Psychosocial Factors Seen as Problems by Family Practice Residents and Their Spouses

Elof G. Nelson, STD and William F. Henry
Minneapolis, Minnesota

Residents and spouses in the University of Minnesota Family Practice Program were surveyed using an inventory relating to psychosocial stresses in their lives. Faculty realized that the residency period of education was a process of critical role transition. Adequate adaptation made to stresses is related to the learning environment. The survey revealed that central concerns are leisure/time scarcity problems, domestic/spouse complaints, conflicting demands on study needs, lack of self confidence, reservations about medicine as a career choice, decrease in sexual expression, parenting worries, and communication deficiencies. Empirical data on stresses give rise to some program modifications and to further research.

The residency period of medical education is an especially stressful time in the life of the young physician/student. For one thing, the resident is neither completely a physician nor completely a student. He or she must fulfill both roles alternately during the course of a day. In addition, the resident may also be a parent, spouse, son or daughter, employee, roommate, lover, or counselor. Superimposed on this myriad of roles are tight time and money constraints, a need to excel, daily functioning at the threshold of competence, information overload, and fatigue. In large part, the adaptation that residents make to the stresses of the residency determines the success with which they will complete their residency.

From the Department of Family Practice and Community Health, Medical School, University of Minnesota, Minneapolis, Minnesota. Requests for reprints should be addressed to Dr. Elof G. Nelson, Department of Family Practice and Community Medicine, A-290 Mayo Memorial Building, Box 381, 420 Delaware St SE, University of Minnesota, Minneapolis, MN 55455.

This study was undertaken to inventory psychosocial stresses that present problems for family practice residents. During the past six years as a teacher of family counseling and therapy, the senior author has become aware of some of the clinical manifestations of the psychosocial stresses of the residency. This study is an attempt to develop an understanding of those factors which present personal, family, marital, and other interpersonal problems for residents. The study derives from the senior author's experience in teaching and counseling family practice residents and provides empirical data upon which program modifications and future research can be based.

The major assumption underlying the study is that while certain stresses of the residency are necessary (and possibly beneficial), some of the psychosocial stresses which impinge on residents are unnecessary and deleterious. It is further assumed that some of these stresses could be reduced by altering some aspects of the residency.

Methods

On the basis of the senior author's experience in family counseling and the literature on the intern and residency periods of medical education, a list of "problems" was developed. These problems were statements of situations which might confront a resident and/or spouse. The list of problems was refined and expanded after pretesting will 11 family practice residents. The expanded list of problems and several questions regarding the characteristics of residents and spouses were combined in a questionnaire.

During November and December 1976, questionnaires were mailed to all University of Minnesota family practice residents (except those 11 who had participated in the pretest and whose responses are not included in the analysis). In all, 117 residents were surveyed. Of these 117, 89 (76.1 percent) returned questionnaires—61 married residents (58 of whose spouses also returned questionnaires), 27 single residents, and one resident whose marital status was not designated. Of the 89 resident questionnaires returned, two (one from a married resident and one from a single resident) were too incomplete to be included in the analysis. Thus, the analysis is based on the response of 87 residents and 58 spouses.

Responses to the questionnaire were completely anonymous—no names or identifying numbers appeared on the questionnaires. Residents and spouses were assured that the researchers were unable to identify respondents.

Results

Personal Characteristics of Respondents

Age of Respondents

Of the 87 residents whose responses are included in this analysis, 74 (85.1 percent) were 26 to 30 years old. Four residents (4.6 percent) were younger than 26 years and eight (9.1 percent) were older than 30 (one of the residents did not respond to the age question). Females constituted 13.8 percent of the responding residents (12 of 87), a proportion roughly equivalent to that of all residents in the program (15 of 127, or 11.8 percent).

While first year residents are overrepresented in the sample (43.0 percent of the respondents but only 35.4 percent of all residents were in their first year), the proportion of second and third year residents who responded more nearly matched the proportion of those years among all residents (30.2 percent of respondents and 34.7 percent of all residents were in their second year, 26.7 percent of respondents and 29.9 percent of all residents were in their third year).

Economic Condition of Respondents

The measure used to determine economic status was a question which asked respondents to indicate which of the following statements best described their economic condition at specified points in time (ie, when they were in high school and currently):

1. We (I) did (do) not have enough money for food, clothing, and shelter.
2. We (I) had (have) just enough money for food, clothing, and shelter.
3. We (I) had (have) enough money for food, clothing and shelter with a little left over for extras.
4. We (I) had (have) enough money for savings, vacations, etc.

This measure has been used successfully in a number of previous studies[1,2] of college-aged subjects and has been found to correlate fairly closely with more quantitative measures of economic condition (eg, total income, monthly salary). Also, because this question asks for the respondent's *perception* of economic condition it includes some consideration of the subjective value of the more quantifiable measures and produces an easily comparable, global indication of economic well-being.

A large proportion (83.9 percent) of the residents remember the economic condition of their family as being relatively well off (categories 3 and 4) while they were in high school. Apparently the residency does not have much impact on this condition—over half (55.8 percent) of the residents perceive their current economic condition to be the same as they perceived their families' economic condition when growing up. Further, identical proportions (17.4 percent) of the residents evidence a shift of one step up and one down when the two perceptions are compared. Finally, eight

Table 1. Rank Order of Problems Presented to Both Married and Single Residents and Checked by 15 Percent or More or Respondents

Percent Checking Item (N = 87)	Item
69.1	I don't have enough leisure time. (Also checked by 63.8 percent of spouses)
66.7	My personal study habits need improving.*
57.1	I don't have enough time to spend with friends/relatives. (Also checked by 58.6 percent of spouses)
56.0	I don't have enough time for study.*
40.5	I'm not as confident about myself in medicine as I'd like to be.*
34.5	I have some reservations about being a doctor. (Companion item checked by 29.3 percent of spouses)
32.1	My sexual drive has decreased since I began the residency.*
23.8	I am not yet sure I want to be a family practice physician.*
20.7	About the only people we see on a social basis are other residents and medical people. (Also checked by 25.9 percent of spouses)
17.2	Sometimes I feel I am treated unfairly by the program staff.*

*No companion item presented to spouses

residents' (9.3 percent) perceptions of their current economic condition are two steps up from their perceptions of their families' economic condition while they were growing up.

Rural-Urban Background of Respondents

One half (49.4 percent) of the residents lived in rural areas or in communities with less than 10,000 population while they attended high school. Only 37.9 percent of the residents were raised in communities with populations of 50,000 or more.

Spouses of residents were also asked to indicate the population of the community in which they lived while attending high school. Each married resident's response to this item was compared with the spouse's response to the same item. Over two thirds (69.0 percent) of the spouses came from approximately the same size community as the residents to whom they are married.

Problems of Residents and Spouses

The List of Problems

The major portion of the questionnaires submitted to residents and spouses was devoted to a list of situations which could be checked as "problems" experienced by respondents. The list of problems was developed after consulting a number of sources, including personal experience in counseling residents, conversations with groups of residents about the kinds of problems they faced, pretest of the questionnaire in which residents and spouses were asked to suggest additional items that might be included in the problem list, and a review of some of the literature on the problems of college students in general and medical students in particular.

In developing the list of problems the authors attempted to include as many items regarding psychosocial stresses as possible. Some attempt was made to minimize highly sensitive or inflammatory wording. However, as is obvious in reviewing the list, numerous value-laden terms remain. Furthermore, the list of items is neither exhaustive, all-inclusive, nor mutually exclusive. In sum, the item selection/development process was largely unsystematic.

Preceding the list of problems presented to respondents, two sentences of instruction were presented.

> The following is a list of problems which have been suggested as problems a resident [and/or his/her spouse] might encounter. Please check (√) the box in front of each problem you have encountered since you began your family practice residency.

If these instructions were taken literally by respondents, there could be two reasons why a respondent would *not* check a problem. First, the respondent might feel that the statement in the problem does not describe him. Secondly, the re-

Table 2. Problems Presented to Married Residents but Not to Single Residents and Checked by 15 Percent or More of Respondents

Percent Checking Item (N = 60)	Item
73.7	We don't see our friends as much as we'd like to. (Also checked by 67.2 percent of spouses)
61.4	My spouse feels he/she has to do most of the housework. (Companion item checked by 53.5 percent of spouses)
61.4	My spouse needs to feel like more of a person in his/her own right.*
54.4	My spouse complains about my working long hours.*
40.4	My spouse objects to my working weekends.*
38.6	I am often too tired for sex. (Companion item checked by 39.7 percent of spouses)
38.6	My spouse complains of loneliness.*
35.1	My spouse feels he/she must compete with my work.*
33.3	My spouse feels the major responsibility for child-rearing. (Companion items checked by 37.9 percent of spouses)
31.6	My spouse is upset because I have to spend nights away from home.*
29.8	It seems that most of the time my spouse and I have together is spent solving problems. (Also checked by 24.1 percent of spouses)
28.1	I don't spend enough time with the children. (Companion item checked by 24.1 percent of spouses)
28.1	We have problems deciding about having children. (Also checked by 19.0 percent of spouses)
24.6	My spouse and I are not able to talk about some of our problems. (Also checked by 19.0 percent of spouses)
21.1	We don't have enough time for sex. (Also checked by 20.7 percent of spouses)
19.3	My spouse is often too tired for sex. (Companion item checked by 32.8 percent of spouses)
19.3	We don't have sufficient time for communication. (Also checked by 31.0 percent of spouses)
19.3	My spouse complains that I am preoccupied with my work. (Companion item checked by 19.0 percent of spouses)
15.8	My spouse resents having to spend so much time with our children.*
15.8	We have trouble with transportation.*
15.8	My spouse and I were better able to communicate with each other before I started my residency. (Also checked by 19.0 percent of spouses)

*No companion item presented to spouses

spondent might feel that the statement accurately describes him, but that the situation described is not a problem. Thus, for example, a resident might not check "I get more than my share of weekend calls" because he feels that he does not get more than his share of weekend calls. Alternatively though, the resident may feel that he gets more than his share of calls, but that this is not a *problem*.

It is necessary, therefore, to use caution in interpreting the results of this survey. Responses do not necessarily indicate whether a condition exists among the respondents. More accurately, the responses should be interpreted as indicating that a condition exists *and* is felt to be a problem by the respondents.

The Respondents' Predominant Problems

Tables 1, 2, and 3 report those problems checked by 15 percent or more of the respondents to which they were presented. Table 1 presents those problems which were checked by 15 percent or more of *all residents*. Table 2 shows those problems checked by 15 percent or more of *married residents*. (The items in Table 2 were not presented to single residents). Throughout Tables 1 and 2, where identical or companion items were also presented to spouses, the frequency with which these items were checked by spouses is also reported. Those items which did not have identical or companion items presented to spouses are indicated with an asterisk (*). Problems which were checked by 15 percent or more of *spouses* and which are not included in Tables 1 and 2 are reported in Table 3.

Discussion

The Need for Caution in Interpreting the Results

In essence, the list of problems presented to respondents was developed solely on the basis of face validity—no attempt was made to derive uniform sets of items reflective of more global problems. However, by interrelating the problems and other items in the questionnaire, if one is willing to make some reasonable assumptions about the meaning of the problems, some inferences can be

Table 3. Problems Presented to Spouses (Not Elsewhere Noted) and Checked by 15 percent or More of Respondents

Percent Checking Item (N = 58)	Item
21.8	I don't have enough time for myself.*
20.7	I seem to bore my spouse. (Companion item checked by 10.0 percent of residents)
16.4	My spouse needs to feel like more of a person in his/her own right.*
16.4	My sexual drive has decreased since the residency began.*

*No companion item presented to residents

made. This discussion in some cases derives and in others suggests some such inferences which might be helpful in understanding the findings. It should again be emphasized that these inferences are more like conclusions or implications of findings than like findings themselves.

Time Constraints

Two of the three problems checked with the highest frequency by both married and single residents concerned constraints on the residents' time. The problem "We don't have enough leisure time" was checked by 69.1 percent of residents and by 63.8 percent of spouses. "We don't have enough time to spend with our friends/relatives" was checked by 57.1 percent of residents and 58.6 percent of spouses. Apparently, the scarcity of leisure time and the scarcity of time to visit friends and relatives are essentially two ways of describing the same phenomenon—87.5 percent of the residents who checked "We (I) don't have enough time to spend with our friends/relatives" also checked "We (I) don't have enough leisure time." Presumably one of the uses that a resident would make of more leisure time would be to see friends or relatives more frequently.

There appears to be a relationship between problems of time scarcity and year of residency. While the relationship approaches statistical significance in only one of the cases (year of residency vs "We (I) don't have enough leisure time"), in both cases, the proportion of residents checking the problem decreases as year of residency increases. It could be that the time demands of each of the three years are different and that their consequent impacts on the residents' leisure time vary. Alternatively, it could be that the residents become increasingly adept at scheduling their time as they move through the residency, thus providing more opportunity for leisure activities later in the residency.

Each of these time scarcity problems was compared to residents' perceptions of their current economic condition. The findings suggest that residents with relatively higher perceptions of their economic standing are less likely to experience these time scarcity problems than are residents who have relatively lower perceptions of their economic standing.

As was true of residents in general, married residents report problems with several aspects of time scarcity. Several of these problems relate to direct demands on the residents' time by their

Table 4. Problems Specific to Married Residents with Children

Percent Checking Item (N = 26)	Item
73.1	My spouse feels the major responsibility for child rearing. (Companion item checked by 84.2 percent of spouses)
61.5	I don't spend enough time with the children. (Companion item checked by 53.9 percent of spouses)
34.6	My spouse resents having to spend so much time with our children.

work—54.4 percent of married residents report that their spouses complain about the residents' working long hours, 40.4 percent say their spouses object to their working weekends, and 31.6 percent say their spouses are upset because they (residents) must spend nights away from home. Other problems reported with high frequency seem to be related to more general consequences of time scarcity for the resident and his/her family. Seventy-three percent of the residents and 67.2 percent of the spouses checked "We don't see our friends as much as we'd like to," and 29.8 percent of the residents and 24.1 percent of the spouses reported that most of the time they spend with their mates is spent in solving problems.

Several of the problems presented to residents concerned the time constraints placed on residents who are parents. Three of these which were checked with high frequency by these residents are shown in Table 4. Table 4 clearly suggests that the residency presents problems for parenting. These problems seem to focus on the amount of time the resident spends with the children, especially in relation to the amount of time the spouse spends with the children.

Study Problems

Two of the problems checked with high frequency by the residents related to their study habits. These were "My personal study habits need improving" (checked by 66.7 percent of the residents) and "I don't have enough time for study" (checked by 56.0 percent of the residents). The scarcity of time for study may reflect the same time scarcity in the problems discussed above. On the other hand, it may be more a matter of efficient *use* of study time, rather than a scarcity of study time in absolute terms. However, the data suggest a more complex relationship. Over half (53.6 percent) of those residents who checked "I don't have enough for study" did *not* check "My personal study habits need improving." This would suggest that scarcity of study time is not necessarily a function of poor study habits.

However, the data do not contain strong suggestions regarding what other factors might be related to this problem. For example, it might be hypothesized that lack of study time was related to current economic condition (ie, those residents who felt less well-off would have a greater need to

Table 5. Response by Residents in Each Year to Three Problems Concerning Self-Confidence

Problem		Residents Checking Problem					
		1st Year		2nd Year		3rd Year	
		Number	% (of 35)	Number	% (of 25)	Number	% (of 23)
A.	I'm not as confident about myself in medicine as I'd like to be.	17	48.6	12	48.0	5	21.7
B.	I have some reservations about being a doctor.	17	48.6	7	28.0	5	21.7
C.	I am not yet sure I want to be a family physician.	17	34.3	4	16.0	4	17.4

moonlight* and would, therefore, have less time for study). However, no significant relationship was found between these variables. Of course, it may be that a relationship exists but is masked by the need to consider moonlighting (on which the authors have no data) as an intervening variable. Thus, perceptions of being economically well-off could be reported equally by those residents who are moonlighting and who, presumably, would have less time for study (ie, their moonlighting increases their income) and those who are not moonlighting (ie, they do not feel a need to moonlight).

Similarly, scarcity of study time was found to be unrelated to year of residency. If such a relationship existed, one would expect an increase in the occurrence of the problem during the second and third years, when moonlighting opportunities increase. This was not found to be the case. Of course, the contrast between the academic requirements of the three years may well lead to quite different demands for study time and, therefore, confound this relationship.

In contrast to the scarcity of study time, the problem, "My personal study habits need improving," did show some relationship to year of residency. While there is not a significant overall relationship, there is a considerable increase among third year residents in the proportion who report this problem (82.6 percent of third year residents vs 61.7 percent of first and second year combined). Although like the other study habit variable, "My personal study habits need improving" was not related to the resident's perception of his current economic condition.

*"Moonlight" refers to working for pay (eg, as a "house doctor" on weekends or at night) separate from and in addition to the requirements of the residency.

Problems of Self-Confidence

Three of the highest frequency responses suggest that a sizeable proportion of residents may have some doubts about their chosen career—40.5 percent of the residents checked "I'm not as confident about myself in medicine as I'd like to be," 34.5 percent checked "I have some reservations about being a doctor," and 23.8 percent checked "I am not yet sure I want to be a family practice physician."

Table 5 shows the differences in response to these three problems across the three years of the residency and seems to suggest that, in general, self-confidence increases during the three years of the residency. However, further analysis suggests a more complex conclusion. Almost identical proportions of first and second year residents checked

Table 6. General Clusters of Problems Reported by Family Practice Residents

Problems of Time Scarcity
eg: We (I) don't have enough leisure time.
Problems of Self-Confidence
eg: I am not yet sure I want to be a family practice physician.
Problems Related to Studying
eg: My personal study habits need improving.
Problems Related to the Resident's Being Away from Home
eg: My spouse complains about my working long hours.
Problems Related to the Impact of the Residency on the Resident's Sexual Activity
eg: We don't have enough time for sex.
Problems Related to the Impact of the Residency on the Spouse
eg: My spouse needs to feel like more of a person in his/ own right.
Problems of Communication between Residents and Spouses
eg: My spouse and I are not able to talk about some of our problems.

problem A of Table 5 in contrast to a much lower proportion of third year residents. However, for both problems B and C, the proportion of second year residents checking the problem corresponds much more closely to the relatively low proportion of third year residents checking the problem, rather than to the proportion of first year residents. One possible interpretation of these differences is that problem A ("I'm not as confident about myself in medicine as I'd like to be") reflects basic self-confidence of residents and is influenced more by activities of the second year than by those of the first year. Problems B and C ("I have some reservations about being a doctor" and "I am not yet sure I want to be a family physician") may be more reflective of career decisions than of self confidence. As such, the activities of the first year of residency have a strong impact on these problems.

General Clustering of Problems

This discussion has attempted to suggest some relationships that might exist among the more predominant problems reported by residents. If one is willing to group problems on the basis of their face validity, the problems reported with some frequency by the family practice residents in this study may be grouped into general (somewhat overlapping clusters). These clusters and representative items from the list of problems are presented in Table 6.

Largely because so little information on the residency period has been published, it is difficult to determine whether or not these findings have general implications beyond the University of Minnesota Family Practice Program. However, a recent study by Edwards and Zimet[3] of medical students at the University of Colorado suggests that these

Table 7. Comparative Frequency of Problems in Two Studies

Edwards and Zimet Study School of Medicine University of Colorado N = 288 Medical Students		Department of Family Practice Medical School University of Minnesota N = 87 Family Practice Residents	
72%	Lack of time for recreation	69%	We don't have enough leisure time
62%	Lack of time for family or intimate friends	57%	We don't have enough time to spend with our friends/relatives
55%	Lack of time for socializing	74%	(Of married residents) We don't see our friends as much as we'd like to
48%	Fear of making a mistake in your work	41%	I'm not as confident about myself in medicine as I'd like to be
36%	Lack of money	14%	We don't have enough money
34%	Thoughts or feelings of having chosen the wrong profession	35%	I have some reservations about being a doctor

findings are of more general importance. That study reported the percent (of 288 responding medical students) "significantly concerned"* with various problems and circumstances. By no means were all of the problem areas surveyed by Edwards and Zimet included in the present study. However, where comparable items appear in both the Edwards and Zimet Study and the present study, there is agreement in the frequency with which the items are noted as problems by respondents. These comparable items are shown in Table 7.

Conclusion

Except for some of the problems which relate directly to specific aspects of the residency (such as, "I have some reservations about being a doctor"), there is little in this study to suggest that the problems reported are a function of the residency. Thus, "My personal study habits need improving" may be reported with relatively high frequency by all postbaccalaureate students, and "We don't have enough leisure time" may be a problem of many young married couples. However, it is instructive to learn the concerns of those individuals who are family practice residents, whatever the source of their problems. Some of these problems may well call for changes in residency programs. Others may be problems that could not be altered by reasonable changes in programs. This makes them nonetheless important to the residents and the faculty with whom they interact.

*"Percent responding five, six, or seven on a seven-point scale from one = no problem or concern, to seven = major problem or concern."[3] (p 622)

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