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How Physicians and Their Non-Physician Professional Spouses Navigate Their Multiple Roles

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ABSTRACT. Relationships that involve a physician and a non-physician professional spouse face many challenges that are similar to those experienced by dual career marriages. However, there are unique demands that are associated with physicians who are married to other professionals. One such challenge is the task of navigating their multiple familial and professional roles. This present study explores how physicians who are married to other professionals confront and navigate the complex environment that is often characteristic of work-family issues in this population. Employing an exploratory qualitative design, 34 heterosexual individuals (17 couples) completed in-depth qualitative interviews. These dyadic interviews included 10 male physicians and 7 female physicians. A multisystemic approach was employed to explore themes that emerged. One major theme, contextual appreciation of the physician's work demands, and three sub-themes: familial support, non-traditional parenting and domestic roles, and paid help, emerged. These data provide important information for the medical education of physicians with specific emphasis on navigating multiple familial and professional roles when part of dual career marriages. Findings provide implications for physician vitality/health, medical education, and continuing education with a focus on physician marriages.

Keywords: physician couples, dual career couples, work-family issues, medical marriage

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How Physicians and Their Non-Physician Spouses Navigate Their Multiple Roles

Navigating the multiple roles of family life and paid work presents a challenge for dual career couples (Carter & Fuller, 2016; Fider et al., 2014). In the past, the symbiotic relationship of men and women in the management of paid work and family work was easily determined along gender lines (Carter et al., 2016). Today, however, there are numerous changes that are associated with these roles, especially for those involved in high status careers (Fider et al., 2014). For example, physician families have become more complex in the face of the changes in the healthcare system and workforce diversity (Hinze, 2000). The paucity of empirical studies on physicians and their families is especially pronounced when examining the extant literature of physicians married to other professionals. This paper seeks to explore how physicians who are married to non-physician professionals navigate work-family issues.

Dual career families are characterized by commitment of both partners to professional occupations (Gahlawat et al., 2019; Kundu et al., 2016). Over the past decade or so, there has been an increase in dual career families (Abele & Volmer, 2011; Bureau of Labor Statistics, 2009; Bures et al., 2011). One of the most important concerns of dual career couples is navigating multiple role demands. Despite the increase of women in the paid labor force, women do substantially more housework than men (Hook, 2017; Jacobs et al., 1999, Lachance-Grzela & Bouchard, 2010). This is especially true for married men and women (Coltrane, 2000), largely due to the implicit element of the marriage contract, which assumes that women take primary responsibility for domestic work (Kluwer & Mikula, 2002). Cancian and Oliker (2000) found that married women's increase in paid employment has not been associated with increase in time husbands spend on housework. There is evidence that fathers are spending more time in childcare; however, mothers continue to spend more time and effort in family work (Wang & Repetti, 2013). Thus, regardless of the wife's occupation, her career is viewed often as secondary to her spouse's (Wang & Repetti, 2013).

At the core of a dual career marriage is an attempt to redefine the relationship between work and family life (Abele et al., 2011; Rosen et al., 1975). In traditional marriages, the husband was the primary breadwinner while the wife's chief responsibility was caring for the family (Hochschild & Machung, 1989). The social movements of our day have made these issues much more complex. For example, due to the increasing number of women in the paid workforce, there has been a shift in the work-family balance, and it seems necessary for both husband and wife to share in domestic responsibilities (Abele et al., 2011). This can be more challenging if children are involved (Raffi et al., 2020). Dual career couples are forced to sacrifice time with each other and with their children to pursue their careers (Abele et al., 2011).

Status of Dual-Professional Couples

There is a burgeoning literature on dual-physician families (Dyrbye et al., 2010; Smith, et al., 2002; Sobecks et al., 1999; Woodward, 2005) yet few focus on the issues that confront the physician who is married to another professional. For example, a physician married to a physician is likely to bring several common stocks to the table, and therefore is likely to induce a greater semblance of egalitarianism.

Data related to household labor such as cooking, cleaning and grocery shopping reveals that the division for working couples has become more egalitarian over time, as there are more women who are actively engaged in the workforce (Perry-Jenkins & Gerstel, 2020). Despite this more egalitarian approach to engaging in housework, research also indicates that in heterosexual marriages, it is women, more than men, who do more cognitive labor which includes anticipating needs, identifying options for

filling them, making decisions, and monitoring progress (Daminger, 2019). As far as marital stress is concerned, Xi et al. (2019) posit then that husbands tend to increase their involvement in domestic work as a response to their wives' work fatigue. Conversely, wives increased their engagement in domestic work as a reaction to their husbands' work fatigue and high workloads. These researchers further conclude that the number of housework hours that husbands are involved in is negatively related to their wives' marital satisfaction, yet positively related to her depression. Additional results denote that wives' housework hours were negatively related to husbands' marital satisfaction and depressive symptoms.

Empirical literature on doctors and their marriages has mainly focused on male physicians (Linzer et al., 2000; Pathman et al., 2002) or has tried to compare the work of male physicians with the work of their female counterparts (Bobula, 1980; Jena et al., 2016; Powers et al., 1969). Today, however, a significant change in this reality (Boulis & Jacobs, 2008; Isaac et al., 2013; West et al., 2018) may be largely more women have developed interest in the sciences and there has been an increase in the number of available slots in medical schools. Studies involving female physicians have focused on issues related to parenting (Cohen et al., 1988; Jolly et al., 2014) and job stress (Mitchell, 1984; Jolly et al., 2014). However, they often fail to consider that female physicians often have roles of wife and mother. In this sense, female physicians are portrayed as living in at least two worlds, while their male counterparts reside in one.

Many of the studies on medical doctors have employed quantitative methodology (Allen & Gelberg, 1999; Dyrbye et al., 2010; Smith et al., 2002; Warde et al., 1999; Woodward, 2005; Ly et al., 2015). However, qualitative research is especially suited for exploring, interpreting, and explicating the experiences of people in the context of their lives (see Fider et al., 2014; Perlman et al., 2015). The use of qualitative data allows for a more in-depth analysis of the lived experiences of physicians and their professional partners as they attempt to cope with the demands of both work and family. This present study uses a grounded theory approach to explore the definitions and descriptions of how dual career couples are able to manage their multiple roles. While a range of family theories are available for use in studying this phenomenon, this present study is conceptualized through the lens of structural functionalism, which focuses on how society functions and how the family as a social unit is able to function in the context of that society (Parsons, 1964).

Landscape of the Medical Marriage

There is hardly a shortage of studies investigating how professional couples navigate paid work and family responsibilities (Cohen et al., 2011, Frone et al. 1992; Hochschild & Machung, 1989; Perrone & Worthington, 2001). A significant portion of such literature focuses on women in medicine (Adams, 2010; Kletke et al., 1990) and the changes within marriage and families that this creates. Due to the influx of women into the medical profession (Adams, 2010; Boulis & Jacobs, 2008; Sotile & Sotile, 2000), work-family demands are likely to have varying impacts on their families, particularly marriages and parenting roles.

Recent statistics suggest that American marriages are stressed, and many will continue to end in divorce. According to the 2017 U.S. Census Bureau, the divorce rate in the general population in 2018 per 1,000 people was 3.2. Medical marriages encounter their share of stressors, as the prestige of the profession coupled with the expectations of society may create additional marital stress. Sotile and Sotile (2000) suggest that the divorce rate for marriages in which at least one partner is a physician is 20% higher than the national average of 43%. Although much of the information that is available on physician marriages and divorce rates look at divorce based on specialty, a study out of Johns Hopkins University (Klag et al., 1997) reported that the divorce rate for physicians was 32%. In more recent

times, data show that the divorce rate was 24.3%, indicating a decrease (Ly et al., 2015). Ly et al. (2015) further indicate that marriages in which the female is the physician tend to have higher divorce rates than their male counterparts. These higher rates of divorce may be attributed, at least partly, to the impact of women working longer hours.

Although female physicians are considered to be among the most elite women in American society in terms of education, occupational status, and income (Perlman et al., 2015), they earn less than their male counterparts and work fewer hours. Additionally, they tend to have husbands who are equally educated but who work more hours and earn more. This is likely to negatively impact the marital relationship (Perlman et al., 2015; Shanafelt et al., 2013). In a study of physicians and their spouses, Lewis (1993) found that physicians who reported higher levels of marital satisfaction also reported lower levels of work stress. It is important to note that the spouses of physicians indicated that for them, marital satisfaction was associated with the physicians' work satisfaction (Lewis, 1993). A number of studies, including some international ones, have examined medical marriages and the findings indicate varying levels of relationship satisfaction (Perlman et al., 2015; Shanafelt et al., 2013; Warde et al., 1999). Regarding physicians, Ly et al. (2015) suggest that despite long and unpredictable hours that may conflict with family and personal obligations, divorce rates seem to reflect those of the general public as well as that of other medical professionals.

Challenges Faced in Dual-Professional Marriages

Research suggests that when both partners work outside of the home in demanding careers, there are benefits. Ferrante and Mody (2019) report that both partners find that being married to a professional enhances the relationship as they find the other engaging, interesting, and intelligent. Additionally, Pearlman et al. (2015) suggest that when a couple has two individuals who are dedicated to their careers and are success oriented, they often admire the desire for excellence in each other. Such a couple may often have engaging conversations and show interest in the other person's professional endeavors. These realities can enhance a marriage in significant ways. Despite these benefits, Ly et al. (2015) indicate that one struggle that can be amplified in such marriages is balance with work and family life, which may extend to being unable to carve out time together due to schedules that overlap as well as the uneven distribution of household tasks. Another benefit of a marriage in which both partners are high earners is economic stability. While financial stability is a positive of these marriages, Ferrante and Mody (2019) further conclude that partners may have to make significant professional sacrifices to create equilibrium in the relationship.

Glick et al. (1984) reported that issues of roles, status, and priority setting were the major sources of conflict in medical marriages. This spillover from work-to-family and family-to-work make the integration of both spheres challenging. Areas of priority setting that were identified by Glick et al. (1984) and Pausch et al. (2016) were work, money, power, sex, and familial responsibilities. Ly et al. (2015) report similar findings. Accordingly, roles and relationships are affected by the amount of time that the physician spends with family versus the time he/she spends engaged in the profession. Glick et al. (1984) and Ly et al. (2015) suggest that often the male physician is unable to envision the role of a female outside of the household. This smothers the scope of influence that the woman can have, limiting her influence on family and sexual relations.

A small and dated body of literature suggests that marriages in which one spouse is a physician can experience conflicts that may not be usually present in non-physician marriages. In a dated study of physicians and their spouses, Gabbard et al. (1987) focused on the courses of marital conflict and the impact on marital satisfaction and reported that time constraints, conflicts in the preferred modes of

communication, and differences in need for intimacy were the primary sources of conflict in the medical marriage. Gabbard et al. (1987) posit that the families of male physicians live in constant competition with his profession, which can be a cause as well as a result of marital conflict. This finding is similar to Garvey and Tuason (1979). Gabbard et al. (1987) also report that physicians and their spouses share similar perceptions of the sources of conflict in their marriage. For the physician, time away from home was considered to be the major source of conflict. Spouses of physicians report that lack of intimacy that resulted from time away from home was the major source of conflict.

Garvey and Tuason (1979) suggest that dissatisfaction in the medical marriage is not a function of the number of hours that a physician works per week. Instead, their findings demonstrate that the passion that male physicians have for their job often serves as a “second marriage” resulting in spouses feeling that they are in second place to the profession. This finding reflects a study conducted by Warde et al. (1999) of male and female physicians in Southern California. Findings indicate that 82% of the male physicians’ spouses were responsible for and performed household responsibilities compared to 5% of the spouses of female physicians. Moreover, female physicians who dealt with frustration from competing demands of career, marriage, and family appeared to experience more high to moderate levels of frustration as compared to male physicians (87% versus 62%). A more recent study by Shanafelt et al. (2012) of physicians further found that when compared to other working adults in the United States, physicians were more likely to report symptoms of burnout, and were also more likely to indicate dissatisfaction with their work-life balance.

What Makes Dual-Professional Marriages Work

Regardless of the challenges that couples in a medical marriage face, there is evidence that shows they are surviving and thriving (Ly et al., 2015). Pausch et al. (2016) supports findings by Ly et al. (2015) in suggesting that while work-life balance can be challenging, it can be achieved. The one factor that has been shown to correlate to the success of dual-professional couples revolves around support from individuals outside the home like a nanny or house manager (Witzig & Smith, 2019). Given access to financial resources, physician couples often locate support for childcare and other household chores by employing someone. This process of outsourcing assistance and paying for it provides the couples with opportunities to create more of a balance as it relates to their personal and professional lives (Shanafelt et al., 2015). As far as outsourcing goes, others have indicated that the use of a meal prep service is beneficial so that meals are taken care of (West et al., 2018).

Methodology

The goal of the study was to explore how physicians and their non-physician spouses navigate their lives as professional, partner, and parent. This couple dynamic is similar to other professional couples, however, the professional responsibilities of the medical profession can often add an additional level of stress (West et al., 2018). Processes set out by Strauss and Corbin (1998) were employed to examine the lived experiences of these couples and a preliminary review of the literature was completed to better understand the population. Grounded theory is a methodology that seeks to construct theory about issues of importance in peoples’ lives (Strauss & Corbin, 1998). This is accomplished through an inductive data collection process (Dns & Nap, 2001), which means that the researcher does not have a preconceived idea to either prove or disprove.

Sample and Data Collection

In keeping with Strauss and Corbin’s (1998) approach to grounded theory, there was a preliminary review of literature that gave rise to the questions that were created for the interviews.

Following this, recruitment began. Participants of this study were recruited from hospitals, clinics, and private practice offices in and around the Southern California area via fliers. Interested persons who met the criteria for inclusion were invited for an interview at a convenient location. In order to be included in the study, couples had to have been married for at least two years. The physician had to be out of residency for at least one year, and the non-physician spouse had to be working full time.

While theoretical sampling (Strauss & Corbin, 1998) was involved in this process, referrals were also gained through snowball sampling. The physician and spouse were interviewed together. Interviews were conducted that lasted between 1-1.5 hours. The interview began by asking the couple to share the story of how they met and what inspired them to choose their particular career. The couple was then asked questions about how their chosen careers impact their marital life and how they are able to cope with their lifestyle. If the couples had children, they were asked how childcare was managed. To enhance rigor during the early stages of the interview process, the research group met for debriefing and critiquing of the protocol as well as the process of analysis. In keeping with Strauss and Corbin's (1998) approach, data collection and analysis occurred simultaneously.

Participant Demographics

Altogether, thirty-four individuals formed the sample size for this present study; seventeen physicians and their professional spouses. Ten of the seventeen physicians worked either as primary care physicians or obstetrician gynecologists, and thirteen of them still had children living in the home. The couples in this study were married for an average of seven and a half years. The professions of spouses included the following: allied health, nursing, business, and information technology. Both partners were employed outside the home, and each was engaged in their careers for an average of forty hours a week. More data on participant demographics can be found in Table 1

Table 1

Participant Demographics

Gender of physician	Specialty	Gender of professional spouse	Profession
Female	Primary Care	Male	Allied Health
Female	Primary Care	Male	Higher Education
Female	Primary Care	Male	K-12
Male	Primary Care	Female	Nursing
Female	Primary Care	Male	Allied Health
Female	Obstetrics/Gynecology	Male	Higher Education
Female	Obstetrics/Gynecology	Male	Allied Health
Female	Obstetrics/Gynecology	Male	Information Technology
Female	Obstetrics/Gynecology	Male	Nursing
Male	Obstetrics/Gynecology	Female	Nursing
Female	Pediatrician	Male	Business
Female	Gastroenterology	Male	Information Technology
Female	Emergency Medicine	Male	Allied Health
Female	Emergency Medicine	Male	Business
Male	Urology	Female	Microbiology
Male	Internal Medicine	Female	Allied Health
Male	Surgery	Female	Nurse

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Measures

The protocol for this study included a demographic questionnaire along with detailed questions about how the couple met, the importance and stresses of work for each partner, childcare issues, and how the couple makes time for each other despite their busy schedules. The demographic questionnaire contained questions related to gender, age, nationality, country of origin, religious affiliation, medical specialty, number of years married, number of children, number of hours spent on childcare each week, number of hours spent on housework each week, and time spent with their spouse as a way of getting a better view of the sample. The reason for employing a semi-structured interview is due to its flexibility. While there were a limited set of questions that guided the interview process, the protocol for the current study allowed for new questions to be brought up during the interview as a result of what the interviewee said (Maxwell, 2008).

Data Analysis

In an attempt to explore how participants navigate their multiple roles, it became necessary to explore the details of their work and family lives. It was crucial to investigate how couples created a hierarchy of priorities in an attempt to make their lives function well. For these reasons, and because dual career couples of this nature have not been studied at length, the present study utilized exploratory qualitative inquiry, which included validating interpretations by comparing them against incoming data (Strauss & Corbin, 1998). This process involved accessing interpretations both with and between participant dyads, and against emerging data from interviews as the research progressed. This circular process of data collection and constant comparison continued until the researchers felt that the research reached the point of theoretical saturation (Strauss & Corbin, 1998). Data collection therefore consisted of semi-structured interviews with the physician and their professional spouse. Employing this type of interviewing allowed respondents to be questioned in detail about their attitudes and behaviors regarding career, family, parenting, and household issues.

All interviews were audio recorded, with the permission of the respondents, and additional notes were taken during and following the interview. The interviews were subsequently transcribed for data analysis and names were removed to protect the identity of participants, their families, and their places of employment as a layer of anonymity. A multisystemic interpretive analytical approach (Strauss & Corbin, 1998) was used. It began with inductive open coding of the first few interviews by the entire research team. This approach involved multiple reading of the transcripts and coding without the use of predetermined codes (Strauss & Corbin, 1998). A final coding scheme was developed using a reflexive process similar to constant comparison (Strauss & Corbin, 1998). This process included scrutinizing codes by searching for exceptions, disconfirming evidence, and continuing interviews until saturation was reached. Codes were refined, changed, combined, or omitted accordingly. These multiple stages generated a final list of codes that the researchers consider to be descriptive as well as conceptual. This was done while constantly keeping the participant's words in context.

Findings

Data from interviews reflected the lived experiences of physicians and their non-physician professional spouses and were aimed at exploring how couples in this sample navigated their family and career demands. Structural functionalism was used as a lens through which to view their stories. This led to the identification of common themes from the interviews. The concept that created the foundation for how dual career couples who consider themselves egalitarian, navigate their multiple roles, was

contextual appreciation of the physician work demands. The dynamics of having two professions in a marriage, coupled with the responsibility of parenting and other obligations, can be taxing for the most organized and determined persons. Since both partners had careers, it became necessary for the couple to hold one career central.

Contextual Appreciation of the Physician Work Demands

When couples valued their partner's career and what she or he was doing professionally, it became apparent that they were better able to navigate living in a marriage that had two professionals with demanding careers. This could be because they viewed their spouse as one who was a life partner as well as someone who was making a positive contribution to society. In order to make their relationship work, couples created a contextual appreciation of the physician's work demands. In the interviews, nowhere did any of the couples mention that this was something they set out to do. Based on the demands placed on the physician, it appeared that there was an appreciation for the work done by the physician's spouse.

Using the lens of Parsons' structural functionalism, it seems intuitive that the wives of male physicians would be the ones to show support for their husband's demanding career. While this is true, our findings show that the husbands of female physicians are no different. The conscious or unconscious decision of appreciating the physician's work demands was fundamental in being able to be a successful professional, parent, and partner. The couples spoke of this occurrence as a matter of career support.

A father of two, who holds an MBA and is married to a pediatrician, puts it this way: "I support my wife in her career...you know mainly listening to her and I have an interest in what she does." To this, the wife responded:

I think we work well together as a team. Almost as if we had a dress rehearsal beforehand. There was never a problem with this is my role, this is your role. We just stepped in and filled in when we thought there was a need. Nobody actually had to say anything. I think we communicate very well, have from the beginning...My husband is a great support...he helps me out a lot.

A female gastroenterologist married to a male software specialist noted support in a slightly different way, "He has always been supportive. His work hours are more definite than mine...He has a more definite schedule, so he has been taking on the brunt of the work when it comes to taking care of (child)." A female emergency physician who has two children and is married to a male accountant shared a similar sentiment:

He has a calendar and everything is mapped out. I (also) have a calendar, and actually his calendar is different than mine. His calendar has my work schedule and the kid's activities and class activities, when he has to be room dad...Balance and teamwork.

Another way that the participants negotiated their dual professional lifestyle was through discussion of accommodating to and supporting the physician. One husband taking on the role of primary caretaker and transitioning to working from home exemplified this. A female emergency department physician expressed sentiments similar to many of the participants whose husbands worked. She reported, "He has always been supportive...He has a more definite schedule so he has been taking on the brunt of the work when it comes to taking care of the kid. Like picking her up...He does a lot of it."

The idea that the physician's career takes priority over the other career is interesting and raises questions. One such question is whether the prestige of the medical profession seems to be more

significant than the issues of gender. Historically, and based on gender roles, there is a tendency to believe that with professional couples, the husband's career takes precedence. This, however, does not seem to be the case in marriages that involve female physicians. One can surmise that there is something inherent in the medical profession that gives greater deference over other professions. It may be that medical training influences one's tendency to be more dominant, or that those who enter the field of medicine have more dominant personalities (Schrijver et al., 2016). Certainly, the remuneration often associated with physician salary and handling life and death issues could somehow lead to a high appraisal of value for the profession.

Other ways of navigating two careers

Couples in this study were able to create a context of appreciation for the physician's work as they were learning to navigate two careers. Couples in this study did this in three distinct ways: familial support, non-traditional domestic and parenting roles, and paid help. Similar results have been discussed in previous literature (Perlman et al., 2015).

Familial support

Dual career couples often tap resources inside and outside of their family system to reduce overall stress (Staines & O'Connor, 1980; Isaac, et al 2013). Our data show that an individual's church and biological families not only served to assist with taking care of children, but for many couples, the presence of immediate and extended family assisted them with creating balance. Such entities acted as sounding boards that also gave encouragement and facilitated surviving their multiple role demands. A female microbiologist married to a male urologist mentioned, "We have family and (close) friends; and friends include of course, church friends...It really is nice to have a support group of people of like-minded values and beliefs." Emotional support was not the only thing that family members and friends provided. Some of them were available to assist with domestic tasks as well. A female gastroenterologist married to a male software specialist recounted, "... We have a lot more help from the families. My mother or his mother take on ninety nine percent of the cooking...Family is a big thing for us, so that helps."

The necessity of having this sort of support allowed both partners to effectively function in the role as career person. As a male pediatrician married to a female physical therapist stated, "You have to keep the relationship with your family alive." This couple was referring to the pull that their careers have. There is a certain level of personal fulfillment that is attached to being a professional who assists persons with getting better and seeing positive changes in their lives (Schrijver et al., 2016). The presence of this social support was used as a coping mechanism for professional families in this study. Not only can family members and alternative non-related caregivers provide low- or no-cost care, but the comfort in knowing that someone familiar is assisting with the development and care of children can reduce stress for dual career couples (Radcliffe & Cassell, 2015).

Non-traditional Domestic and Parenting Roles

Shared responsibility between partners seems pivotal in work-family harmony (Schwartz, 1994). Shared housework, mutual and active contribution to childcare, joint decision making, both inside and outside the house, are important in reducing the couple's sense of balance in work and family life. Several households have a seemingly equal division of labor where the wife does the 'inside work' and the husband takes care of 'outside work,' or the wife looks after children while the husband takes care of finances often seem like equal division of labor (Schwartz, 1994). The reality is that such marriages are not 'equal' and are still somewhat defined by gender-based expectations. Instead, an adjustment to

mutually sharing responsibilities and the tendency to value each other's aspirations and work-life goals are important in achieving the work-family balance (Radcliffe & Cassell, 2015).

The reality of having to work and still maintain a functional family life gave couples the opportunity to evaluate how domestic duties would be handled. Couples in this study were willing to adopt fluid domestic roles, and it became apparent that female physicians, more than their male counterparts, were provided with more accommodations. Some couples viewed their non-traditional roles as working as a team, while others spoke of the experience in terms of whoever was available to complete work inside of or outside of the home.

The reality of role sharing allowed the couples to be able to negotiate the multiple roles involved in being a dual career couple with a certain amount of ease. It must be understood that the non-traditional roles that these couples adopted were not the cure to their dilemma, but they certainly did assist in making the challenges more manageable. A female obstetrician and gynecologist married to a male college professor put it this way: "He really had to pick up basically being you know the 'wife' in the relationship. He did all the housework, he did the grocery shopping, he did the laundry, pretty much everything." Her husband then added, "I will clean up the kitchen, I tell her, okay, you cook and I will clean it up and it will be no problem." A similar dynamic was also seen with a female primary care physician and her husband who is a middle school teacher:

I know there are times when he is frustrated when I tell him I will be home at one time and I'm not, I know that frustrates him. I feel like I can do my job the way I need to because I know he is taking care of the kids. I know they are taken care of and I can finish up what I am doing, but I know it frustrates him sometimes.

Couples who worked as a team, valued discussion about how they would function as a family, and made sure to have such discussions on a regular basis. A businessman married to a female pediatrician stated it this way, "We really work well together, with each other, and with the kids...I think we communicate very well, have from the beginning." To this, his wife added:

My husband helps out as much as any man can help out somebody; in the house and with the kids which is a big deal...As much as I love my kids it's stressful raising children. So when he is here he says I will take them to the park to let you relax. That's big deal. If he plays hide and seek with them and I get a chance to sit down. It helps a lot in giving me a chance to sit down. That's big for me in having a moment to get my adrenaline down so I can be a mom. So he helps a lot.

A female emergency physician shared this experience about how she and her husband who is an accountant manage shared labor:

...if something isn't cooked I will pick up and cook if I can. We cross over roles...In general there is nothing really stated; we don't state "oh you're going to do XYZ." If I'm off and there is laundry to be done, like ironing for example then I will just start ironing. I don't say well it's his job and I'm going to leave it for him.

Gender roles are changing at work and at home (Goldscheider et al., 2015), and this requires fluidity in domestic roles. In our study, both partners were faced with the reality of meeting domestic needs while still functioning as professionals. This balancing act involved rearranging household responsibilities in such a way that things functioned smoothly and seemingly effortlessly. The adaptation of non-traditional domestic and parenting roles functioned to create equilibrium in the lives of these dual career couples.

Paid Help

The final way that couples in this study were able to navigate living in a dual career marriage was through hiring someone to assist with childcare and domestic work. Most of the couples in this sample had young children who required higher levels of attention and care. Although immediate and extended family members often lent aid, there were couples who had to hire someone to assist with childcare as well as household responsibilities.

A male internal medicine specialist married to a female physical therapist mentioned, “We do a little bit every day. Some days nothing gets done, other days everything gets done... We do have a lady that comes when we need her.” A female obstetrician and gynecologist married to a male college lecturer also described her experience with paid help:

We found some lady to clean our apartment and she’s cleaned our apartment for like 2 years. And that’s like the best thing it took a weight off my shoulders and then I could pay the bills and straighten up and do you know, the laundry and the dishes... I just could not do all of it and work a full-time job.

A female nurse and her husband who is a surgeon who were both in their second marriage mentioned that hired help was one way to ensure that their home remained cleaned; “Somebody comes in to do it; we pay somebody.”

Extra familial assistance with the care of children was a part of the reality of a female general practitioner and her husband who is a middle school teacher: “We have a babysitter till three and then [the husband] comes home from school.” We see then that for dual career couples in this study, it was difficult to find time to sit down and relax for a few minutes each day, and it was also hard to find time to thoroughly clean their home and care for the children. This strain led many of the couples to hire someone to assist with the tasks of housekeeping and childcare.

Discussion

The goal of this study was to elaborate on how physicians and their non-physician professional spouses navigated the challenges inherent in their work and family roles. Based on data from this study, there are at least three ways that this was achieved: through the aid of familial support, by utilizing non-traditional domestic and parenting roles; and by employing paid help. Moreover, the current findings suggest that these three ways of managing the dual career roles become considerably easier once the couple can create a contextual appreciation of the physician spouse’s work demands. Whether this is done intentionally or not, that appreciation helps to mediate the challenges that arise from living in a dual career marriage.

In the present study, the discussion regarding whether or not one member of the couple should stay at home to engage primarily in the domestic sphere was not existent. Both partners were equally committed to their careers and derived gratification from such involvement. As such, it seems that this family arrangement was inconsistent with the gendered responsibilities often seen in other family arrangements. Each spouse had the capability to develop and survive as a relatively independent social and economic unit, yet one career had to take center stage. The choice to prioritize the career of the physician spouse may not have been as a result of the economic advantages of a physician’s salary, but rather the prestige attached to profession. In the current sample, there were more female physicians than male physicians. While there were no indications in this study that the couples had conversations about whose job would take priority, this accommodation to the profession of the physician raises questions related to the intersection of being a female physician with the potential for higher earning power.

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Parsons (1964) talks about instrumental and expressive roles within relationships as a way to understand and categorize division of work. Parsons describes the role of husbands as instrumental. Husbands were expected to be dominant and the provider of instrumental resources that often required heavy involvement in work outside the home. On the other hand, the wife was expected to play the expressive role that was person-oriented and emotionally laden. Her responsibilities included ensuring that the family maintained equilibrium and functioned as a well-oiled machine. Parsons (1964) further stated that any deviation from this would create family dysfunction. In this current research, we see, however, a different picture in which... It appears that the structural functionalist perspective was more relevant during periods when family and paid work were divided among gender lines.

Another noteworthy area of the current research is the fact that dual career couples had to employ non-traditional gender and parenting roles in an attempt to create equilibrium in their family and work lives. According to a study conducted by the Families and Work Institute (Wang & Repetti, 2013), gender roles at home have changed, and the role of fathers in the home has expanded. Since 1977, fathers have increased the time they spend doing household chores on workdays by approximately 42 minutes. Interestingly, mothers have reduced their time involved in housework by the same amount, although they still do more than fathers. This suggests that the amount of time that couples with children spend on household work has not changed. What has changed is how that labor is divided. While fathers appear to be taking more responsibility than they used to, women are still much more likely to shoulder greater overall responsibility in other home activities, such as cooking and childcare.

There appears to be a symbiotic balance that occurs when wives work outside of the home, as the wife's absence encourages men to become more involved in housework (Haddock et al., 2001; Perrone & Worthington, 2001; Isaac et al., 2013). Through the lens of structural functionalism, one sees that the nature of one part of the system (paid work) had an impact on an additional part of that system (family responsibilities). In order to function and maintain equilibrium in their family system, couples in this study had to be involved in teamwork that would give a certain level of balance to their lives. In this study, balance was maintained through familial support, employing non-traditional domestic and parenting roles, and paid help, as the couples saw it necessary to find the most effective way to be a professional, a parent, and a partner.

In this study, there was more discussion about the experiences of being married to a physician rather than being a part of a dual career couple. It would appear that the title of medical doctor is one that is held in high regard by spouses of physicians (Parry & Parry, 2018). The prestige of the medical profession therefore made it easier for the non-physician spouse to make himself or herself more available to take responsibility for domestic chores. This division of labor helped in balancing roles (Wang & Repetti, 2013; Isaac et al., 2013).

From the lens of structural functionalists, gender assists in maintaining social order by ensuring and providing the stability of functional prerequisites. According to the functionalist perspective, while gender roles are beneficial in that they contribute to stable social relations, many argue that gender roles are discriminatory and should not be upheld (Grusky, 2019). The feminist movement, which was on the rise at the same time that functionalism began to decline, takes the position that functionalism neglects the suppression of women within the family structure. The goal then is to use the lens of feminist theory that provides for more fluidity and adaptation of gender roles. As such, if one or more parts significantly conflicts with others, others must adapt. This is evident in the current research and supports the tenets of feminist theory.

Couples in this study were able to do this by seeking the aid of other individuals. Couples in dual career marriages face many work-family issues due to the multiple roles that are placed on them. It is hardly surprising, therefore, that individuals within such marriages find it difficult to juggle their multiple roles. This research discusses only three ways that such challenges can be confronted. Once partners are aware that both will, at some point in their marriage, be engaged in paid labor, the discussion about how that reality will be navigated should begin. In general, such findings are consistent with other studies involving dual career couples (Bunker, et al., 1992; Uma, 1983; Ly, et al., 2015).

There are two concepts that differ from this current research and previous studies on similar populations. Firstly, the issue of contextual appreciation of the physician work demands has not been well articulated in the dual career literature. There is something distinct about the dynamics of marriages in which one partner is a physician. This uniqueness allows their relationship to stand outside of the gender drama. The motives and reasons behind this decision have not been investigated thoroughly. Secondly, current literature does not adequately address the interaction between female physicians and their spouses. While former studies have noted that female physicians are more likely to be involved in domestic responsibilities (Shanafelt et al., 2013; Perlman et al., 2015; Warde et al., 1999), few studies have discussed how her professional spouse supports her career.

Men have dominated the practice of medicine, but with the changes in this system all spheres of society are now required to adjust. Regarding the assignment of instrumental and expressive roles, gender appears to matter less for couples in this study. The holder of the medical degree is seen to be more instrumental, while his or her spouse is expressive. This change from Parsons theory requires additional attention. Studies must now consider medical doctors in relationship to the multiple systems in which they function. Based on the question being explored and the themes that emerged one can see that being aware of this knowledge can be useful in helping dual career couples in which one partner is a physician. Information from this study can be useful in making such couples aware of how they can navigate the demands of being a part of a professional couple. The results of this study contribute to the existing literature on dual career families by highlighting the ways in which couples navigate the duties of being a professional while being a part of a family unit. Possibly the area that is most noteworthy is the notion that one career dominates the other.

It must be noted that the lines are not as clearly demarcated and certainly not on the basis of gender, in this current study. Instrumental and expressive roles are played out differently in these couples and occur based on profession. Although many of the non-physician spouses received similar remuneration, there still seems to be a greater deference given to the physician's career. As such, physicians appear to be the ones that are more instrumental while their professional spouses are more expressive. Parsons' theory does a good job of describing more traditional family styles, however, with the changing climate of families this theory may need to be amended to address the roles within professional families.

Strengths and Limitations

It must be noted that the current study adds to qualitative literature on dual career marriages involving physicians and their professional spouses. This research also looked at couple data versus individual data, adding to the research that is currently available on dyads. Methodological strategies that focus on the dyad as the unit of analysis will make it possible to understand how spouses shape each other's attitudes and behaviors over time, as well as the consequences of those interactions for the marriage and individual psychological functioning.

There are a number of limitations that characterize this current study. The sample was somewhat constricted in that it consisted mostly of religious persons based in Southern California, who identify with few medical institutions. Also, multiple methods of triangulation were not used throughout. These data were gathered in a single interview. This study, employing a qualitative analysis, cannot produce results that are generalizable, yet assumptions regarding other professional couples may be drawn.

Suggestions for Future Research

Due to the changing reality of couples, research may consider investigating how the marital expectations in dual career couples influenced whose career takes precedence over the other. One area that would be worthy for further research is looking at the process involved in selecting which career takes more precedence over the other.

There is an abundance of evidence that suggests that work and family roles are often the fluid and dynamic in nature. Future research on the management of multiple roles would benefit from a life-course perspective that guides researchers to examine differing work and family trajectories that take shape over time, with attention to the precursors and outcomes of these different paths.

It was observed that there has been a steady increase in the number of dual career couples in the United States, and one can expect that the challenges associated with managing the multiple roles of these families will be a present reality. From this present study, it was seen that many of the couples were able to make a relatively good adjustment to a dual career lifestyle. However, the more unique features and nuances of these dual career families regarding work and family need further investigation.

In current Western cultures, particularly in the United States, completing medical school endows the individuals with an elevated social capital that is not given to many of the other professionals. Future research may focus on mobility orientation for physicians and how that plays out in the context of spouse attitudes toward the work of the physician, and resultantly, the influence of work demands on involvement in the domestic sphere.

This present study has implications for theory, research, and practice of family life education. Using a qualitative approach, the study was able to explore the lived experiences of couples in this study, highlighting the need for further investigation of their reality. Other studies can consider development of theories that can assist in our understanding of the dynamics of dual career marriages, and increased awareness of the processes that are involved with navigating multiple roles.

This study was able to yield important insights using qualitative methods. Many of the previous studies used quantitative methodology, neglecting the voices of the population under investigation. The ability to explore, interpret, and explicate these experiences, as attained in this study, suggests the need for more qualitative inquiry to better understand the phenomenon in question relative to the support that can be derived from family support, the fluidity of gender roles, as well as the inclusion of paid help. Finally, this study informs social and behavioral scientists about the unique features of physician work life, thus enabling better effectiveness in working with such groups.

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