

Juggling act between work and home responsibilities cause problems for American doctors

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Spare a thought for American doctors and their partners: because of long working hours and dedication to their work, they seem to have more squabbles over home and family responsibilities than people in most other professions. This constant struggle to balance work and home life are felt especially by those whose life partners also work, or by female physicians, younger doctors and physicians at academic medical centers. It manifests as burnout, depression and lower levels of satisfaction about their quality of life. This is according to Liselotte Dyrbye of the Mayo Clinic in the US, the leader of a new study in the *Journal of General Internal Medicine*.

The results are based on a survey of 7,288 doctors (75.2 percent male) and 891 partners (73 percent female) who completed an emailed set of questions. They were asked among other things about their weekly working hours, [burnout](#), [symptoms of depression](#), conflicts between personal and professional responsibilities, satisfaction with work/life balance and [suicidal thoughts](#). The physicians and partners who responded to the questionnaire were on average 55 and 51 years old, respectively, and most had children.

According to the survey results, those physicians who put in long hours, are younger, female or work in an academic medical center experienced more work-home conflicts. In turn, among their employed partners, only working hours were associated with experiencing more work-home

conflicts after other personal and work-related factors were taken into account. Doctors who experienced work-home clashes within the three weeks prior to the survey had more symptoms of burnout and thoughts of divorce than those with less conflict-ridden personal-professional lives. In most cases, physicians and their employed partners were able to resolve work-home conflicts in a manner that met both home and work responsibilities. However, compared to their partners, physicians were more likely to put their work first.

The finding that the two sexes experience work-home conflicts differently suggests that traditionally held societal beliefs about women's role in the home and workforce still hold true for many American women physicians. This highlights the need for ongoing work in this area.

"The medical fraternity could learn valuable lessons from higher education institutes and the business sector on how to counter ongoing work-home conflicts, which result in a loss of talent as well as gender imbalances in the workforce," Dyrbye suggests.

These solutions include a culture that encourages family-friendly policies without fear of retribution, greater autonomy in scheduling work-related tasks and approaches such as job sharing and the purposeful alignment of personal and professional values and priorities. Practically, this includes setting up child care centers, allowing workers to use their own sick leave to tend to ill family members, making overtime less burdensome and rethinking personal leave.

More information: Dyrbye, L.N. et al. (2013). A survey of US physicians and their partners regarding the impact of work-home conflict, *Journal of General Internal Medicine*. [DOI: 10.1007/s11606-013-2581-3](https://doi.org/10.1007/s11606-013-2581-3)

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