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Lean on me: an exploratory study of the spousal support received by physicians

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This paper uses interview data from physicians and their spouses to describe the types of spousal support physicians receive when coping with work-related stress and to explore whether they vary by occupational similarity, gender, and parental status. The physicians described receiving different types of spousal support: emotional, informational, and instrumental. Male physicians in this study often reported receiving emotional support from their spouse, consistent with the support gap hypothesis in the literature. An unexpected finding is that from the responses of the physicians' spouses, the husbands often reported *offering* emotional support to their physician spouse. Physicians who shared similar occupational and work experiences with their spouse (i.e. married to another physician) reported receiving informational support from their spouse, consistent with the theory of homophily. Finally, the findings also suggested that once physicians have children, their wives often reported providing instrumental support by being primarily responsible for childcare and housework. An interesting finding of this study is the discrepancy between the physicians and their spouses in their perceptions of support.

Keywords: spousal support; social support; occupational similarity; physicians; professionals

Introduction

One way individuals often cope with work-related stress is by relying upon support from others (Thoits, 1982, 1986, 2011). Although individuals may turn to a various people for support, including friends and colleagues, spouses remain one of the most vital sources (Walen & Lachman, 2000). The literature suggests that receiving support from strong ties, such as one's spouse, is effective for dealing with the stresses associated with one's job (Bures, Henderson, Mayfield, Mayfield, & Worley, 1996; Thoits, 2011).

The purpose of this paper is to describe the different types of support physicians receive from their spouse in response to work-related stress and to explore whether they vary by certain statuses. Interview data collected from physicians and their spouses are used to identify the different types of support physicians' husbands and wives offer, and those that physicians feel they receive from their spouse.

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Review of the literature

Research suggests that couples who work in similar occupations or share similar work experiences will be better able to provide support to one another in coping with work-related stress (De Groot & Wallace, 2011; Halbesleben, 2010; Halbesleben, Wheller, & Rossi, 2012). Suitor and Pillemer (2000) call this “experiential similarity,” and suggest it enhances one’s empathetic understanding from experiencing similar situations. Therefore, being married to someone in the same occupation (occupational similarity) may help individuals cope with their work-related stress. The literature also suggests that, for physicians, spouses in a dual-physician marriage may have better spousal support from their shared professional experiences compared to spouses working in different occupations (Janning, 2006; Smith, Boulger, & Beattie, 2002; Sobecks et al., 1999). In fact, dual-physician marriages have lower divorce rates compared to single-physician marriages, perhaps because spouses share understanding and empathy for their work (Sotile & Sotile, 2002). In this study, comparisons are made between physicians whose spouses share similar work experiences (e.g. their spouse is a physician or works in a health-related field) with those whose spouses do not.

The literature indicates that marital relationships, however, do not always provide equal amounts of support for husbands and wives. Belle (1982) introduced the “support gap hypothesis,” which contends that some women may receive less support from their spouses than men may receive from theirs.’ She claims this gap results from gender role socialization, where women are often expected to be providers of support and nurturance (Neff & Karney, 2005; Xu & Burlison, 2001). As children, girls are generally socialized to be more emotional and interpersonal in their interactions, whereas boys are socialized to control their emotions and to be engaged in problem-solving efforts. This suggests that women more often seek and offer emotional support, whereas men tend to use more problem-solving tactics where they tend to seek or offer instrumental support (Kessler & McLeod, 1984; Thoits, 1995). In this study, we contrast and compare the descriptions of support that husbands and wives report receiving from one another.

The literature documents that many physicians feel strain and guilt as a result of their professional and personal roles. For women who work fulltime, many of the household and childcare activities are still primarily their responsibility (Izraeli, 1994; Katz, Monnier, Libet, Shaw, & Beach, 2000; Sobecks et al., 1999). Therefore, often due to a lack of time and energy, wives may find it difficult to combine work and family and take care of the needs and wants of different family members (Simon, 1995). Moreover, if couples have children, even when the wife is a professional, she typically takes on more of the childcare responsibilities than the husband. This may leave her with less time and energy to devote to being a supportive spouse. This is also explored in this study.

Data and methods

Sample

The sample includes 31 married physicians and their spouses from a single health region encompassing a major urban center and its surrounding rural areas in Western Canada. A quota sampling strategy was used to select participants. Face-to-face interviews were conducted with the physicians and telephone interviews were carried with their spouses.

Table 1. Descriptive information of physician sample ($n=31$).

<i>Work characteristics</i>	
Hours Worked per Week (not including call)	
Mean	59
Range	30–105
Take call, n (%)	27 (87%)
Years practicing medicine, years	
Mean	14 years
Range	1–35 years
<i>Family characteristics</i>	
Year married, years	
Mean	18 years
Range	1–41 years
Parental status, n (%)	
Not a parent	5 (16%)
Preschool-aged children	10 (32%)
School-aged children	12 (39%)
Adult children	4 (13%)
Occupation of spouse, n (%)	
Unemployed	5 (16%)
Physician	5 (16%)
Other health-related occupation	2 (6%)
Other professional occupation	16 (52%)
Other ^a	4 (13%)
<i>Demographics</i>	
Sex, n (%)	
Male	19 (61%)
Female	12 (39%)
Age, years	
Mean	46 years
Range	35–64 years

^aIncludes one spouse in university and three spouses working as the office manager of their physician husbands' practice.

The sample consists of 12 women (39%) and 19 men (61%) who were married 18 years, on average. Approximately, 84% ($n=26$) had children living at home with them, and of those, 32% ($n=10$) had preschool-aged children. On average, participants were 46 years old and practiced medicine for 14 years. They worked an average of 59 h per week (excluding call), which ranged from 30 to 105 h. They represent physicians from a variety of different medical specialties. Refer to Table 1 for descriptive information of the sample.

Of the physician spouses, five of the wives and none of the husbands were also physicians. Two spouses worked in another health-related occupation, and three worked in their physician spouse's office as the office manager. Four of the wives and one husband did not work outside the home at the time of the study.

Data collection

The interview data were collected primarily through semi-structured, open-ended questions. Physicians were asked who they receive the most support from when they have a particularly stressful day at work, and what that person does that they find

supportive. They were also asked whether or not they feel that their family is understanding and supportive of their career in medicine. Similar questions were asked of the physicians' spouses. The spouses were asked to describe how they see their role in helping their physician spouse cope with the stresses of their job. The physicians were also asked to report relevant demographic information.

Data analysis

The interview responses were analyzed using a thematic content analysis to identify and interpret patterns and themes within the data (Attride-Stirling, 2001; Braun & Clarke, 2006). Codes and memos were used to structure the data for analysis. Coding was used to organize and interpret the data in a structured manner (Attride-Stirling, 2001). Memos were used to record the decision-making process, to note key words that illustrate what each theme represented, and to ensure useful information was not missed. The findings presented below are accompanied by quotations that illustrate the themes identified in the interviews. These quotations were selected because they best reflect a particular theme or the opinions and sentiments conveyed by the participants.

Results

Three core types of spousal support were described by participants that correspond to those identified in the literature and reflect emotional, informational, and instrumental support. Emotional support refers to offering sympathy, understanding, love, and caring (Neff & Karney, 2005; Thoits, 1995). Informational support refers to offering suggestions, information, advice, and guidance (Wills, 1985). Instrumental support refers to assistance by providing help, goods, or services of some kind (Thoits, 1995).

In the interviews, emotional support was often represented when participants described their spouse as listening and showing concern. Informational support was depicted by their spouse offering advice and sharing an understanding about the nature of the job or specific work stress. Instrumental support was illustrated by participants' descriptions of their spouse managing the household and childcare responsibilities. Each

Table 2. Prominent themes from interview data on types of support.

Type of support	Physicians' descriptions of spouses' support	Spouses' descriptions of support provided
(1) Emotional support	S/he's a good listener	I listen to problems/act as sounding board
	We discuss the work day	We discuss the work day
	S/he shows concern, empathy and sympathy	I remind him/her of big picture
(2) Informational support	S/he is patient	I make him/her laugh
	S/he understands the stresses, knows the ins and outs	I understand the stresses
(3) Instrumental support	S/he takes care of housework	I take care of housework
	S/he takes care of children	I take care of children
	S/he ensures I don't have the stress of stuff at home	I take care of every other detail of his/her non-work life
		I have made career sacrifice to stay home with the children

type of support is described in greater detail below with particular attention to how it varies depending on the spouse's occupational similarity, gender, or parental status. Table 2 provides a summary of the spousal support themes.

Emotional support

Emotional support was often described by both physicians and spouses, regardless of the spouse's occupational, gender, or parental statuses. Both frequently expressed the importance of listening, just "being there," and showing concern as supportive. Emotional support is illustrated by quotations from a physician and a spouse:

When I get home, I talk to my husband ... So he's a very good listener; he's an extremely good listener.

I think he [the physician] uses me as a sounding board a lot.

Consistent with the support gap hypothesis, female physicians appear less likely to report receiving emotional support from their spouses than male physicians. However, female physicians who did receive such support from their husbands were often very expressive and appreciative of it, as reflected by the following female physician's account:

He'll just listen to me talk about things he actually doesn't understand any of the details of it (he's not a medical person). It's just a colossal amount of alphabet soup to him ... he's a really patient listener and I think he does get tuckered out at times ...

The male physicians who felt that their wives were supportive also appeared appreciative, but often described their supportiveness in much less detail. For example:

If I have a tough day I think the best thing is a nice dinner with my wife and with a glass of wine and just discuss the day.

While the male physicians often reported *receiving* support from their spouse, their wives' responses tended to contradict the support gap hypothesis. Instead, the husbands frequently reported *offering* support to their physician spouse. The physicians' husbands often emphasized their efforts, as the following excerpt illustrates:

I try and be supportive in discussing her work day such that she has an outlet for any frustration, so she has someone to talk to about her tough day at work ... even though some of the technical details obviously are lost on me, I generally understand what the themes are so as far as a sounding board for issues like that is probably the best way that I can be helpful.

Informational support

Informational support was also often described by both physicians and their spouses. All of the physicians who described receiving informational support, however, were men whose wives shared either "experiential similarity" or "occupational similarity" in that they worked in their medical office or were also a physician. None of the female physicians described this type of support, but none had husbands who were physicians or who worked in their office.

A family physician whose wife works a couple days a month in his office explains how she is able to provide him with support:

... probably my wife, 'cause my wife's on a daily basis we tend to talk about it. And my wife does work here periodically, ah, fills in for my staff when they're away or sick and so she knows everybody here and knows the ins and outs and knows what happens, what the kinds of stresses might be.

As indicated in the literature, spouses who share similar work experiences appear better equipped to provide advice, information, and guidance in helping cope with work-related stress. The wives who provided informational support to their physician husbands often explained that they share similar work experiences. Although these physician couples work in different specialties, they share an understanding about the nature of medical work and turn to each other for support. First is a quotation from a physician wife:

Yah, because I understand a lot of the stresses that he goes through because we're in similar situations.

The following pair of passages is from a married couple who are both physicians:

My wife is also a doc so it doesn't take very much, you don't have to describe your day very much to know what's going on. Yah, she just understands and yah, we move on and yah [laugh] I mean we talk about it, there are shared experiences.

Um, he comes home and he'll vent about it or he'll tell me all about it. I mean I do the same work, so he'll talk to me about it.

Instrumental support

The instrumental support described by physicians' spouses in this study primarily reflects help with performing housework and childcare tasks, consistent with the literature (King, Mattimore, King, & Adams, 1995). Below is a typical description from a physician's wife who explains how she takes on more of the household responsibilities to alleviate the home-based stressors for her physician spouse. This wife has her own business and works part time:

You know people that work like doctors can't do that unless they have a tremendous amount of support on the home front. So if you have a doctor who is married to another doctor they often have housekeepers, nannies etc. I have given up my career as a [occupation] because I found that it was too demanding at the level I was at, for us both to have that kind of professional life and have a child ... But really, for a doctor to work as much as my husband does, and the only thing he really has to do at home is change a light bulb and take out the recycling ... and the garbage ... and if you think that every other detail of your life is looked after for you, you don't have to think about how the laundry gets done, how the food gets cooked, how the bills get paid, how anything gets fixed in the house, how the lawn gets mowed [laughs], then really it frees you up to work at that level. So I can say, I look after every other aspect of his life and that's how it's worked, how he can work as much as he does.

Only one physician recognized receiving instrumental support from their spouse, and she was a woman whose husband stayed home to manage the household and childcare

activities. They have been married for almost 20 years and have several school-aged children. This couple was an anomaly and both explained how the husband took over all of the childcare and household tasks so that when she comes home from work she can relax and everything is taken care of.

Following Simon (1995), it appears that the wives in this study find it difficult to combine work and family and the needs and wants of different family members. If physicians have children, the wives appear to take on more of the childcare responsibility than the husband, which leaves her with less time for her husband and ultimately less time to devote to support. The following physician illustrates this:

I don't find her very supportive in terms of [work stress] ... she has her own issues with [the children] and stuff and running around with that.

Discussion and conclusions

This paper described the different types of support physicians reported receiving from their spouses in response to work-related stress, and explored whether they vary by three statuses. The support gap hypothesis predicted that husbands would receive more support from their wives, which was illustrated in this study in terms of the emotional support *received* by physicians. However, the physicians' spouses' responses appear to contradict the literature and the physicians' reports, particularly as the husbands often expressed how they *offered* emotional support to their physician wives. Perhaps wives may minimize the amount of support they provide their husbands because they are traditionally expected to be more supportive of their husbands and their careers (Kessler & McLeod, 1984).

Informational support was also described by participants. Interestingly, all of the physicians who received informational support had wives who either worked in their office or were also physicians, supporting predictions from the homophily literature regarding occupational and experiential similarity. There were few occupationally similar (i.e. dual-physician) couples interviewed, but these couples felt that because of their similar work experiences, they understood each other's work-related stress and were able to offer and/or receive informational support in the form of relevant suggestions, information, advice, and guidance.

A limitation of past research on experiential similarity is that it usually focuses on emotional support (see Janning, 2006), but neglects informational support that may stem from shared work experiences (exceptions include Halbesleben, 2010, Halbesleben et al., 2012, Wallace & Jovanovic, 2011). It was clear from these interviews that informational support was offered in terms of advice and suggestions by occupationally similar spouses.

While only one physician acknowledged *receiving* any instrumental support from their spouse, many of the physicians' wives indicated they were *providing* such support. This may reflect the "invisible labor" (DeVault, 1991) that women often take on in performing household tasks and childcare, and reinforces the notion that it is part of their gendered identities and is perceived as something natural for women to perform. In other words, when women do housework it is invisible because it is taken for granted, yet when men perform the same household tasks it is highly visible and noticed.

The results of this study parallel those in the literature that show parents tend to be less supportive spouses than nonparents. If couples have children, they are often busy with childcare responsibilities, leaving less time and energy to devote to supporting to one another (Simon, 1995). There were also differences observed between male and female physicians who were parents. Since mothers are typically responsible for

childcare and housework, they often reported providing instrumental support to their physician husbands. The male physicians, however, did not mention receiving this type of support.

An interesting finding of this study is the inconsistency between the physicians and their spouses in their perceptions of support, particularly instrumental. It leads one to question how the results would unfold if instead of examining the support physicians *received*, research focused on the support physicians *sought* and/or the support spouses *offered*. Several physicians in this study reported that they did not seek support because they did not feel stressed from their work or they used other coping strategies. Several others indicated that they sought support from their spouse but they did not feel they received any. Although the literature suggests that the perception or belief that support is available is more important than actually seeking or receiving social support (Thoits, 1995), this inconsistency should be examined more thoroughly in future research.

Although this study has made important contributions to the existing literature on social support and the interface between the work and the family domains, there are some limitations that should be addressed. This study examined physicians, a very unique, high-status occupation, and some findings may be limited to physicians or other professionals. Future research should examine workers in other occupations to understand how spouse's occupational status, gender, and parental status may be related to spousal support across different occupations. Research might also explore support across different family circumstances, such as cohabitating and same-sex relationships. Finally, research might also incorporate quantitative data to explore the beneficial effects of receiving certain types of support.

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