



# Relationships—The “Lifeblood” of Peace

John D. Kelly, IV, MD

The life of an orthopaedic surgeon is filled with excitement, personal satisfaction, and daily anxiety. I manage two operating rooms, see approximately 125 patients a week, and do what I can to educate the next generation of surgeons. I would not trade my vocation for any other; yet, stress abounds each and every day. My wife of 27 years, Marie, my trusted colleagues, friends, and staff all help buoy my emotions and it is with them whom I share my professional journey. We all need the trusted support of a significant other—whether a spouse, close personal friend, or family member—to help navigate the daily stressors that accompany the life of a surgeon.

Relationships, not material things, determine our personal happiness.<sup>1</sup> In fact, the quality of our lives is directly proportional to the quality of our relationships. The deeper each relationship, the more influence it has on our well-being.

This article will focus chiefly on the importance of our significant other, spouse, or partner. It will embrace important questions. Are physicians more prone to divorce? How does a physician balance family obligations with his or her commitments in the workplace? What role do trusted friends and family play, beyond that served by the significant other or spouse?

## The Data: A Mixed Bag

I am one of those fortunate few who loves his job. My occupation, however, requires considerable time away from home. The average physician works approximately 54 hours per week.<sup>2</sup> An orthopaedic surgeon works a bit longer, averaging 58 hours per week.<sup>2</sup> Add the travel to conferences (occasionally to different countries) and the time dedicated to papers and peer-reviewed studies, one could easily draw a straight line from physicians being away from home to higher divorce rates compared to the national average (often stated between 40-50%).<sup>3</sup> The data backing up this claim, however, varies. In 1997, Rollman and colleagues assessed the specialty choices and marriage histories of 1118 physicians who graduated from The Johns Hopkins University School of Medicine from 1948 through 1964; they found that surgeons had a divorce rate of 33%.<sup>4</sup> The authors acknowledged that today’s medical school graduates may have a different acceptance of divorce, and so the proportion may change over time. In fact, in

the book *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families*,<sup>5</sup> author and physician Wayne M. Sotile, MD argues that the divorce rate is 10% to 20% higher than the percentage given in the study by Rollman and colleagues.

Relationships—especially one’s choice of spouse—are complicated, and given the stresses endured by surgeons, the data show that these relationships do not all end well. Even so, there are some principles that can help support a fulfilling and lasting relationship: commitment, compassion, and other-centeredness.

## Commitment

Most of the data on physician relationships come from the perspective of the physician.<sup>2,5-7</sup> A 2013 study by Shanefelt and colleagues<sup>8</sup> evaluated physician relationships from the perspective of their spouses/partners. Of the 891 survey responders, most (86.8%) said they were satisfied with their relationship with their physician spouse or partner. According to the study, the strongest predictor of relationship satisfaction was the mean *time* spent with their partners each day. Although the large majority of the spouses/partners in the survey appeared content with their relationship, the data also indicated that physicians often came home irritable, too exhausted to perform home activities, or remained preoccupied with work.<sup>8,9</sup> It is not merely an issue of ‘quality time’. Rather, relationships require both quality and a sufficient **quantum** of time in order to flourish.

Healthy relationships blossom in the presence of commitment. The more important the relationship, the more important is the role of commitment. When an easy escape is available, many opt to leave, rather than do the real work of personal growth. When we decide to leave, we simply transfer our “stuff” to the next relationship. Only in the context of a committed and loyal relationship is the safety and assurance provided to risk new behaviors and strategies. In addition, when we commit, we are more inclined to look at our partner’s positive attributes and make the most out of the situation.<sup>10</sup> Commitment applies to lasting friendships as well. Single and divorced surgeons will need trusted friends in order to ease the stressors a busy practice will generate.

## Compassion

Healthy relationships thrive on compassion. The antithesis of compassion is judgment. Judging another leads to anger, frustration, and discontent. Healthy couples see one another as imperfect beings, each bearing old hurts and merely doing the best they can. When we change our core beliefs about another, our entire perspective is transformed. For example, if our partner is having a bad day and displays moodiness, it is easy to believe that he or she is inconsiderate and are willfully trying to upset us. If instead we interpret our partner's actions through a lens of compassion, we will then see our partner as someone who is merely acting out of his or her own pain. His or her internal suffering is manifest outwardly as complaints, irritability, or fault-finding. When we are compassionate, we extend loving kindness and see others as they really are: imperfect creatures carrying old wounds, and doing the best they can.

This is not to say that boundaries can't be protected. We need never tolerate verbal or physical abuse, and we must always uphold our own personal dignity. However, episodic bouts of discourteous behavior can usually be neutralized with compassion and acts of kindness.

## Other-Centeredness

Happy couples and good friends continually seek to help and please each other. This behavioral mindset, called other-centeredness, may result in tremendous personal growth.<sup>6</sup> Further, other-centered individuals are generally happier. When we focus outward on the needs of another, we leave our own concerns and troubles behind. We become more engaged in the present moment and our anxieties and guilt dissipate. For surgeons, a draining wound, a post-op fever or a positive wound culture all lose their hold on our minds when we focus our attention to our companion.

## Friends and Family

Those who spend their lives in social isolation endure more illness and emotional strife and do not live as long as those with a healthy social circle.<sup>11,12</sup> A sound relationship with a significant other, as well as a richly supportive network of friends and family confers health benefits, increased longevity, and overall feelings of well-being.<sup>13</sup> Trusted friends give us honest feedback, provide counsel when needed, and simply "cover our backs." It is especially important to nourish nonmedical relationships, where one can get a reprieve from the omnipresence of patient care discussions.

I have a cadre of friends from church, from the beach, and from the second "career" I have cultivated—standup comedy. My friends provide a quiet stability, a respite from the professional cacophony we all experience.

As for children, I try to remind myself that I am the only father my daughters have. My fulfillment of the role of father, in the form of unwavering unconditional love, supports my own growth and wellbeing. Responsible parenting reminds me that my life does not solely revolve around my orthopedic practice. Having children *enhances* resiliency for surgeons. Being a good parent provides meaning in ways that no

material success can. Let your children be your true mark on the world. Relish and enjoy *their* successes throughout your entire lifetime. The roles of parent and spouse/partner remind us that we are so much more than surgeons. A bad day at the office can be neutralized by a great evening with one's family.

## Suggestions for a More Peaceful Life

- Commit for the next 30 days to be the best spouse/partner/friend you can be. Expect nothing in return.
- Write a vision statement for your important relationships and refer to it often. A relationship vision statement is a written summary describing in detail your vision of your life with another person. Capture, in words, your conception of the ideal relationship and use specifics. What activities, habits, attitudes and atmosphere do you seek?
- Change your core belief that the offensive behavior of others is directed at you personally. Rather, see your partner or friend as another wounded soul on life's journey.
- Establish traditions that are sacrosanct: date night, favorite TV shows, or weekend sporting activities.
- Develop compassion for your partner and yourself. If you have failed in other relationships, it is never too late to grow. If you are divorced and you harbor sustained anger toward your "ex," enlist the help of a therapist so that old wounds can be healed. You will be doing more than you can imagine for the happiness of your ex-spouse, your children, and most importantly, yourself.

## References

1. Garcia D, Sikström S. A collective theory of happiness: words related to the word "happiness" in Swedish online newspapers. *Cyberpsychol Behav Soc Netw* 16:469-72 (2013).
2. Dorsey ER, Jarjoura D, Rutecki GW. Influence of controllable lifestyle on recent trends in specialty choice by US medical students. *JAMA* 290:1173-1178 (2003).
3. American Psychological Association. Marriage and divorce. Available at: <http://www.apa.org/topics/divorce/>. Accessed November 7, 2014.
4. Rollman BL, Mead LA, Wang NY, et al. Medical specialty and the incidence of divorce. *N Engl J Med* 336:800-803 (1997).
5. Sotile WM, Sotile MO. *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families*. Chicago, IL: American Medical Association; 2000
6. Compton WC. Toward a tripartite factor structure of mental health: subjective well-being, personal growth, and religiosity. *J Psychol* 135:486-500 (2001).
7. Gabbard GO, Menninger RW. The psychology of postponement in the medical marriage. *JAMA* 261:2378-2381 (1989).
8. Shanafelt TD, Boone SL, Dyrbye LN, et al. The medical marriage: a national survey of the spouses/partners of US physicians. *Mayo Clin Proc* 88:216-225 (2013).
9. Glicksman E. Wanting it all: a new generation of doctors places higher value on work-life balance. Available at: <https://www.aamc.org/newsroom/reporter/336402/work-life.html>. Accessed November 7, 2014.
10. Whitton SW, Stanley SM, Markman HJ, et al. Attitudes toward divorce, commitment, and divorce proneness in first marriages and remarriages. *J Marriage Fam* 75:276-287 (2013).
11. Liu H, Reczek C. Cohabitation and U.S. adult mortality: an examination by gender and race. *J Marriage Fam* 74:794-811 (2012).
12. Stein J. Marriage: is there a hitch? Available at: <http://content.time.com/time/magazine/article/0,9171,1015873,00.html>. Accessed November 7, 2014.
13. Holt-Lunstad J, Birmingham W, Jones BQ. Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. *Ann Behav Med* 5:239-244 (2008).