

Medical residents: Here's how doctor burnout affects your marriage

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The majority of medical residents' spouses say their partners return from shifts irritable and too tired to contribute to family life. That same group, according to a survey conducted by the Wake Forest Baptist Health Resident Spouses Association (RSA), report that their partners are becoming more cynical about their work.

The research on spousal perceptions of burnout and its impact on relationships was presented by Cormac O'Donovan, MD, at the 2019 American Conference on Physician Health, co-sponsored jointly by the AMA, Mayo Clinic and Stanford University.

"We were asking spouses to describe the burnout symptoms they saw in resident physicians," said Dr. O'Donovan, an associate professor of neurology Wake Forest School of Medicine. "We wanted to know how they felt.

The survey of 58 respondents also found that about one in five spouses of resident physicians would not marry a doctor if they could do it over again, and one in five is considering divorce. Susan Melin, MD, a professor of hematology and oncology at Wake Forest School of Medicine, was co-investigator on the project.

The most commonly listed factors that spouses observed as contributing to burnout in their resident partners were:

- Long hours with inadequate time off between shifts.
- Feeling underappreciated by staff, patients or faculty.
- Inflexible work schedules.
- Lack of time off.
- Social isolation.
- Low pay.

Dr. O'Donovan also found a lack of support for residents' spouses.

"Let's pretend your [partner] is working, you have a young child and nobody to talk to," he said. "It's pretty simple: call your friend, call your mother, they'll sympathize. Well, it doesn't work that way all the time because what they are hearing is, 'At least you're married to a doctor. There's lots of money; life should be great.'"

Taken by surprise

Residents' spouses were often unaware that burnout was common among physicians, so the first step to understanding burnout is to educate partners. "What they would like is to have workshops, education," Dr. O'Donovan said. "They often feel like they should've known about burnout."

Other suggested interventions included emergency child care, personal health days or half days and stronger enforcement of duty hours. But more than anything, spouses wanted their resident partners to have more quality time outside of work. Dr. O'Donovan said that in his interviews and discussions with resident spouses he heard a common refrain: even when residents were off work, they weren't "present" during the time they spent with their families. And those stints away from work were few and far between.

"The problem is they feel that they can't get time off for anything," he said.

To help both spouses and residents, Dr. O'Donovan called for institutions to work with organizations like the RSA—which has chapters at training institutions across the country—and the AMA Alliance to learn about their concerns.

"They wanted to be heard and they weren't being heard," he said. "Active listening is only the first step."

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system-level, the AMA assesses an organization's well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.