

Balancing Demands Of Work and Family

Like many physicians, Dr. Stephan Baker works approximately 60 hours each week. On any given day, the plastic surgeon in Coral Gables, Fla., leaves his house at 7 a.m., performs surgery between 8 a.m. and 1 p.m., drives to the gym to exercise for an hour, returns to his office by 2 p.m., then comes

home at 6:30 p.m. so he can spend the rest of the evening with his wife and 14-month-old son. By 10:30 p.m., he is sound asleep.

From exercise to meditation, physicians are finding different ways to balance the demands of their jobs with those of their families and their own personal needs, something their predecessors rarely did. For many, working long hours, placing their health at risk and jeopardizing their marriages are sacrifices they are not willing to make for their profession.

Although he could probably carve out an extra hour for work by skipping his daily workout, he says exercising recharges his battery and makes him more productive.

“When I come out of surgery, I’m tired, I’m stressed, I don’t have a lot of energy,” he says. “If I went straight from surgery to the office and then dealt with patients, I’d be dragging the whole second

half of the day. By going to the gym, I become fresh again and can cope at full speed. I’ve got energy. Otherwise, I’d get slower and slower like a battery that’s fading on you.”

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All of that is dysfunctional behavior, explains Dr. Baker,

adding that physicians must make a conscious decision about their priorities. Most doctors could easily work 12 hours every day and never catch up. So, he asks, what's the point of "slugging it out," getting into a work-addiction mode, then becoming fatigued, worn out, irritable or even depressed?

Dr. Baker says that physicians must keep themselves optimized so that their work becomes a joy. One way is to take a vacation every four or five months—certainly not beyond six months—to rejuvenate, have fun and bond with family and friends. He and

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his family vacation in a small mountain village in Austria, close to his hometown in Germany. He says that travel helps him stay sharp and excited about his work.

"The extra money you could be making with those two extra patients does not in any way substitute for your emotional sanity and physical well-being," says Dr. Baker. "You'll probably end up making more money down the

road because you're more productive and you do a better job and have more fun. In the long run, that's what it's all about—enjoying your life."

Still, many doctors work grueling schedules because they don't see a way out. But their vision may not be so clear, says Dr. David P. Rudman, an orthopedic surgeon in Ridgewood, N.J.

"I don't buy that excuse," he says, explaining that doctors need to realize that they're human and need time to fulfill personal needs. "For me to do my job the best, I have to be the happiest and healthiest I can be. I do things that make me feel good and are healthy for me. I make that a priority."

Dr. Rudman's workday can be just as hectic as those of any other doctor. One day, for instance, he went to the local gym around 6:30 a.m., gave a lecture to a pediatric department, met with lawyers to review contracts, interviewed candidates for a position in his office, then saw patients for the remainder of the day.

Although he hikes and mountain bikes on weekends, he spreads his fun throughout the week. He takes one-hour walks in

the nearby woods or exercises at the gym. On occasion, he even ballroom dances with his wife—an activity he thought he would never enjoy—and takes at least one ski vacation each year.

The ski vacations help him focus, Dr. Rudman says. When he's skiing down a tree trail in the backwoods of Vail, Colo., he has to concentrate on what he's doing to avoid getting injured. So his mind can't wander to a patient's condition or work-related task, which helps clear his head and is a great way to relieve stress, both physically and emotionally.

"Enjoy all aspects of life," he says. "Don't keep living for the next day or say, 'When I'm 50, I'll retire and start doing this.' There's no reason not to start right now."

Family Affair

Dr. Steve Fallek, a plastic surgeon in Englewood, N.J., says the smartest thing he and his wife ever did was hang a big calendar in their kitchen so they would know exactly what activities they and their two small children—ages seven and four—would be involved in from month to month.

"You've got to be flexible with your schedule," Dr. Fallek says, adding that physicians sometimes refer to medicine as a cruel mistress. "If there are days where you have to start later and work later, that's fine. If you have to do paperwork after the kids are asleep, that's fine, too. There are times when there are 10 things going on. It's a disaster. Sometimes, you just have to take a deep breath, relax and go from there."

Since his wife works full time as a corporate attorney, they try to merge their schedules whenever possible, Dr. Fallek says. Their assistants at their respective offices often work together to schedule family vacations and events or activities. He also adjusts his schedule, sometimes starting work late and coming home late, so he can take his children to school.

He and his wife also make an effort to spend dinners together, especially on Friday nights. But it doesn't always work. Many times his children eat dinner with just one parent. Weekends are sacred family time, which is why he plays golf or exercises at the gym on early mornings during the week. On Saturdays or Sundays, he says, he sits right on the floor next to his kids and plays games with them, making the most of their time together.

“You try to do everything possible, but at the end of the day you have to realize you’ve done your best,” he says.

Dr. Ben Lee’s wife, an attorney, sees herself as a strong role model for their two young girls, ages seven and 10. She is self-employed as a bankruptcy and criminal attorney; she schedules her own hours and completes paperwork at night so she can spend more time with their children during the day. Dr. Lee, a plastic surgeon in Englewood, Colo., works from 8 a.m. to 8 p.m., six days a week. Despite the long hours, he says that their professional lives aren’t really separated from their personal lives. When he’s working late, his family sometimes visits him in his office. On other occasions, he or his wife will pick their children up from school or day camp in the summer and take them back to his office, which also exposes them to the world of medicine and business.

On average, his children come to his office two to three times each week. He takes them on rounds with him. On the way home, they’ll do something fun, like stop for ice cream or play in the park. On Sundays, the whole family is usually outdoors hiking or fishing. Since most of their weekdays are planned, Sundays are reserved for more spontaneous activities.

Website Lets MD Mothers Share Information

When Sethina Edwards was pregnant with her first child, she decided to enter medicine. For many months, she searched for advice on how to balance a medical career with a family but came up empty. So she launched the MomMD Website (www.mommd.com) in hopes of gathering such information from working physician mothers.

Since then, the site has introduced links to related Websites or resources, self-development tips, information about part-time jobs or job-sharing opportunities, a national database of mentors and discussion forums. Last year, it posted a work-life survey that posed 61 questions to its visitors. Of the 504 people who responded, 216 were physicians who are working mothers. Here are some of its findings:

- 64 percent were very concerned about their work-life balance.
- Two-thirds of those who worked more than 40 hours a week were very dissatisfied with their work-life balance. Those working between 30 and 40 hours a week were very satisfied.

Dr. Lee lives and works in the same Zip code, so he doesn't waste time commuting. Still, he says, he's trying to figure out a way to eat lunch with his family every now and then and "date" his wife more frequently. Now, whenever they both have a spare moment during the day, they often reward themselves by meeting at Starbucks.

"That really helps us," says Dr. Lee. "We don't have that degree of separation. Work has become so much a part of our lives, it's not stressful."

Likewise, Dr. Mike Ritze found his own way to spend time with his wife and three children. About 25 years ago, Dr. Ritze cofounded the largest family practice in Broken Arrow, Okla., which supported nine family practitioners and one internist. The community's needs required his practice to extend its hours. It didn't take long before it was open seven days a week and included an emergency center.

At the time, he was delivering an average of 150 babies each year. It wasn't uncommon for him to work 100 hours a week, which included being on call. So he and his wife made the decision to home school their children until they reached the eighth grade, then send them to private school.

- 60 percent wanted to job share, but only 18 percent did.
- 42 percent were responsible for about 75 percent of the household duties; 31 percent were responsible for half, and 12 percent were responsible for 100 percent of the household duties.
- 30 percent took less than six weeks off for maternity leave.

Among the profession's biggest problem is lack of flexibility and part-time work, adds Ms. Edwards, now a second-year student at the University of Bristol medical school in the United Kingdom. She says that some women are willing to take twice as long to earn their medical degree if they can spend time raising their family.

Another issue is lack of respect. She says that some women physicians have reported a loss of respect from colleagues as soon as they request time off to spend with their children.

"They're basically asking for respect for family responsibilities," says Ms. Edwards. "Women want more women in power so change might happen. Speak up appropriately and voice your concerns."

“We were in a dilemma about how we could balance that around our schedule, but it really worked to our benefit,” he says, adding that his wife quit her nursing job to home school. “We were very busy but took the time to integrate every spare moment we had into the family.”

For instance, some of their vacations were easily turned into learning experiences for their children. By not relying on a school calendar, his family took vacations when it was convenient for

“Some [physicians] lose the priorities of life,” says Dr. Mike Ritze, a family physician in Broken Arrow, Okla. “You don’t have to give up medicine. But it’s not your total life. If you’re going to have a spouse, family and a faith, those should be right at the top with your vocation.”

him. As they traveled in their motor home to different destinations, such as Disneyland or a Six Flags amusement park, each of his children wrote a paper on every state they visited. His family even accompanied him on medical missions to Mexico and Central America so they could experience poverty first hand, which would help them appreciate what they took for granted at home.

When his children were around six years old, they would sometimes help him in his office by filing paperwork or putting away books, he adds. As they grew older, they assumed more responsibility, answering his office phones. At home, he also exposed them to many different shadowing experiences so they could develop self-reliance. For example, when he worked on the family car, it became a family affair. He would teach them how to replace a battery or check the air in the car’s tires.

Dr. Ritze also made an extra effort to have at least one meal each day with his family, which was usually dinner. “You have a lot of opportunity to really have quality time with your family,” he says. “You can talk about your values, their needs, how their day went, how was school, what they were going to do this week and where do babies come from.”

His children are now grown and this year, against all odds, Dr. Ritze and his wife will be celebrating their 30th wedding anniversary. Despite the demands of medicine, he says, a family can be balanced quite well, as long as you’re willing to work at it.

Nearly six years ago, Dr. Ritze gave up obstetrics due to major

health problems. Three years ago, he started a solo practice where his wife now works. Meanwhile, he's completing his master's degree in forensic science, is an adjunct clinical professor at Oklahoma State University of Osteopathic Medicine, a state medical examiner, city police physician and senior medical officer for the Federal Aviation Administration.

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Married With Children

For nearly the past four years, Dr. Tracy Roth has worked part time, which in the world of medicine amounts to roughly 40 hours each week. "I went part time because I was going crazy," she says. "After my second child was born, it really became hectic. My husband's a physician also. The demands on his practice were pretty great. But I was the one who was feeling the pull of wanting to be home more."

Dr. Roth, who practices obstetrics and gynecology, has taken a one-year leave of absence from her job at Gulf Coast OB/GYN in Pascagoula, Miss., because she is pregnant with triplets. She worked at the practice full time for nearly six years before requesting part-time work. She plans to return to her part-time job when her babies are nine months old.

Even though Pascagoula is a small town, she says that there's a big demand for personal physicians. "I felt a lot of that pressure when I first moved here," she recalls. "However, I have now come to grips to be able to say, 'When I'm on, I'm 100 percent there for you. When I'm off, I'm not there for you, but my partners are there for you. I have to be home for my family. So you can't call me on the days I'm not there.' Most people understand that, surprisingly."

Her husband is an active participant in family life, she says. As a hospitalist, he performs shift work and has structured his schedule so that he can spend time with his young children. Out of every month, she says, he's very busy for two weeks and is rarely home, then takes a week off. During the last week, he only works several nights so that during the daytime, he can take his

children to school and spend valuable time with them in the afternoon, which relieves some of the pressure on her.

But what Dr. Roth misses more than anything is time for herself. On some days, she wakes up at 4:30 a.m. and meets a friend at the gym. “People thought I was crazy, but nobody was up at my house,” she says. “It was an hour to one and one-half hours I could have to myself and do what I wanted. It just sort of rejuvenated me and started my day where at least I felt I had something that was totally mine.”

Dr. Rivka Stein, a pediatrician, knows all about the push and pull between family and work. In the past, she typically worked 60 hours every week but quit because it wasn’t conducive to family life. She would start work at 9 a.m., sometimes finishing as late as 10 or 11 p.m. and also worked every third weekend. Married with four children—all under the age of eight—she would rarely see them if she didn’t come home before 8 p.m., which was their bedtime.

So she switched to becoming a part-time hospitalist, but left that job to join her current practice, *Kindercare Pediatrics* in

Determine Your Lifestyle Quotient

Does your annual income justify the number of hours you work each week, month or year? Keith Borglum, a medical business consultant at Professional Management & Marketing in Santa Rosa, Calif., designed the following formula to help physicians determine if they’ve achieved balance between their income and work schedule:

Step 1: Find out what the average salary is for your job. Divide your income by that average to determine your income rating.

Step 2: Then divide the standard full-time equivalent (FTE), which is 1, by your FTE. If you work 40 hours a week, your FTE equals one, 60 hours a week equals 1.5, etc. Then multiply that number by your income rating.

A balanced, healthy lifestyle ranges between .95 to 1.1. Higher is better, less is worse.

For example, let’s say Dr. Smith is considering two job offers from different medical practices. At the first practice, he’ll work 40 hours a week and earn \$150,000 a year. The average salary for the job is \$120,000. He divides his income by the average salary to determine

Brooklyn, N.Y., partly because the practice was opening a new branch several blocks from her house. The senior partners are both family men, and they were very receptive to her needs, she says. She currently works full time, as the new branch is growing, but she hopes to cut back to part time once the practice reaches the point where it can support both a full-time and part-time physician.

Besides her family, her religious faith has also dictated her work schedule. As an Orthodox Jew, she requires time off from sundown on Fridays to sundown on Saturdays every week. But since 99 percent of her patients are also Orthodox, weekends are pretty quiet, she says. If patients have an emergency, they don't call her because she doesn't use a phone during those 24 hours. They know to call 911, she says.

Those 24 hours are also a time when her children know she's available for them. "It's important for them to have a regular time," Dr. Stein says. "No matter how busy I am during the week, they always know that come Friday night when I light those candles, I'm there."

his income rating, which is 1.25. Next, he multiplies the standard FTE, which is 1, by his FTE, which is also 1. Then he multiplies that number by his income rating. That equals 1.25, which is a positive lifestyle quotient.

But if he accepts the job at the other medical practice, his lifestyle quotient will drop. While he'll still earn the same income, his work schedule would be 60 hours a week. So he divides \$150,000 by the average salary, which is \$120,000, and comes up with the same income rating—1.25. But here's where it changes. He then divides the standard FTE, which is 1, by his FTE, which is 1.5, and comes up with .67. Then he multiplies .67 by his income rating, or 1.25, and ends up with an .84 lifestyle quotient, which is substandard. In other words, his income doesn't justify the extra hours worked.

Even if you have an above-average income, you may be working too hard to get it. Is the money worth the sacrifice?

"It's a personal issue," Mr. Borglum says. "More doctors now are looking for a balanced lifestyle than the prior generation, who were workaholics and had a never-see-your-kids lifestyle."

She also dedicates special time for each of her children. For example, when her two sons were home from school for a week, they each spent a day at her office. “It was a big treat to come to mommy’s office,” she says. “They colored the whole time, but that was their time with mommy. Even though I was basically seeing patients, it was real exciting for them.”

Her husband works full time as a special-education teacher.

The ability for physicians to strike a balance between family and work is becoming a hot issue and will be debated more as an increasing number of women enter medicine, says Dr. Rivka Stein, a pediatrician in Brooklyn, N.Y. She believes that doctors—regardless of gender—are not as willing to work such long hours because their compensation is decreasing.

When he’s off work during the summer, he often brings their children to her office.

Dr. Stein says the ability for physicians to strike a balance between family and work is becoming a hot issue and will be debated more as an increasing number of women enter medicine. Although it’s generally women physicians who are cutting back on their hours to spend more time with their family, she believes that doctors—regardless of gender—

are not as willing to work such long hours because their compensation is decreasing.

Meanwhile, physicians who strive for work-life balance continue to face a number of other challenges, such as the lack of part-time job opportunities.

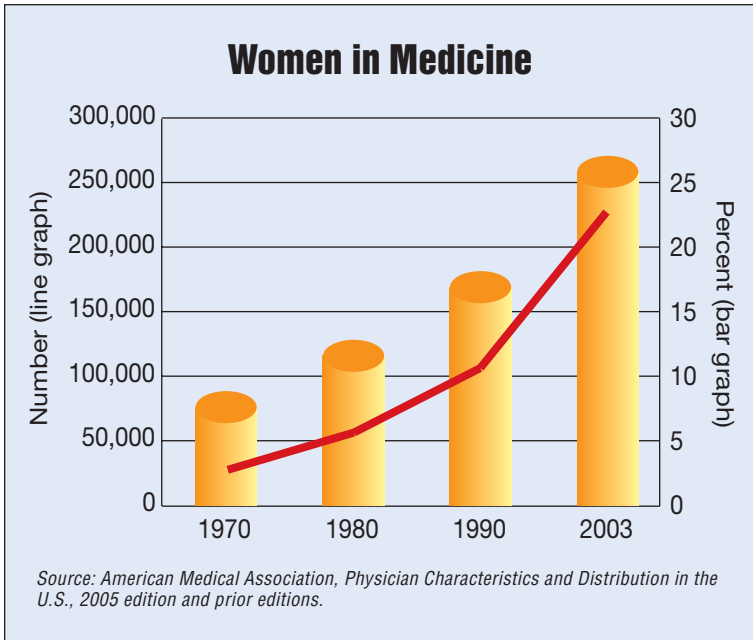
Dr. Eliza Chin has been practicing internal medicine for seven years but took off about two years from work when her family moved from Los Angeles to northern California several years ago. With three children under the age of nine, she job-hunted for approximately nine months before landing part-time work. She works five half days between two places: Associated Internal Medicine in Oakland, Calif., and Emeryville Occupational Medical Center in Emeryville, Calif. Every weekday, she works from 9 a.m. to 1 p.m. so she can drop off and pick up her children from school and attend after-school events.

“I interviewed at quite a few places,” she says, adding that her husband is also a physician. “Group practices out here don’t have part-time people.”

But she got lucky. One of the practices she interviewed with called her a year later and asked if she was interested in working one day a week at a retirement home. Then she found another opportunity with a doctor in occupational medicine who was seeking a physician to cover his practice on some mornings while he attended meetings or handled other commitments.

Dr. Chin says that physicians seeking limited hours have a tough road ahead and need to cast a very wide net in their search for an appropriate position. She recommends that such physicians consider part-time faculty positions at academic institutions or staff jobs at HMOs, such as Kaiser Permanente, which supports a large percentage of women physicians. Kaiser is one organization where people can work less than full time but still have adequate coverage, she says. “When you’re off, you’re really off,” she says, explaining that there are plenty of physicians to fill in the gaps.

When job searching, she didn’t always tell potential employers at first that she was seeking part-time work. Dr. Chin would



feel them out and give them the opportunity to do the same with her, then ask about the possibility of being a part-timer. Other times, she says, it may be easier to work full time for a while, then once they get to know you, request reduced hours. If you send out letters that firmly state you'll only work from 9 a.m. to 1 p.m., you probably won't get many responses, she says.

Dr. Elizabeth Youngs, an anesthesiologist in Oakland, Calif., took four years off to attend to family issues. "I feel penalized for having taken the time out," she says. "But my brain is still intact. I didn't leave for competency reasons. I've been doing tons of CMEs. I'm current and would like to get back in there."

In between working and mothering, Dr. Chin researched how other female physicians juggled the demands of their job and family. Several years ago, she gathered more than 100 stories from women physicians like herself, a handful of residents and medical students, then compiled them into a book called *This Side of Doctoring: Reflections from Women in Medicine* (Sage Publications, 2001).

Dr. Chin was amazed at their creativity. For instance, one female resident set up a national clearinghouse for residents all over the country who wanted to job share. Someone from California could hook up with someone from New York and jointly apply for jobs. Their residency would be twice as long and pay half as much. While the clearinghouse is no longer in existence, she says that it enabled women with children to spend time with their family without sacrificing their career. Others found balance by simplifying their lives, such as moving closer to their office or child's school.

Still, there have been some changes in the profession that have made things easier. Dr. Chin cites the hospitalist movement as one such trend. This career option appeals to many physicians who are parents because they no longer have to worry about finding time to see patients before or after traditional clinic hours.

Dr. Elizabeth Youngs practiced anesthesiology for eight years before she gave birth to her daughter. Then she took off four years to raise her daughter and take care of her father, who suffers from Alzheimer's disease. Her last position was chief of anesthesia at a small hospital where she maintained a roster of part-time and freelance physicians.

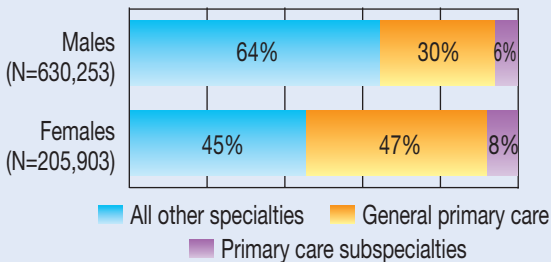
“I had a bunch of part-time people and one guy who would only work once every three months,” says Dr. Youngs, who lives in Oakland, Calif. “But I liked having him on my rolls because if I called him in advance and said I’m really having a problem on this date—can you do it?—he would generally say yes. It’s always good to have extra people when you’re in a bind.”

In her quest to find a part-time job—one day a week—Dr. Youngs is discovering that many physicians don’t share the same opinion. She recalls telling one doctor that she could cover for her when she has to attend meetings or work on days when she needs extra help. But the doctor seemed concerned that she may have been out of the profession too long.

“I do feel penalized for having taken the time out,” Dr. Youngs says. “But my brain is still intact. I didn’t leave for competency reasons. I’ve been doing tons of CMEs. I’m current and would like to get back in there.”

But it may take some time. Dr. Youngs says that there is a stigma attached to part-time physicians. They’re viewed as less committed to their careers and are not likely candidates for partnership or promotion. She points to one male physician who had

Physicians in Primary Care Specialties and Subspecialties by Gender



General primary care includes family and general practice, internal medicine obstetrics/gynecology, and pediatrics.

Source: American Medical Association Physician Masterfile, March 2000. ©2000, American Medical Association.

a tough time convincing his boss that he wanted to job share with one of his physician friends. She says that his boss became suspicious, believing he had an ulterior motive, when all he wanted to do was have free time to pursue other interests like exercising and gardening. In the end, his boss did accept his proposal, and the two physicians job shared for quite a few years.

Dr. Youngs says that more medical practices, hospitals and other healthcare organizations need to offer part-time opportunities. Even allowing physicians ample time to shuttle their children to and from school would be helpful. To make up for any lost time or income, practices could schedule more patient visits during school hours, but slow down in early mornings and late afternoons to better accommodate physicians with children.

Meanwhile, Dr. Youngs continues her job search. If she has to, she'll wait until her daughter is school-age before accepting a job

Is Your Life Balanced?

Are you spending too much time at your office and too little quality time at home? To see how balanced your lifestyle is, take this work-life balance quiz developed by Randall S. Hansen, founder of Quintessential Careers (www.quintcareers.com), a Website for job seekers.

Directions: Answer true or false to each statement below.

1. I'm spending more and more time on work-related projects.
2. I often feel I don't have any time for myself—or for my family and friends.
3. No matter what I do, it seems that often every minute of every day is always scheduled for something.
4. Sometimes I feel as though I've lost sight of who I am and why I chose this job/career.
5. I can't remember the last time I was able to find the time to take a day off to do something fun—something just for me.
6. I feel stressed out most of the time.
7. I can't even remember the last time I used all my allotted vacation and personal days.
8. It sometimes feels as though I never even have a chance to catch my breath before I have to move on to the next project/crisis.
9. I can't remember the last time I read—and finished—a book that I was reading purely for pleasure.
10. I wish I had more time for some outside interests and hobbies, but

that demands more time than just one day a week. “But I feel the longer I wait, the harder it will be to convince an employer that I’m still competent,” she says.

Gaining Control

Busy physicians are unlikely ever to strike a perfect balance. Instead, they should strive for work-life effectiveness, says Kathie Lingle, director of the Alliance for Work-Life Progress, a global membership organization for work-life practitioners in Scottsdale, Ariz.

She explains that balance implies spending equal amounts of time between work and home. Since that rarely occurs in the profession, she says that a physician’s goal should be to become effective or successful in both domains of life. One way to achieve that is through family meetings.

I simply don’t.

11. I often feel exhausted—even early in the week.
12. I can’t remember the last time I went to the movies or visited a museum or attended some other cultural event.
13. I do what I do because so many people (children, partners, parents) depend on me for support.
14. I’ve missed many of my family’s important events because of work-related time pressures and responsibilities.
15. I almost always bring work home with me.

Give yourself one point for each “true” response. Note that each true response is a sign that you probably need to make changes in your life; the higher the number, the more critical it is for you to make changes in your lifestyle.

If you scored....

0-2: Your life is in pretty good balance; be sure to do what you can to guard that balance.

3-5: Your work/life balance is teetering on the edge; now is the time to make changes before the problem overwhelms you.

5+: Your life is out of balance; you need to take immediate action to make changes in your work and your life before things start crashing around you.

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“Doctors will have to sit down with their families and have frequent family pow-wows, constantly be arbitrating, mediating and clearing the emotional stuff that goes on when the family feels they’ve been left out,” she says.

The family also needs to establish its priorities. But more than likely, “they’re going to be blown to smithereens,” says Ms. Lingle, because physicians are not

Kathie Lingle, director of the Alliance for Work-Life Progress, suggests that doctors identify their own top five values—what really drives them as individuals. If one of their values is to develop strong relationships with their children, then they need to define activities that would actualize that value—what type of behavior will create that outcome.

totally in control of their own schedule. When this occurs, she says that doctors must constantly reinforce the fact that they’re still a family, still together and that there will be trade-offs at times. For example, while a teenage son may be upset that his father missed his basketball game, the physician needs to remind him that because he works so hard, the family will enjoy a week-long vacation in the Caribbean next month.

To keep from straying from important goals, she suggests that doctors also identify their own top five values—what really drives them as individuals. If one of their values is to develop strong relationships with their children, then they need to define activities that would actualize that value. In other words, what type of behavior do they need to exhibit to create that outcome. Maybe it’s taking off work to attend a school event, taking their children to a baseball game one evening or playing with them in the backyard pool. Then write down those activities on a calendar. Treat them as if they were patient appointments.

While the process may sound simple, it isn’t always easy, Ms. Lingle says. Doctors must discipline themselves to monitor their own behavior and follow-through.

“Research shows that you don’t have to spend infinite amounts of time, but the time has to be quality and you have to have really strong personal values about where you’re going with that time and with your family,” she says.

Dr. Lee A. Fischer, a family physician in West Palm Beach, Fla., runs his life on a schedule. He says that it helps him create

balance and squeeze in time for personal activities.

For example, when his four children were young, he would help his wife help get them off to school in the morning. Other times, if he had a dinner meeting scheduled at 6:30 p.m., he would leave the office around 4:30 p.m., help his wife prepare dinner for their children, sometimes spend an hour at home, then leave to attend the meeting.

“I would see doctors make rounds at night on their patients at the hospital,” says Dr. Fischer, who has been practicing medicine for more than 31 years. “They would be there until 8 at night because I’m pretty sure they didn’t want to go home. They didn’t want to face their wife or children. That’s the way they ran their life. I wanted to have a home and family life. I could have stayed at the hospital—gone to the library at the hospital—but I elected to come home.”

In the past, he also jogged two to three miles each day, five days a week. He would bring a bag lunch and jogging clothes with him to work, where he installed a shower. He made hospital rounds between 7 a.m. and 8 a.m., saw patients at his office from 8 a.m. until noon, changed clothes, jogged around the neighborhood, returned to his office, took a shower, had a quick bite to eat, saw patients for the remainder of the day and returned home by 7 p.m.

While he could have exercised at home, he says that there were too many potential obstacles, such as medical emergencies or after-work meetings that start and end late.

Even when he and other doctors arrive to a meeting on time, they’re still at the mercy of others who have poor time management skills, Dr. Fischer says. Nothing annoys him more than these spoken words: “Not everyone is here yet, so why don’t we wait awhile for others to arrive?” He often wonders why those who arrive on time are punished while those who are late are, in effect, rewarded.

“If you run your life on a schedule, you’re not late for patients, you don’t get criticized because you keep them waiting all the time, and you can make time during the day to do other things,” Dr. Fischer says.