurse, pharmacist, or physical therapist), and 290 (58.2%) worked in a professional field other than medicine. A total of 259 (51.9%) of these spouses/partners worked 40 hours per week or more. Among spouses/partners working outside the home, male spouses/partners worked a median of 10 hours more per week than female

TABLE 1. Spouse/Partner Characteristics<sup>a</sup>

Characteristic	Spouses/partners <sup>b</sup> (N=891)
Age	
Median (IQR) (y)	51 (41-58)
Missing	132
Sex (n=882)	
Male	239 (27.1)
Female	646 (73.2)
Missing	9
Length of relationship with physician spouse/partner (y) (n=887)	
<1	4 (0.5)
1-5	80 (9.0)
6-10	106 (12.0)
11-20	222 (24.9)
>20	478 (53.9)
Missing	4
Have children (n=884)	
Yes	768 (86.9)
No	119 (13.5)
Missing	7
Age of youngest child (y) (n=753)	
<5	142 (18.9)
5-12	122 (16.2)
13-18	131 (17.4)
19-22	112 (14.9)
≥23	249 (33.1)
Missing	138

<sup>a</sup>IQR = interquartile range.<sup>b</sup>Data are presented as No. (percentage) of spouses/partners.TABLE 2. Characteristics of Physician Spouses/Partners<sup>a</sup>

Characteristic	Spouses/partners <sup>b</sup> (N=891)
Specialty	
Primary care <sup>c</sup>	184 (21.1)
Other internal medicine/pediatric subspecialty	168 (19.2)
Surgical specialty <sup>d</sup>	223 (25.5)
Other specialty <sup>e</sup>	299 (34.2)
Missing	17
Primary practice setting (n=859)	
Private practice	488 (56.8)
Academic medical center	239 (27.8)
Veterans hospital	16 (1.9)
Active military practice	5 (0.6)
Not in practice or retired	7 (0.8)
Other	104 (12.1)
Missing	32
Median hours worked per week (IQR)	55 (47.5-65.0)
Median nights on call per week (IQR)	1 (0-3)
Experienced malpractice suit last 5 years (n=883)	
Yes	141 (16.0)
Missing	8

<sup>a</sup>IQR = interquartile range.<sup>b</sup>Data are presented as No. (percentage) of spouses/partners.<sup>c</sup>General internal medicine, general pediatrics, and family medicine.<sup>d</sup>Obstetrics-gynecology and ophthalmology.<sup>e</sup>Anesthesiology, dermatology, emergency medicine, radiology, neurology, pathology, psychiatry, and physical medicine/rehabilitation.

spouses/partners (median, 40 vs 30 hours per week;  $P < .001$ ).

Table 4 summarizes spouses'/partners' satisfaction with their relationship and the amount of time they spent with their physician partners each day. A total of 768 (86.5%) of spouses/partners reported they were extremely or somewhat satisfied with their relationship, with 490 (55.4%) reporting they were extremely satisfied. Four hundred forty-one (49.7%) of spouses/partners spent more than 90 minutes awake with their physician partner daily. The remaining spouse/partners were evenly split, with 216 of the overall sample (24.3%) spending 46 to 90 minutes awake with their physician partners daily, and the remaining 26.3% spending 45 minutes or less awake with their physician partners on a daily basis. More than 705 (80%) reported that, knowing what they know now, they would choose a physician

as a partner/spouse again. One in 8 spouses/partners (12.4%) reported they had seriously contemplated divorce or separation in the last 12 months.

Satisfaction with the relationship was strongly related to the amount of time spent daily with their physician partners, hours worked per week by their physician partners, and the call schedule of their physician partners (Figure, A-C). No differences were observed by their own work hours (Figure, D) or the specialty area or practice setting of their physician partners (data not shown).

Table 5 summarizes spouses'/partners' assessment of how often their physician partners came home irritable, came home too tired to engage in spouses'/partners' desired activities, or were preoccupied with work while at home. Collectively, spouses/partners

**TABLE 3. Personal Work Characteristics of Spouses/Partners**

Characteristic	Spouses/partners <sup>a</sup> (N=891)
Currently work outside home (n=887)	
Yes	503 (56.7)
Missing	4
Sex	
Male	174/238 (73.1)
Female	326/646 (50.5)
Age (y)	
<35	37/64 (57.8)
35-44	92/161 (57.1)
45-54	119/190 (62.6)
≥55	163/301 (54.2)
Current profession <sup>b</sup> (n=498)	
Nonmedical professional	290 (58.2)
Physician	51 (10.2)
Other health care professional	153 (30.7)
Other	4 (0.8)
Missing (not working outside home)	393
Typical hours worked per week	
Median (overall)	40.0
Median (men)	40.0
Median (women)	30.0
Hours worked outside home (n=499)	
<10	17 (3.4)
10-19	56 (11.2)
20-29	86 (17.2)
30-39	81 (16.2)
≥40	259 (51.9)
Missing (not working outside home <sup>b</sup> )	392

<sup>a</sup>Data are presented as No. (percentage) of spouses/partners.

<sup>b</sup>Not working outside home (n=387); working outside home but did not report hours (n=5).

reported that 34.1% of physicians came home irritable at least a few times per week (66 [7.5%] daily), 43.5% came home too tired to engage in family activities at least a few times per week (131 [14.9%] daily), and 46% of physicians (405/880) were preoccupied with work while at home at least a few times per week (170; 19.3% daily).

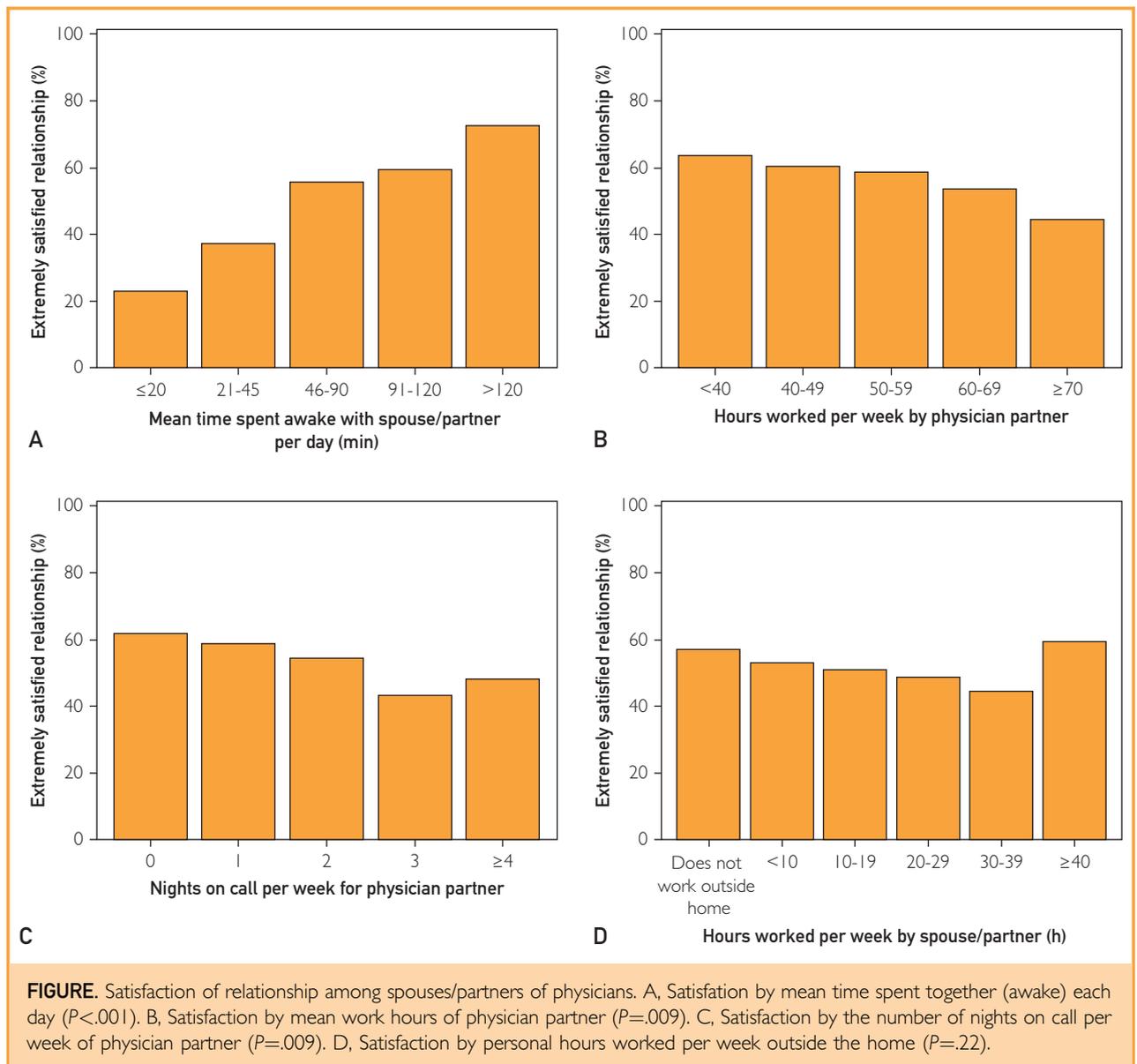
Spouses/partners were also asked to rate how much stress a number of factors caused their family. As summarized in Table 5, the item rated as the greatest source of stress was their physician partners' lack of time for family

**TABLE 4. Satisfaction With Relationship Among Spouses/Partners of Physicians**

Variable	Spouses/partners (N=891)
Satisfaction with relationship (n=885)	
Extremely satisfied	490 (55.4)
Somewhat satisfied	278 (31.4)
Neither satisfied nor dissatisfied	37 (4.2)
Somewhat dissatisfied	64 (7.2)
Extremely dissatisfied	19 (2.1)
Missing	6
Mean amount of time spent with spouse/partner (awake) per day (min) (n=888)	
≤20	83 (9.3)
21-45	151 (17.0)
46-90	216 (24.3)
91-120	188 (21.2)
>120	253 (28.5)
Missing	3
Knowing what you know now, would you choose a physician spouse/partner again? (n=871)	
Yes	705 (80.9)
Missing	20
Have you <i>seriously</i> contemplated divorce within last 12 mo (n=882)	
Yes	109 (12.4)
Missing	9

activities because of work responsibilities followed by their physician partners' chronic fatigue and preoccupation with work-related issues while at home.

Finally, we conducted a multivariate analysis to identify factors of physician relationships associated with spouses/partners being extremely satisfied with the relationship they have with their physician partners. Models included characteristics of the spouses/partners, characteristics of their physician partners, and characteristics of their relationship (see the "Methods" section). Minutes spent awake with spouses/partners per day was the strongest predictor of relationship satisfaction and exhibited a dose-response association with relationship satisfaction. Relative to those who spent less than 20 minutes awake together per day, those who spent 21 to 45 minutes (odds ratio [OR], 1.19;  $P=.05$ ), 46



to 90 minutes (OR, 3.89;  $P<.0001$ ), 91 to 120 minutes (OR, 4.78;  $P<.001$ ), or more than 120 minutes (OR, 8.23;  $P<.001$ ) were more likely to be extremely satisfied. The only other factor associated with being extremely satisfied was the number of nights their physician partner was on call per week, with more frequent nights on call associated with lower relationship satisfaction (OR each additional night on call, 0.92;  $P=.02$ ).

On multivariate analysis to identify factors associated with having seriously considered divorce or separation in the last 12 months,

including the same variables, time spent together was again the dominant factor. Relative to those who spent less than 20 minutes awake together per day, those who spent 21 to 45 minutes (OR, 0.35;  $P=.002$ ), 46 to 90 minutes (OR, 0.21;  $P<.001$ ), 91 to 120 minutes (OR, 0.17;  $P<.001$ ), or more than 120 minutes (OR, 0.13;  $P<.001$ ) were markedly less likely to have seriously considered divorce or separation in the last 12 months. The only other factors associated with having seriously considered divorce or separation were having no children (OR, 2.00;  $P=.02$ ) and the number of nights

TABLE 5. Stressors and Satisfaction With Relationship

Stressor	Spouses/partners (N=891) <sup>a</sup>
How often spouse/partner comes home <i>too tired</i> to do some of the things you would like to do? (n=878)	
Never	34 (3.9)
Few times a year or less	109 (12.4)
Once a month or less	86 (9.8)
Few times a month	182 (20.7)
Once a week	88 (10.0)
Few times a week	251 (28.5)
Every day	131 (14.9)
Missing	13
How often does spouse/partner come home from work <i>irritable</i> ? (n=879)	
Never	45 (5.1)
Few times a year or less	133 (15.1)
Once a month or less	109 (12.4)
Few times a month	165 (18.7)
Once a week	130 (14.7)
Few times a week	234 (26.5)
Every day	66 (7.5)
Missing	12
How often is your spouse/partner <i>preoccupied</i> with work when they are at home? (n=880)	
Never	38 (4.3)
Few times a year or less	115 (13.0)
Once a month or less	91 (10.3)
Few times a month	158 (17.9)
Once a week	76 (8.6)
Few times a week	235 (26.6)
Every day	170 (19.3)
Missing	11
Rate how much stress each of the following factors causes your family (0, no stress; 10, extremely stressful)	
Spouse's/partner's lack of time for family activities due to work responsibilities	5.4
Spouse's/partner's chronic fatigue due to work overload	5.3
Spouse's/partner's preoccupation with work-related issues when they are at home	5.3
Business aspects of spouse's/partner's medical practice	5.0
Physician-administrator conflicts within the community	3.5
Physician-physician conflicts within the community	2.8

<sup>a</sup>Data are presented as No. (percentage) of spouses/partners unless otherwise indicated.

the physician partner was on call per week (OR each additional night on call, 1.11;  $P=.02$ ).

## DISCUSSION

Nearly all prior studies of physician relationships have explored relationships from the viewpoint of the physicians rather than their spouses/partners. We examined the personal work characteristics, attitudes and perspectives, and relationship satisfaction of the spouses/partners of US physicians. The findings challenge

a number of stereotypes about physician relationships. First, consistent with the changing demographic characteristics of US physicians,<sup>22</sup> one-fourth of spouses/partners of physicians are men. Second, independent of age or sex, most spouses/partners of US physicians work outside the home. Among spouses/partners who work outside the home, most work 30 hours per week or more, and 51.9% work full time. Third, most spouses/partners report being extremely (490 [55.4%]) or somewhat (278 [31.4%]) satisfied with their relationship with their physician partner, and more than 80% said they would choose a physician spouse/partner again if they could revisit this choice.

The amount of time spent awake with their physician partners each day was the dominant characteristic associated with spouses'/partners' satisfaction with their relationship. Notably, the only other factor associated with satisfaction in the multivariate analysis was the call schedule of their physician partners.

Although an association between satisfaction and time together is not surprising (eg, perhaps couples who are satisfied with their relationship spend more time together and couples who are not satisfied spend less time together), the dose-response relationship between time spent together and satisfaction is notable. Strikingly, the amount of time spent together each day was also found to be a dominant characteristic associated with relationship satisfaction in several older studies, including a 1990 survey of approximately 200 surgeons' spouses/partners,<sup>20</sup> a convenience sample of physician spouses/partners in 1999-2000,<sup>18</sup> and a small study of relationship satisfaction among approximately 116 spouses/partners of resident physicians who graduated medical school between 1984 and 1987.<sup>19</sup> These findings are also consistent with a study of 134 physicians and their spouses that found that couples who had never consulted a marital therapist talked together twice as much per day as did those couples who had sought marital therapy.<sup>4</sup> Although studies of nonphysician couples also suggest that time spent together is a predictor of relationship satisfaction,<sup>23,24</sup> spending an adequate amount of time together for optimal satisfaction may be a greater challenge for couples in which one partner is a physician because physicians work profoundly more hours than US workers in general.<sup>13</sup>

No other professional characteristics of the physician partner (eg, hours worked per week, specialty area, and practice setting) or the spouse's/partner's own work schedule related to relationship satisfaction in the multivariate analysis. This finding in spouses/partners is complementary to and consistent with the limited previous studies of relationship satisfaction from the physicians' perspective, which suggest that hours worked by the physician is not a key driver of relationship satisfaction.<sup>3,9,15,17,20</sup> These data underscore that creating and protecting time together may be one critical ingredient for healthy relationships with physicians and that achieving it can mitigate many of the negative effects of excessive work hours and a demanding professional life.

Studies of relationships from the physician perspective have also suggested that the way in which physicians and their partners support one another,<sup>17,18</sup> their personality characteristics,<sup>7</sup> and the way they communicate<sup>3</sup> are more important for relationship satisfaction than the number of hours physicians work. However, although hours worked may not be directly related to relationship satisfaction, several studies suggest that hours may indirectly influence satisfaction by contributing to role conflict (eg, frustration with the competing demands of career, marriage, and family).<sup>3,17</sup> Role conflict appears to be an even greater problem for younger physicians and women physicians and appears to be a major factor contributing to physician burnout.<sup>10-12,16,17</sup> Many practicing physicians may address role conflict by decreasing their work hours.<sup>16,25,26</sup> Medical students may also choose to pursue so-called lifestyle specialties to preemptively reduce the risk of future role conflicts, which may reduce the number of future physicians entering the specialty areas of greatest societal need.<sup>27</sup> These implications of role conflict have potentially substantial implications for the adequacy of the physician workforce, particularly in the era of health care reform.<sup>28</sup>

Despite their overall satisfaction, the spouses/partners in our study reported a substantial effect of the work life of their physician partners on their relationship. More than 40% reported that their physician partners came home too tired to participate in some of the things they would like to do at least a few times per week, and a similar proportion reported that their physician partners were preoccupied with work when at

home at least a few times per week. It is unknown how these proportions compare with workers in other fields, but recent studies indicate physicians work a mean of 10 hours more per week than US workers in general, are more likely to experience professional burnout, and are nearly twice as likely to be dissatisfied with their work-life balance.<sup>21</sup> These results support the potential importance of such work-related concerns in physician families.

Although a perfect comparison sample of nonphysician relationships is not available, our results suggest physicians have a similar degree of satisfaction in their relationship as nonphysician couples. In one of the largest studies on this topic, the National Survey of Families and Households surveyed 10,000 US adults in the late 1980s and asked married individuals to rate the quality of their unions on a 7-point scale (1, terrible; 4, neutral; and 7, terrific).<sup>29</sup> Overall, 90% of married people rated their relationship as favorable (rating of 5-7), including 50% who rated their relationship satisfaction in the most favorable response category (rating of 7).<sup>29</sup> These proportions are strikingly similar to the 86.8% overall favorable rating among the spouses/partners of physicians in the current study of whom 55.4% rated their relationship in the most favorable response category. In a smaller but more recent survey of 1503 US adults led by investigators at the University of Texas in 2003-2004, 88% of responders indicated that they were completely or very satisfied with their marriage.<sup>30</sup> Collectively, these observations are further evidence against the notion that physicians have lower-quality relationships than nonphysicians.

Our study is subject to a number of limitations. First, only 1 in 4 physicians from the national study from which the spouses/partners in our sample are drawn provided contact information for their spouses/partners. We were unable to survey spouses/partners directly from the outset because there is no national repository of contact information for the spouses/partners of US physicians. Nonetheless, the demographic characteristics (sex, median age, and proportion with children) of responding spouses/partners and the professional characteristics of their physician partners in our study were consistent with the overall physician sample (Supplemental Appendix 1). The proportion of spouses/partners working outside the home in our study is also consistent with how physicians describe the

professional lives of their spouses/partners<sup>10</sup> and the limited previous data on this subject.<sup>15,18</sup> Nonetheless, how representative participants are of the spouses/partners of physicians in general is unknown. Second, it is possible that physicians who were in more satisfying relationships were more likely to provide contact information for their spouses/partners. The proportion of spouses/partners who indicated they had seriously considered a divorce in the last 12 months (109 [12.4%]) was very similar to the proportion of physicians in the physician sample who indicated they had seriously considered a divorce in the same interval (699/6356 [11.0%]), which would suggest that both satisfied and dissatisfied physicians provided contact information for their spouses/partners. Third, our survey was cross-sectional, and we are therefore unable to determine whether the associations observed are causally related. Fourth, although we evaluated a wide array of characteristics of the spouses/partners and their assessment of their physician partners, relationship satisfaction was primarily measured by 3 items exploring their satisfaction with the relationship, whether they would choose a physician spouse/partner again, and whether or not they had seriously considered divorce or separation in the last 12 months. Fifth, most of the participants in our study had been in a relationship with their physician partners for more than 10 years. This finding suggests the participants had extensive insight into the experience of being the partner of a physician but also suggests the findings may not be as applicable to less mature relationships. Finally, we did not inquire about the sex of the physician partners of participants and are thus unable to explore the experience of same-sex couples relative to heterosexual couples.

Our study also has several important strengths. There are minimal data on physician relationships from the perspective of their spouses/partners. The participants represent a large and diverse sample of spouses/partners derived from a national sample of physicians from all specialties and practice types. The response rate among the spouses/partners surveyed was high relative to many surveys.<sup>18,31</sup> We also collected data on a wide range of characteristics of both the spouses'/partners' own professional lives and the professional lives of their physician partners.

## CONCLUSION

The spouses/partners of US physicians report generally high satisfaction with their relationships with their physician partners. Most spouses/partners of US physicians have their own professional careers, with most working more than 30 hours per week. The mean daily amount of time spent together with their physician partner appears to be a dominant factor associated with relationship satisfaction, overshadowing specific professional characteristics of the physicians' practices, including specialty area, practice setting, and work hours. This information may be useful to physicians seeking to nurture their relationships and may be informative to medical students and residents considering the potential implications of specialty choice on their relationships. Additional studies evaluating how to promote healthy relationships for US physicians would be useful.

## SUPPLEMENTAL ONLINE MATERIAL

Supplemental material can be found online at <http://www.mayoclinicproceedings.org>.

**Abbreviations and Acronyms:** OR = odds ratio

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