

TEACHING AND MODELING THE BALANCE OF FAMILY AND CAREER  
IN FAMILY MEDICINE RESIDENCY PROGRAMS

Family physicians are trained to pay attention to every aspect of their patients' lives as it affects their health and well being. They are encouraged to promote healthful interactions among family members, to intervene in families whose dysfunctional dynamics are causal or contributory to stress and illness, and to recognize the significance of family life in enhancing or impairing the health of its members.

Yet paradoxically, the family life of residents is often neglected or ignored. Theoretically many residents are committed to the importance of balancing family and career. However, their career commitments and professional pressures leave them little time to devote the necessary attention and care to their own families. The result is additional stress, role conflicts, and overextension for the residents, often leading to poor patient care and marginal professional development.

Surveys of women students indicate that most women want to combine family and career. It is safe to assume that for increasing numbers of women going into medicine, this will be true as well. Simultaneously, however, having selected a professional field which is still largely dominated by males, they may feel conflicted about their feminine role. A nonsupportive environment which tacitly forces women to choose between the roles of wife-mother and professional, may produce severe emotional stress.

It is particularly important to emphasize, however, that these are issues of importance and concern not only to women, but to men as well. As men increasingly value the importance of a complete family life, they will be less content to treat the upbringing of their children as their wife's domain. Such men will resent a system which does not have the flexibility to accommodate modifications in the traditional sex roles.

It is also true that as teachers and role models, although we pay lip service to the importance of the family of the family physician, all too often our own houses are not in order. It is frequently a classic example of "Do and I say, not as I do." We too are faced with issues of dual careers, children being raised without a primary parental caretaker, questions about how we are fulfilling our masculine and feminine roles. We also at times feel conflicted and confused.

Out of this confusion has emerged new strategies and new alternatives, ways of piecing together lives which truly reflect a balance of both family and professional values. However, it is only through a random and informal process that residents are aware of solutions we have discovered, or of issues with which we are still struggling as professionals and as people. Thus a vital question becomes: how can we improve problem-solving in this area for ourselves; and how can we translate what we learn at the residency level?

Teaching and Modeling the Balance of Family and Career in Family Medicine Residency Programs (continued)

Perhaps the most effective way for such learning to occur initially is through dialogue. It is often the case that individuals struggling with similar issues are isolated from each other, and ignorant of the common experiences of colleagues and supervisors. Therefore an important first step appears to be to bring concerned people together, to share frustrations, challenges, and solutions.

Thus, a critical first stage is to gather and exchange information. How do residencies across the country experience this role conflict in their programs? What solutions have thus far been devised? What innovations can be suggested to further enhance the role juggling which currently confronts so many of our residents and ourselves?

Several ideas have been experimented with in terms of residency training, and one aspect of the discussion would be to examine the workability of such concepts as couples groups, Family Day, family assessment and diagnosis with the resident's own family, and the adoption of maternity/paternity leave policies.

The goals and objectives of this presentation would be as follows: 1) Exchange of information, at a personal and a professional level 2) Generation of innovative proposals to address the problem of career/family balance. The method for achieving these goals would be through group discussion, structured by providing a "concepts" sheet to stimulate brainstorming. The time estimated for this discussion would be approximately one hour. Evaluation of the session would occur through administration of a short questionnaire at the close of each session.