

Is That Your Pager or Mine: A Survey of Women Academic Family Physicians in Dual Physician Families

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ABSTRACT

Objective: This study explored the unique challenges and strategies of women in academic family medicine who are in dual physician families.

Methods: An e-mail survey was sent to all female physician members of the Society of Teachers of Family Medicine (STFM) who were listed in the on-line database. The survey collected demographic information, details of job descriptions and family life, and included 3 open-ended questions about the experiences of dual physician families.

Results: Over 1200 surveys were sent to women physicians in academic family medicine. One hundred fifty-nine surveys were returned. Half of all women worked full time compared to 87% of their partners. Most women reported benefits of having a physician partner including support and having an understanding person at home, though scheduling conflicts and childcare responsibilities contributed to the need for job compromises. Women prioritized finding work-life balance and having supportive partners and mentors as most important to their success as academic family physicians.

Conclusion: Dual physician relationships involve rewards and conflicts. More research should explore the competing demands of family life with success in academic medicine.

BACKGROUND

Despite significant increases in numbers of women at-

tending medical school, women continue to lag behind men in academic medicine advancement. As of 2005, women comprised only 15% of all full professors and 11% of all department chairs.¹ Women also author original research less often than men.² One potential reason for this disparity is that more women physicians work part time than men (22% versus 9%).³ Women in academic medicine who have children have fewer publications, slower career progress, and less career satisfaction than men in academic medicine with children.⁴

Approximately half of all married women physicians are part of a dual physician family.⁵ The same statistic also applies to women in academic medicine.⁶ Having a physician as a life partner can benefit women physicians by providing an at-home consultant⁵ who understands her professional issues.⁷ Dual physician households also have higher family incomes than households with only 1 physician.⁵ However, women in dual physician families also face many challenges, including dual call schedules and more home responsibilities than their male counterparts.⁸

The purpose of this study was to begin to understand the complex challenges facing women physicians in academic family medicine who are in dual physician families. This information can be used to help promote the advancement of women in academic family medicine. Previous surveys of women in dual physician families have not focused on 1 specific specialty.^{5,8,9} Our study is the first to look specifically at women in academic family medicine who are in dual physician families.

METHODS

This study received an exemption from the University of Wisconsin Human Subjects Committee. The survey was constructed for ease of use with a combination of both closed- and open-ended questions (Table 1). The survey was pilot tested on 8 female family physicians in dual physician families from the University of

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Table 1. The Survey Instrument

1. Age: <30 _____ 31-35 _____ 36-40 _____ 41-45 _____ 46-50 _____ >50 _____
2. Type of program: Community _____ University _____ Other _____
3. Specialty of partner: _____
4. When did you meet your partner?
Before medical school _____ During medical school _____ During residency or fellowship _____ After training _____
5. Your FTE worked: 100% _____ 80-99% _____ 60-79% _____ 50-60% _____ <50% _____
6. Your partner's FTE worked: 100% _____ 80-99% _____ 60-79% _____ 50-60% _____ <50% _____
7. Do you do obstetrics?: Yes _____ No _____
8. How would you describe your primary job responsibilities? Clinician _____ Resident teaching _____ Medical student teaching _____
Research _____ Fellow _____ Administrative/other _____
9. Do you take call?: Yes _____ No _____
10. Does your partner take call?: Yes _____ No _____
11. Do you have children?: Yes _____ No _____ If yes, how many and what ages?
12. What are your childcare arrangements?
13. How has having a physician partner affected your career (positive or negative affects)?
14. Have you made compromises in your job because your partner is a physician?
15. What strategies have helped you be successful as a family medicine faculty physician?

Wisconsin Department of Family Medicine and revised to improve readability and ease of completion.

This was an e-mail survey. Eligible participants were recruited through the listserv of the Society of Teachers of Family Medicine (STFM) women's network (a group of 300 women in academic family medicine) and the STFM department chair's listserv. In addition, all women physicians listed in the STFM database who were not members of the STFM women's network were sent an e-mail survey. Over 1200 surveys in all were sent to women physicians in academic family medicine. All e-mails requested the recipient forward the survey to other eligible participants. So, it is likely the surveys reached many other women in academic family medicine.

Eligible participants (i.e. women physicians who were partnered with other physicians) replied to the initial e-mail with the completed survey. The completed survey was considered implied consent to participate in the study. All surveys were printed and any identifying data were removed. Data were entered into a Microsoft Excel database. Statistical analysis using SPSS version 13.0 included the determination of correlation coefficients. Correlations were considered significant at a *P*-value of <0.01 (2-tailed). Long answers to the open-ended questions were analyzed by 2 independent researchers. Themes were identified using content analy-

sis.¹⁰ Differences between researchers were reviewed by both together until consensus was achieved.

RESULTS

One hundred fifty-nine completed surveys were received. Age distribution was fairly evenly spaced among all of the age groups. Fewer women were in the under 30 age group, as was to be expected. About half of the respondents worked at university programs and half at community programs. Most women met their partners during medical training (Table 2).

Half of all the women in the study worked full time, compared to 87.2% of their partners (Table 3). Respondents with higher full time equivalent positions (FTE) were less likely to have children ($r=-0.22$). The more that a respondent with children worked, the less likely she was to depend on family for childcare ($r=-0.26$). The women who worked full time and close to full time were also more likely than those working fewer hours per week to describe priority and balance as keys to being successful ($r=0.23$).

About half of all the women had partners in primary care (Table 4). Of all the respondents, 82% took call while 79% of their partners took call. Over 82% of the respondents had children. Of those respondents with children, 19% had 1 child, 40.5% had 2 children, 29.8% had 3 children, and 10.7% had 4 or more children.

Childcare arrangements varied depending on the ages of the children. Most commonly, the women used nannies, babysitters, family members, daycare centers, and school to care for their children. Many of the women described very complicated arrangements with special, overnight help for times when both parents were on call or had obstetric patients due.

Of all women respondents, 45% practiced obstetrics and there was no relationship between obstetric practice and having children, percent FTE, or partner's specialty. However, women who practiced obstetrics were more likely than those who did not practice obstetrics to feel their partner understood their job responsibilities ($r=0.25$), and to state that they had more time stress ($r=0.27$).

Most women expressed positive impacts of having a physician partner, including having someone to understand the rigors of medicine and providing an "in home" medical consult (Table 5). Specific quotes included: "We understand the rewards and challenges of the others' career in a unique way, which allows us to support one another more fully," "professional advice 24/7," and "We help each other by covering for each other with patients, teaching, even call." Other positive impacts of having a physician partner were financial stability, shared call, and a sense of camaraderie. "We can share experiences and learn together."

Negative impacts of being in a dual physician family included increasingly complicated schedules and career compromise (Table 5). Specific quotes included: "It just makes the intensity of scheduling and getting childcare coverage for the unanticipated emergencies difficult," and "having 2 careers with call and irregular hours is difficult in terms of child care logistics." Of respondents, 64% felt they had made compromises because their partner was a physician. "I have sacrificed making my career my priority to work part-time and spend more time doing family activities." "I no longer do deliveries as my husband's job is too unpredictable to afford solid childcare coverage."

Respondents used multiple strategies to promote success in academic family medicine (Table 6). The most common strategies were using mentors, maintaining a sense of priority, focusing on balance, and having dependable childcare. Specific quotes included: "modeling balance," "balancing work and home is an area that in our house is continually being reinvented," and "accepting limits of time and working less than full-time."

DISCUSSION

This is the first study specifically looking at women in

Table 2. Demographics

Age (n=157)	
≤30	8 (5.1%)
31-35	35 (22.3%)
36-40	31 (19.7%)
41-45	30 (19.1%)
46-50	24 (15.3%)
>50	29 (18.5%)
Program Type (n=158)	
Community	74 (46.8%)
University	73 (46.2%)
Other	11 (7.0%)
Met Partner (n=159)	
Before medical school	35 (22%)
During medical school	75 (47.2%)
During residency/fellowship	36 (22.6%)
After training	13 (8.2%)

Table 3. Percent FTE (n=156)

% FTE	Female Physician	Partner
100	78 (50%)	136 (87.2%)
80-99	33 (21.2%)	13 (8.3%)
60-79	28 (17.9%)	5 (3.2%)
50-59	11 (7.1%)	1 (0.6%)
<50	6 (3.8%)	1 (0.6%)

Table 4. Specialty of Partner (n=158)

Primary care	75 (47.5%)
Internal medicine subspecialty	21 (13.3%)
Surgery and surgical subspecialties	16 (22.6%)
Emergency department	9 (5.7%)
Psychiatry	10 (6.3%)
Other*	27 (17.1%)

*The "other" category included allergy and immunology, anesthesiology, dermatology, ob/gyn, occupational medicine, gynecologic oncology, ophthalmology, pathology, preventive medicine, radiology, sleep medicine, sports medicine, and urogynecology.

academic family medicine who are in dual physician families. Since a large percentage of women physicians are partnered with other physicians, it is an important subgroup to study in order to gain more understanding of the many challenges facing women in academic medicine.

It is notable that among this sample of women in academic family medicine, only half worked full time whereas the vast majority of their partners worked full time. This implies the women had more home and childcare responsibilities, which has also been de-

Table 5. How Has Having a Physician Partner Affected your Career?

Themes Identified	Responses (% of Total)
Positive	
Understanding/support	62
Medical consult	19
Camaraderie/sharing	13.3
Financial benefits	7.6
Shared call schedules	5.7
Negative	
Busy schedules/little time/more stress	30.4
Career compromise	24.7
Problems with childcare/family	15.8

Table 6. Strategies to Promote Success as an Academic Family Physician

Strategy	Responses (% of Total)
Set priorities/ work life balance	27.8
Supportive partners/mentors	24.5
Dependable childcare	13.3
Work flexibility	10.6
Passion/love of work	10.6
Act of mentoring others	9.9
Hobbies/exercise/self-care	9.9
Organization	9.9
Working part time/compromise	9.3
Help with house care	7.9
STFM/AAFP support groups	6.0
Saying "no"	4.6

scribed in other samples.⁸ Despite this increased home responsibility and complexity of scheduling, most women expressed positive effects of having a physician partner, as has been found elsewhere as well.⁹ Balancing home and work life was a priority for many women. Other studies of successful women in academic medicine have also shown that a work-home balance is a key to success.¹¹

Many women also cited supportive work environments and availability of mentors as important factors promoting success in academic family medicine. The challenge of mentoring women physicians has been discussed in the context of helping women achieve academic success.¹²

This survey was a convenience sample of women in academic family medicine in dual physician families. We can only estimate how many eligible women comprise the denominator. STFM currently has 1037 women physician members.¹³ If we assume that 10% of those women are either residents or volunteer faculty, there are 933 women physicians in academic family medicine.

According to the women physician work life study, 53% of all married academic women physicians were married to another physician (37% of total sample or 345 people). Our sample of 159 women would therefore comprise about a 46% response rate.

There is no identical comparison group available for study, unfortunately, so we are unable to determine whether the respondents to our survey are representative of all women in academic family medicine who are in dual physician families. The physician work life study surveyed a total of 735 women physicians in the United States (125 family physicians and 125 of the total in academic medicine).¹⁴ In this sample, only 22% of the women practiced part time, as compared to our sample in which 50% practiced part time. It is likely that more women who are in dual physician families practice part time than women physicians in general. In this study, work life balance was a major predictor of job satisfaction and burnout.

A 1999 study of over 2000 physicians in Ohio found that 44% of women physicians were married to other physicians.¹⁵ The women in dual physician families worked fewer hours than other women physicians. A third of the women in dual physician families cited limitations in their careers due to their family life. Ninety percent of both male and female physicians in dual physician families enjoyed talking about work at home. These results are similar to our sample.

E-mail surveys have several benefits over mailed surveys including ease of use, fast turnaround, and lower cost. Response rates of e-mail surveys vary widely. A review of 32 e-mail surveys found an average response rate of 36.8%.¹⁶ Increased response rates were seen when e-mails were sent before the survey introducing the survey and reminders were sent after the initial survey. Time constraints limited the number of follow-up e-mails we were able to send.

CONCLUSION

The challenge facing women in academic medicine is immense. Women who are in dual physician families have yet another level of complexity in their lives. Further research can explore models of work success balanced with life satisfaction using more in-depth qualitative interviews. Flexibility, balance, and quality help at home contribute to women continuing to thrive in an academic environment. Family medicine should continue to support alternative models of leadership for women.

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