CONFLICTING ROLES

*Article*

# Mother, Doctor, Wife

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**SUMMARY**

**Women physicians often play a triple role: mother, doctor, and wife. This situation can be extremely stressful. Understanding the stresses of each role and setting priorities to help make each role more fulfilling are important for balancing career and personal life.**

**RÉSUMÉ**

**Les femmes médecins doivent souvent assumer un triple rôle: mère, médecin et épouse. Cette situation peut devenir extrêmement stressante. Pour maintenir un équilibre entre la carrière et la vie personnelle et vivre en harmonie, il est important de bien comprendre les tensions propres à chaque rôle et d'établir des priorités.**

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A YOUNG FEMALE RESIDENT IN family practice once asked a sociology professor how she was able to "do it all," being a mother, a professional, and a wife. The professor answered, "Being a mother and being a professor are not the difficult tasks, but sometimes being a wife is tough."

Role strain is the conflict that results from having to choose among the multiple demands of a career, the obligations that arise from being a mother and wife, and one's own needs.[1-3] Society still expects women to be primarily responsible for the home and for children whether or not they have full-time careers.[1,4,5]

Women in medicine are stressed by constantly giving of themselves in both their personal and professional lives. A married woman physician must be a loving and supportive mother and wife even after a busy day of caring for others. Her day might start after a night of being on call, visiting a dying patient, or delivering a baby. All of these events are emotionally and physically draining.

Studies show that female physicians work fewer hours per week than male physicians.[4,6] They see fewer patients per hour and make less money. Their productivity, however, has been shown to be higher than once estimated.[7] A woman physician must be a doctor, teacher, writer, mother, and lover; each of her roles seems essential to her well-being. No wonder these women "... often push themselves to perform at an 85% level in all areas, creating pressures to become superdocs, superwives, and supermoms."[3]

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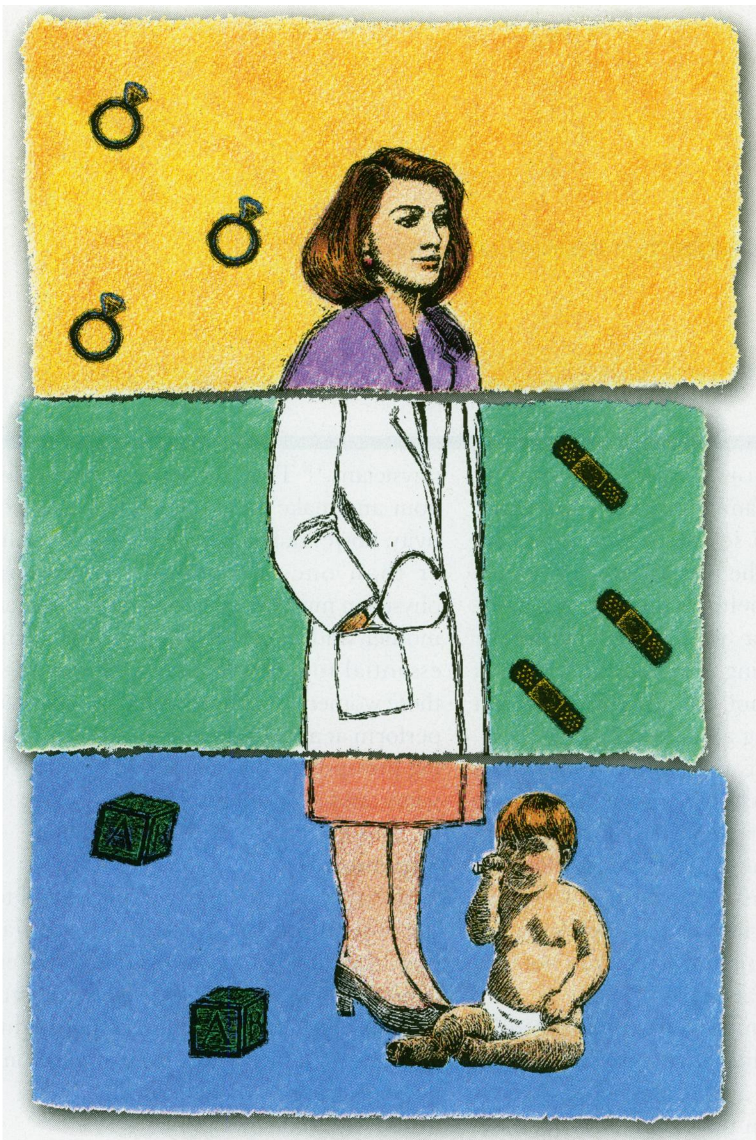
## Supermom

Guilt and anxiety appear to be related to the role of mother.[1,4] Motherhood has high demands and low control. Children cannot schedule when they will become sick or when they will have a bad night. Most women physicians have at least one or, on average, two children.[8,9]

***Timing.*** Timing of pregnancy tends to be deferred.[6,8,10] Sells and Sells[7] found that, in a group of women pediatricians who completed their residency training at the University of Washington between 1960 and 1987, the mean age at delivery of their first child was 29 years. Fifty-one percent said that their education or career stage was the main reason for timing. Eighty-two percent of these women believed that, if given a second chance, they would keep this timing. Participants in a study by Levinson et al[8] had a mean

age of 30.6 years at the birth of their first child (7.3 years older than the general population) and 32.9 years for their second child.

Conflict with the timing of childbearing occurs because having children at a younger age has a biological advantage.



**Maternal, medical, and spousal roles:** *Juggling the responsibilities of each role can be overwhelming for female family physicians.*

Older women often have increased rates of infant mortality, congenital abnormalities, and obstetrical complications. Earlier childbearing would mean delivering before or during medical school or during residency. A flexible training program allowing maternity leave and offering child care options might encourage more women to have children at a younger age. This option might decrease the risks to mother and baby.

***Attitudes.*** Residents often have to deal with peer resentment and hostility, making up night calls early in pregnancy, shortened maternity leaves, or prolonged residencies with delayed board certification.[1,10]

In a study of faculty and residents all subjects, except female residents, believed female residents should postpone starting families until after residency.[11] All subject groups had a more favourable attitude toward residents with pregnant spouses than toward a pregnant resident herself.

***Physicians as patients.*** Anxiety occurs when physicians become patients themselves. A self-employed antenatal patient collects no sick benefits if she is placed on bed rest. It is often difficult to arrange for adequate patient coverage when unexpected complications arise during pregnancy. Phelan[12] found pregnancy-induced hypertension occurred in women physicians at a rate of 12%, 7% higher than the general population. This high rate could be due to older maternal age. Nevertheless, it is important to allow physicians to become patients and have their health problems treated promptly, acknowledging the fact that short-term patient care might suffer.

Then comes labour and delivery. Says Robertson[13]:

> Now just because you are a doctor does not automatically mean that you know where the showers are, how to have a Sitz bath, or how to breastfeed with only two hands and a pillow. I was absolutely horrified to find out what "pericare" actually was... And after two deliveries at the same hospital I have yet to find the showers.

She continues with some helpful advice to all caregivers: "Assume total ignorance until proven otherwise!"

***Maternity leave.*** Most women physicians take no time off before delivery.[8] Maternity leave averages from 6 to 12 weeks.[7,8,10] Levinson and colleagues[8] reported that 84% of women internists with academic positions returned to full-time work after their most recent pregnancy. Fifty-five percent of these women believed that they had taken too short a leave.

Finding locum coverage for a private practice can be difficult. I knew a physician who returned to work for a week with her 1-week-old because the locum tenens was not available to start, and there was difficulty having her male colleagues cover her calls.

***Breastfeeding.*** Breastfeeding might suffer if a physician returns to work early. In particular, breastfeeding problems tend to be worst during residency because of erratic schedules and less time off after delivery.[1] It is encouraging, however, that 79% of academic internists breastfeed, and the average length of breastfeeding is 6.5 months.[8] Eighty-one percent of these women returned to work and maintained breastfeeding. The high rate of breastfeeding might be because physicians are aware of the health benefits to their infants and also because of the special bond that occurs between mother and nursing infant.

***Child care.*** Once women physicians return to work, child care could become their biggest problem. Of the many child care options available, women physicians seem to prefer a caretaker coming to their home or a live-in caretaker.[14] These options offer flexibility with the unpredictable schedule physicians have. Emergency backup is still required if the caretaker becomes ill. If the child becomes ill, women physicians will care for the child 25% to 54% of the time, while 17% of the time the spouse provides the care.[7,8] Only 4% of women physicians' spouses are the primary caregivers to their children.[8]

When children start school, problems of child care arise again. Before and after school programs are hard to find, and caregivers are often not prepared to work around school holidays. When women physicians are able to find good quality child care, their anxieties decrease. Hoffman[15] found the effects on children with working mothers varied, but in general, "The working mother provides a largely positive role model for her children."

***Children's reactions.*** Children's attitudes toward their mothers' careers go through stages: 1) infants do not care one way or the other; 2) young children seem to resent their mothers' absence; and 3) older children begin to take pride in their mothers' medical careers.[5] Knowing her child will later take pride in her career might be of little comfort to a mother when her toddler clings, cries, and flings himself or herself to the floor each time she leaves for work.

Again, some comfort can be found in the literature to suggest that children of dual-career families show more independence and resourcefulness. Their contributions to overall family function enable them to become equal and valuable members of the family.[16]

## Superdoc

***Practice patterns.*** Female physicians spend, on average, 41.6 hours per week doing professional activities.[9] Other studies suggest this might be as much as 60 hours per week.[4] Male physicians work longer hours than female physicians. Potential reasons for this difference include societal expectations, stress, children, dual-career marriages, and personality factors.[1] Women see fewer patients per hour, earn a lower income, and tend to attain lower status academically.[2,6,8]

Women are more likely to enter general practice than specialty practice (67.3% of women enter general practice compared with 49.5% of men), and they are more likely to work in urban areas.[6] Health care planners have forecasted a shortfall in medical services because of women's practice patterns of working shorter hours, seeing fewer patients, choosing general practice, and staying in urban locations.[6] The shortfall is particularly in acute surgical specialties outside large Canadian cities and is because of the general decrease in volume of medical services provided.

Practice patterns of women physicians might say something else: seeing fewer patients per day and billing less for services could reflect more attentiveness to patients and lower total system costs.[6] If patients' health is enhanced by this kind of care, should health care planners be so concerned?

Despite the fact that women physicians work fewer hours, some convergent trends have been reported. Freiman and

Marder[17] found a 2.4% increase in the number of hours per week worked by female physicians between 1970 and 1980. Male physicians in the United States decreased their hours by 3%. The greatest decrease was among male family physicians.

Even with the differences in the number of hours worked per week, both male and female physicians are working more than the typical 37.5- to 40-hour work week. Health care planners should consider revising enrolments into medical school, not only because of women's practice patterns and the trend for men to decrease their hours of work but to support a more realistic work week for physicians.

Although women comprise one third to half of the enrolment in first-year medical school, women physicians are still a minority, particularly in senior leadership positions.[8]

***Coping with stress.*** Physicians' common reaction to stress is isolation from family.[1] Typically this retreat from family life is to meet the demands of medical practice. Home activities that are frequently interrupted by telephones and pagers (known by some as "the grim beeper") erode the time and energy needed for nurturing relationships. Unfortunately the "self-sacrificing" physician is respected by colleagues and patients. Social isolation, burnout, and impairment follow. Negative coping mechanisms used by physicians include alcohol and drug abuse, promiscuity, anger at patients, preoccupation with a patient's illness and not the patient, sarcasm, and cynicism.[1] All of these coping mechanisms erode the doctor-patient relationship and jeopardize patient care.

Female physicians are reported to have twice the amount of depression as male physicians and four times that of the general population.[1] They have higher suicide and divorce rates than other women.[10] The increase in depression was not found in Brown's[9] work, which assessed the well-being of female family physicians. She did, however, find that 65% of female family physicians felt either overloaded or overwhelmed at least once per week, and 47% felt overloaded or overwhelmed on a regular, almost daily, basis. Women who were seldom overloaded or overwhelmed averaged 37 hours per week of professional activities while women who were overloaded or overwhelmed at least once per week averaged 43 hours per week of professional activities.

This 6-hour difference accounts for almost an entire work day. The additional time could have been used by women to nurture themselves, their children, or their marriages and subsequently improve their coping skills, decreasing the feelings of being overloaded or overwhelmed.

One privilege from society that female physicians might have that their male colleagues do not is the freedom to cry. Tears help to decrease stress. They express understanding, sympathy, pain, or caring. Crying with a patient can strengthen the doctor-patient relationship. Crying with a colleague reveals normal human needs and emotions.

Advantages of work include opportunity for accomplishment, independence, and acquiring new skills. Disadvantages of work include little or no time for partner, for children, or for self.[9] In spite of greater stressors, women in general live longer than men and might even work longer. Employment has been linked to improved health for women, and the more significant the career the more health advantage there is.[1] Women physicians in general do show a high level of confidence and satisfaction in their career choice.[1,18]

### Superwife

Eighty-five percent of women physicians marry other professionals; 50% to 60% marry other physicians.[1,2,8] Ogle et al[19] found that 74% of husbands of female physicians have earned a graduate degree compared with 30% of wives of male physicians. For male physicians, two thirds of their spouses were not employed outside the home. Only 13% were employed full time.

In contrast, 98.9% of spouses of women physicians were employed full time. Wives of physicians were less likely to work outside the home if they had small children. This was not the case, however, for husbands of physicians. Twice the number of female physicians expected to interrupt their careers to accommodate a

spouse's career compared with male physicians.[1,18]

Dual-career marriages add unique problems. For interns and residents it might be difficult to work in the same hospital or city. Less desirable positions might be accepted so the couple can be together. Women physicians tend to practise in more urban populations if spouses are nonmedical professionals. Married physicians practising in rural locations might alternate being on call, which can lead to little time for each other or their family.

A supportive husband has been shown to increase the satisfaction of a woman's medical practice.[1,9] Marriage plays an important supportive function that contributes to well-being. It offers a secure base, intimacy, attachment, and connectedness. A strong marriage can buffer against depression and low self-esteem.

Various studies still show that women physicians carry almost total responsibility for organizing child care and household tasks.[3,4] This management role is in itself time-consuming. Women also feel responsible for these tasks because of sex-role expectations. Allowing a shift in responsibility is difficult for some well organized women.[4]

Overcriticizing a job that has not been done to a woman's expectation or diving in too quickly to help can diminish a husband's new-found self-esteem in household responsibilities. As a result, duties usually fall back on the woman and add to her anxiety and stress. An alternative is to hire help if equality cannot be achieved between spouses at home.

Time becomes the biggest commodity in a dual-career marriage. Time for the couple needs to be allocated. Suggestions for making time include identifying the need for attention to the marriage, verbalizing personal expectations from the union, discussing activities, and planning together. Partners' needs must be explicit. Professional assistance might be required. Physicians typically delay seeking this assistance, which is often to their disadvantage.[2] Early prevention preserves and enriches marriages.

## Conclusion

It is impossible to please everyone when trying to balance a family, career, and marriage. Coping mechanisms need to be developed to decrease stress. Levinson et al[20] list four strategies often used by women physicians to balance career and personal life.

1. Change the structural aspects of personal or professional life. Some examples of this strategy are hiring household help, not cooking, and limiting personal and social activities to balance career and family.
2. Increase efficiency. Some physicians work in the morning before the family wakes up, while others combine conference travel with vacation days.
3. Change personal expectations. It takes much longer to achieve goals than one might realize, although they still can be attained. Setting priorities is important.
4. Use available social supports. Talk with other women physicians; schedule personal time for spiritual, emotional, and physical well-being; and find a spouse with similar values and goals in life.

The multiple roles that women physicians perform must be balanced: sometimes child rearing needs more attention; other times patient care comes first. Enriching one's marriage is also important, but so is caring for ourselves. It seems we want to do it all, and we can. "Travailler n'est pas une punition, travailler c'est respirer!" [To work is not a punishment, to work is to breathe!] So let us all breathe deeply and enjoy the privilege of a career as mother, doctor, and wife. ■

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