

The Intersection of a Life Partner and Professional Wellness for the Plastic Surgeon

Rachel Guest, MD*
 Kailash Kapadia, MD†
 Kelly Ledbetter, MD‡
 Carlos Martinez, MD, MPH§
 Ines C. Lin, MD MSED¶

Summary: Our literature review describes the complicated intersection of the physician/surgeon's professional practice and their spouse/domestic partner, acknowledging that the existing literature specific to plastic surgeons is limited. Nevertheless, the broader research of physicians and other surgical fields identifies many risk factors for work-home conflicts, which can negatively impact the surgeon and the spouse. Furthermore, certain studied groups have other unique challenges and considerations, such as women surgeons, residents, and dual-physician couples. Fortunately, the presence of a domestic partner has been shown to benefit the surgeon in multiple ways. Finally, we summarize some strategies to support and maintain this important relationship. (*Plast Reconstr Surg Glob Open* 2025; 13:e6438; doi: [10.1097/GOX.00000000000006438](https://doi.org/10.1097/GOX.00000000000006438); Published online 29 January 2025.)

HISTORICAL BACKGROUND

The influence of a career in medicine on personal relationships has been an area of interest since the early 1970s. Derdeyn¹ postulated that physician response patterns to stressors made it “increasingly easy (for physicians) to invest themselves in their career and divest themselves of spouses.” Nearly a decade later, Gabbard² described the “compulsive triad” of physicians, consisting of doubt, guilt feelings, and an exaggerated sense of responsibility. He suggests that these traits, along with excessive conscientiousness, cause issues in all aspects of the physician's life, leading to difficulty relaxing, reluctance to allocate time to family, inappropriate and excessive sense of responsibility for things beyond one's control, guilt feelings that interfere with a healthy pursuit of pleasure, and confusion of selfishness and healthy self-interest. He summarizes by stating “[h]erein lies the grand paradox: compulsiveness and excessive conscientiousness are character traits that

are socially valuable, but personally expensive. Society's meat is the physician's poison.”² Ultimately, these ideas resulted in a belief that marital satisfaction must be lower and divorce rates higher amongst physician couples, despite multiple studies refuting these concepts.^{3–5} In fact, it was even suggested that physicians may maintain relationships and report satisfaction to “maintain a certain image.”⁶

Three decades later, interest in the topic was reignited, possibly in response to an increasing number of physician-physician marriages.⁷ Dyrbye et al found that physician-physician couples were more likely to experience career and work-home conflicts, with surgeon couples facing even greater challenges in these areas.⁸ In addition, these physician-physician couples were more likely to have made significant sacrifices in their personal lives, including delaying having children and not having enough time for family and personal life. When women surgeons were specifically surveyed, this subpopulation was found to have more burnout symptoms compared with male surgeons, with identified risk factors including recent work-home conflict and resolving the most recent conflict in favor of work.⁹ Unfortunately, this study also noted that most work-home conflicts among physicians are resolved in favor of work, worsening feelings of burnout and discord.

Although, historically, many studies regarding the impact of a medical career on intimate relationships assume a male physician with a nonworking female spouse, the landscape of medicine no longer reflects this. In addition to women representing a greater percentage of the medical field and workforce overall, physician partners may be nonspousal and include both the same-sex and opposite-sex individuals. In 2013, in light of increasing female representation, Isaac et al¹⁰ sought to better

From the *Department of Plastic Surgery, University of Kansas Medical Center, Kansas City, KS; †Division of Plastic Surgery, Rutgers New Jersey Medical School, Newark, NJ; ‡Division of Plastic Surgery, Department of Surgery, Carver College of Medicine, University of Iowa, Iowa City, IA; §Division of Plastic and Reconstructive Surgery, University of South Carolina School of Medicine/Prisma Health, Columbia, SC; and ¶Division of Plastic Surgery, Department of Surgery, Perelman School of Medicine, Perelman Center for Advanced Medicine, University of Pennsylvania, Philadelphia, PA.

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understand the male partner perspective. Unifying themes included challenges of time negotiation; supporting and protecting their spouse from home duties, sometimes at their own expense; and a belief that their job came second to the physician spouse's career. All nonphysician male spouses in this study assumed the role of "primary household caretaker." Hence, although gender roles within the medical relationship may differ from those assumed in the late 1900s, the role of the nonphysician partner as a primary source of support remains dominant.

WORK-HOME CONFLICT AND THE DOMESTIC PARTNER

Every field of medicine has its own specific culture, rewards, and challenges. Compared with other specialties, surgical fields tend to have longer residencies and can have inflexible and demanding work schedules that affect a surgeon's ability to spend time with their domestic partner and family. Though personal career satisfaction remains consistently high in numerous studies, surgeons tend to have a higher prevalence of burnout, psychiatric morbidity, and depression compared with other physicians.^{8,11,12} These factors place a unique strain upon work-life balance and personal relationships.

Work-home conflicts significantly influence career satisfaction and mental health and may be contributing factors in the surgeon's decision to reduce work hours or change their practice. In 2010, the American College of Surgeons (ACS) members survey found that 52% of surgeons had experienced a work-home conflict in the previous 3 weeks.¹³ Their multivariate analysis showed that more hours worked per week, more frequent overnight calls, having children, being female, and working at a Veterans Administration or academic center, were independently associated with an increased risk for work-home conflict. Older age and subspecialty fields (ie, breast, cardiothoracic, and transplant) reduced the risk. Although no studies have been performed to specifically evaluate these issues in plastic surgery, the subspecialty of plastic surgery may be somewhat protective, as there may be relatively fewer surgical emergencies and a greater degree of surgeon control in scheduling elective cases.

Furthermore, these work-home conflicts have emotional, psychosocial, and professional consequences. Surgeons with a recent work-home conflict were more likely to have symptoms of burnout (37% versus 17%), depression (51% versus 28%), alcohol abuse/dependency (17% versus 14%), and were less likely to recommend surgery as a career option to their children (46% versus 54%).¹⁴ As stated previously, work-home conflicts were also independently associated with surgeons reporting their intent to reduce clinical work hours or leave their current practice in the next 24 months for a reason other than retirement. This finding was more common for female surgeons in their 40s and male surgeons in their 50s, and the most common reason cited for workload reduction was the desire to spend more time with family.

Takeaways

Question: How does a surgeon's life partner impact the surgeon's well-being, and how does a surgeon's practice impact their partner and home life?

Findings: This literature review identified that work-home conflict is common for surgeons and can lead to burnout and subsequent professional and personal decisions. Residents, female physicians, and dual-physician couples have additional challenges. Their domestic partners can significantly improve aspects of personal and professional satisfaction.

Meaning: The surgeon's life partner can be an important resource for mitigating these conflicts that are associated with burnout.

Female Physician Relationships

Despite a current environment of gender parity in medical school classes and a growing number of women in the physician workforce, women physicians and surgeons have unique challenges in seeking balance and satisfaction of both career and home life, as shown in many studies. In the literature and anecdotally, women physicians often choose to restrict hours of practice. A survey of female physicians conducted in 2003 noted that regardless of working full-time or part-time, working the preferred hours was associated with increased life satisfaction.¹⁵ Another survey noted that women who worked reduced hours had improved career satisfaction and the quality of their home lives.¹⁶ Although these findings may seem encouraging, these findings do not address external pressures, such as disparities in pay, social norms or expectations, and implicit biases, which create an unequal field compared with their male counterparts. In cardiothoracic surgery, women earn \$0.71–0.86 compared with \$1.00 earned by men of equivalent academic rank.¹⁷ Skinner et al¹⁸ noted in a cross-sectional survey that married female physicians and those with children are associated with lower earnings due to decreased working hours. In their same survey, the income gender gap starts at 35 years and persists until retirement. Furthermore, female physicians have fewer opportunities to perform surgery with higher reimbursement compared with their male counterparts.¹⁹

Other challenges faced by female physicians include balancing career goals and traditional gender-based norms for bearing and raising children. Multiple studies have demonstrated a greater burden on female physicians compared with male physicians in terms of childcare and household duties.^{20,21} One survey also noted that female physicians with physician partners were more likely to have delayed having children or believe that child-rearing slowed their career advancement, while also feeling like they did not have enough time to devote to their personal and family life.²² They also noted an increased probability of transitioning to part-time practice or completely dropping out of the labor market due to reduced hours, which was not seen in male physicians married to other physicians.

These observed obstacles for female physicians may be further compounded by differences in relationship structure compared with male physicians, with 43% of married female surgeons being partnered with other physicians and 27% of these in dual-surgeon partnerships, per a 2010 ACS member survey. In contrast, married male surgeons were partnered with physicians 29% of the time, of which 5% represented dual-surgeon partnerships. Furthermore, although 83% of female surgeon partners worked outside the home, over half of the male surgeon partners stayed at home.¹³ Inevitably, these structural differences can greatly influence the outcomes of decisions made in partnerships including a female physician to balance career satisfaction, family life, and overall well-being.

Trainee–Physician Relationships

Surgical training can be a stressful time for both the trainee and their partner. Although a 2012 survey of orthopedic surgery resident and faculty spouses by Sargent et al²³ found marital satisfaction was overall high, the spouses of residents, in particular, had significantly higher rates of burnout (18%) compared with faculty spouses (10%) and admitted to having greater levels of loneliness and stress. In this study, spouses reporting lower marital satisfaction also noted excessive partner irritability and fatigue, precluding their partner's involvement in family activities. A gratifying sex life, full-time work outside the home, and spending more than 90 minutes a day with their domestic partner correlated significantly with marital satisfaction. These results were similar to the findings of a survey of general surgeons in academic medicine that concluded that spousal satisfaction is dependent on surgeon contribution to household and childcare activities.²⁴

Dual-physician Relationships

Surgeons in dual-physician relationships experienced more career conflicts and work-home conflicts with their partners. A dual-physician marriage requires a balance between career desires, familial obligations, and, in couples with children, active involvement with child-rearing. A 1999 survey found that couples with high parental satisfaction had salaried positions, marriage to a stay-at-home parent, and a spouse who performs some household responsibilities.²⁵ This was echoed in the 2010 ACS members survey that found surgeons partnered with another physician were more likely to have depressive symptoms, have lower mental quality of life, and have less career satisfaction compared with surgeons whose domestic partner stayed at home.⁸

THE PROTECTIVE EFFECTS OF A DOMESTIC PARTNER

As surgeons, we are trained to discuss the risks and benefits before making a surgical recommendation to a patient. What about the decision of having and choosing a life partner? The surgeon's relationship with their spouse is important for managing these professional and personal stresses. Although the rates of physician divorce do not seem to be significantly different from (and possibly lower

than) the general population, the quality of the domestic relationship is perhaps more important than its existence, for, as stated by Eisenberg,²⁶ “staying the course is not at all the same as enjoying the course.”

Nevertheless, many benefits of being in a domestic partnership, and more specifically a happy one, have been reported. These benefits are shown to span from residency to later careers. For example, a systematic review showed that unmarried residents had higher burnout (65.2%) than married residents (40%).²⁷ Although being married may be protective for resident burnout, it has been seen that there are increased stressors for the spouse during that time. A qualitative study on pediatric surgeons showed that during training the partner often felt like a “single parent.” However, these married couples felt that strong communication skills within the relationship is what allowed them to be successful.¹²

As attendings, there continue to be benefits to having a life partner. One study from Poland found that those in informal relationships have more perceived stress than those who are single/married and that a stable relationship was a predictor of alleviating stress/burnout.²⁸ A US study of academic and private physicians found that 82% of physicians were married, and 87% of them were satisfied with their marriage. Their top 2 stressors were their job and their work hours, suggesting that more quality time with their spouse increases satisfaction. The top 2 stabilizing factors were strong communication and financial stability. Children were third in both categories as both a common source of stress and a stabilizing factor.²⁹ Looking particularly at surgeons, a survey of board-certified orthopedic surgeons found that being married correlated with decreased suicidal ideation and lower rates of burnout.³⁰

What does domestic partnership offer that is protective toward burnout, depression, stress, and suicidal ideation? Perlman et al³¹ conducted qualitative interviews of dual-physician, single-physician, and nonphysician spouses to gain a holistic understanding of what are the strategies to success. The authors identified 4 factors: (1) mutual support—whether it is emotional support or towards one's career; (2) recognition of the important roles of each family member, both having defined responsibilities and appreciating external help; (3) shared values, providing a foundation that allows them to navigate conflicts successfully; and (4) acknowledged benefits of being a physician—for example, medical knowledge and financial/occupational stability. Therefore, a domestic partnership is beneficial to the well-being of a plastic surgeon. Nevertheless, these benefits should not be taken for granted and require effort to manage and nurture these foundational relationships. As quoted by the writer Fawn Weaver, “[h]appily ever after is not a fairy tale; it's a choice.”³²

SUMMARY AND RECOMMENDATIONS

The physical and emotional tensions of being present and engaged in one's surgical practice and one's personal activities can be constant. This can be compounded by the inclusion of a domestic partner/spouse and child(ren). About 30% of surveyed plastic surgeons meet the criteria

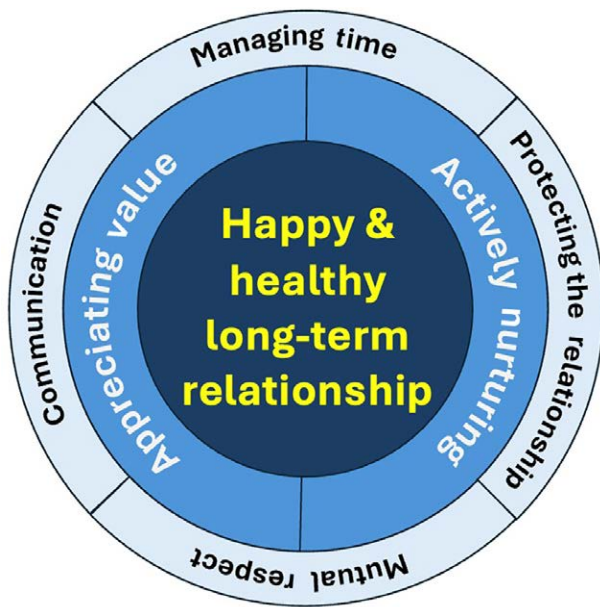


Fig. 1. A happy and healthy long-term relationship requires active nurturing and appreciating its value with open communication and mutual respect, as well as dedicating time and protecting the relationship.

for burnout, which is associated with a higher risk of career dissatisfaction, work-home conflict, depression, and suicidal ideation.³³ Fortunately, being in a long-term domestic relationship, typified by marriage, has been shown to have many positive effects in mitigating burnout and improving quality of life. In our review of surveys and interviews of physicians and their spouses regarding marriage and life, common strategies for success in long-term physician relationships center around appreciating the value of and actively nurturing these relationships (Fig. 1). Some specific actions include:

- **Managing time.** It is important to create time for the significant other that is not an afterthought to work and other demands. This also should be separate from general family time. Specific strategies may include “date nights” or a couple’s vacation or more general protected time.
- **Actively supporting each other with mutual respect.** The partner’s career and life ambitions should not automatically play second fiddle to the surgeon’s. Routine interval discussion of the interplay of each person’s goals is important for the health of the relationship. These affirmations should include behaviors, words, and sentiments.
- **Communicating.** Successful relationships often begin with shared values (eg, cultural, spiritual, and financial). Engaging the other person with respectful discussion is critical for making household decisions, and sometimes compromise is necessary.
- **Protecting the relationship.** This is multifaceted and intersects with the above. Protection includes time, the other person (physical and emotional protection), and

important life decisions. One’s commitment to their partner requires self-awareness and social awareness to nurture. If there are signs that the relationship would benefit from external help, then counseling should be considered without stigma.

Myers³⁴ stated, “a healthy relationship is an alliance of 2 mature individuals who are developmentally ready to form a union that will meet their individual needs and ensure their personal growth in the years that lie ahead.” He also wrote “Caring for our relationships is good medicine.”³⁴ This partnership and its participants’ investments of time, energy, and emotion improve a surgeon’s well-being with regards to both personal and professional happiness and satisfaction.

Ines C. Lin, MD, MEd

Division of Plastic Surgery

Department of Surgery

Perelman School of Medicine

Perelman Center for Advanced Medicine

University of Pennsylvania

3400 Civic Center Boulevard

14th Fl SPE

Philadelphia, PA 19104

E-mail: Ines.lin@pennmedicine.upenn.edu

DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

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