

Original Article

Interrelationships between romance, life quality, and medical training of female residents

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Abstract

Background: For the past 30 years, there has been a steady increase in the number of female physicians, but the relationship between their romantic lives and their pattern of training has been inadequately reported. This study was designed to investigate the interrelationships between medical training, quality of life, and the attitudes that female residents have toward romance.

Methods: Of the 106 female medical residents at our medical center in 2009, a total of 78 residents (73.6%) were enrolled for the study. Structured questionnaires (Cronbach $\alpha = 0.878$), which included questions about female resident quality of life, attitude toward spousal choice, and the impact of programmed professional medical training, were self-administered through an anonymous process.

Results: Female residents, especially ward-care specialists, were determined to have excessively long working hours (84.6% > 88 work hours/week), insufficient and irregular sleep (44.9%), and inadequate personal time (73.1% < 24 hours/week) on average. Of the 48 residents with ongoing romances, 87.5% ($n = 40$) of romantic partners were physicians and 58.3% ($n = 28$) initiated their relationships when they were medical students, but exhibited no preferential dating of senior medical students or physicians. Factors affecting the choice of spouses included time limitations, a limited circle of friends, differences in values, and work-related stress. Those presumptive factors influencing romance between the assumed partner being a doctor or a “nondoctor” were significantly different with regard to lack of time ($p = 0.002$), values ($p < 0.001$), work-related stress ($p < 0.001$), and family background ($p = 0.004$).

Conclusion: Romance and quality of life were significantly influenced by the pattern of medical training in female residents. Setting duty-hour limits and initiating a new hobby were determined to be potentially beneficial to their quality of life and attitudes toward romance.

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Keywords: clinical education; duty hours; female physician; professional training; spousal choice

1. Introduction

In the United States, the percentage of female physicians increased from 7.6% to 27.8% of total physicians from the 1970s to 2006.¹ At present, half of the first-year medical students in the US are women.² In 1980–1981, the ratio of male to female physicians in Taiwan was 22:1³; however,

female physicians accounted for 12.0%, 13.1%, 14.2%, and 15.4% of practice physicians in 2003, 2005, 2007, and 2009, respectively.⁴ The proportion of female students among Taiwan medical school graduates reached 31% in 2005.⁵ Obviously, there has been a steady increase in female physicians in this previously male-dominated professional field, not only in the US but also in Taiwan.

Previous studies have indicated that women suffer from professional obstacles related to being newcomers in a traditionally male-dominated field, and suffer from residual sexism associated with this phenomenon.⁶ In the US, as reported in previous studies, women were shown to report higher levels of

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stress reaction to residency than did their male counterparts. The phenomenon has been attributed to isolation and anxiety related to role stress,⁷ loneliness, depression,⁸ and the problems associated with balancing family and career.^{9–11} Female medical students and residents have higher rates of major depression and suicidal ideation.¹¹ In addition, women are less likely to be promoted or to serve in leadership positions in their academic disciplines.^{12–15}

In the early 1980s, Liu et al reported on the relationship between career and family lives of female physicians (>80% were married).^{3,16,17} However, they did not discuss romance and quality of life, especially in the case of unmarried female residents.^{3,16,17} Only a few studies have discussed the stress level of female physicians resulting from imbalance between career and family, and their professional performance as it relates to these issues.^{9,10,18–20} Because romance is a universal issue for female physicians, more studies are needed that address the quality of life, spousal choices, and how medical life affects female physicians in the area of romance.

The medical education system is an extended, involved program that includes 6–8 years of medical school after completion of high school. After applying for different specialties as residents, it may take another 4–8 years for the students to complete the necessary residency and internship. This period, which impacts most residents when they are 25–33 years of age, is the most stressful and has the least free time of any stage in a physician's life. However, this is also the most crucial time in which residents might develop a marriage or a marriage-oriented relationship. Compared with other female professionals, female physicians have a tendency to choose a member of their own profession as their spouse.^{3,18} Correspondingly, it would appear that female doctors marry late and have elevated requirements regarding their choice of spouse. However, the relationship between a spouse's highly specialized occupation and the lifestyle or personal values of female physicians is largely unknown. Furthermore, it is beneficial to investigate how a professional training program affects the quality of life of female physicians. To better determine the influence of professional medical training systems on spousal choices and on the love interests and dating habits of female physicians, we focused on female residents at their spouse-choosing stage. In this study, we aimed to clarify the quality of female residents' lives, their attitudes toward their choices in a spouse, and how their professional medical training program affects their lives and attitudes.

2. Methods

2.1. Participants

In 2009, there were 113 female resident physicians registered at National Cheng Kung University Hospital, a tertiary care medical center. Excluding those who were trained in other affiliated hospitals, only 106 female resident physicians were available for this survey. Questionnaires were distributed to each female resident and collected through an anonymous

process during a 2-week period in 2009. A total of 78 questionnaires were collected, with a response rate of 73.6%. It can be assumed that all doctors have stressful jobs, whether they work in a classroom, an office or laboratory, or in an operation-based or emergency services environment. We purposefully divided the respondents into two groups: ward care (work at ward/bedside with frequent consecutive on-duty shifts of over 24 hours), and nonward care, with their specialty distribution shown in Table 1. This study was approved by the Ethical and Clinical Trial Committee of National Cheng Kung University Hospital (NCKU IRB ER-98-117).

2.2. Design of the questionnaire

Our questionnaire was based on a literature review and interviews with 10 medical students from 3rd to 7th year and 6 female physicians from varied medical specialties. The questionnaire was also revised according to the responses from a pretest that was repeated four times on five female residents. The final questionnaire had 59 items. These items included basic information (3 items), hours on duty and time spent pursuing leisure activities (6 items), romance status and requirements (10 items), spousal choice (18 items), as well as maintenance and development of romantic relationships (22 items).

2.3. Validity and reliability of questionnaire

The soundness of the content of our questionnaire was validated by two experts, one with >20 years of clinical practice and the other one is a professional in sociology for 20 years. Study reliability regarding spousal choice and the challenges of development of romantic relationships was deemed acceptable as measured by a Cronbach α -coefficient of 0.878.

2.4. Statistics

The analyses were performed using SPSS for Windows, version 12.0 (SPSS Inc., Chicago, IL, USA). Descriptive data were accordingly expressed in mean/SD or number/percentile. Continuous variables were analyzed using an independent *t* test, and categorized variables were analyzed using a Chi-square test with Fisher's exact test and the nonparametric McNemar–Bowker test. In factor analysis, the varimax rotation with Kaiser normalization was used to identify the independent components for both the assumed partner as a doctor and as a nondoctor groups. The statistical power regarding the comparisons between ward-care and nonward-care residents ranged from 0.359 to 0.959. Statistical significance was defined as $p < 0.05$.

3. Results

The mean age of the 78 respondents was 27.87 ± 2.09 years. Study respondent ages were all within the appropriate

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