

# Spousal Involvement in the Workplace of Doctors: What Is Defined as Appropriate or Inappropriate

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**How to cite this paper:** Onubogu, U., Oyan, B. and Okorie, M. (2024) Spousal Involvement in the Workplace of Doctors: What Is Defined as Appropriate or Inappropriate. *Health*, 16, 187-203.  
<https://doi.org/10.4236/health.2024.163016>

**Received:** January 26, 2024

**Accepted:** March 16, 2024

**Published:** March 19, 2024

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## Abstract

**Background:** Workers spend a significant amount of time in the workspace. Involvement of a spouse in a doctor's workplace can take different forms and come with different intentions. **Objectives:** The survey aimed to determine the prevalence and extent of spousal involvement in physicians' workplaces as well as the outcome of such involvement on doctor's well-being, productivity, and relationship with colleagues. **Methods:** This cross-sectional online survey on spousal involvement in the workplace of doctors was conducted among 83 responding doctors from July to August 2023. **Results:** Among the respondents, 60 (72.3%) had witnessed a doctor's spouse being involved in the workplace. The most common reason for spousal involvement in the workplace was to protect the spouse from what they perceived as a threat 34 (54.0%). Spouse's ignorance of boundaries in the workplace (OR: 6.09 (95% CI: 1.70, 21.79) P: 0.003) and exertion of control by the spouse (OR: 11.2 (95% CI: 2.26, 56.41) P: 0.002) were significantly associated with higher odds of inappropriate spousal involvement in the workplace, while expression of love for spouse with acts of kindness was significantly associated with a lowered odd of inappropriate spousal involvement (OR: 0.11 (95% CI: 0.03, 0.36) P: 0.0001). **Conclusion:** Spousal involvement in the workplace is relatively common. Ignorance of the boundaries of the workplace and exertion of control by the spouse were significant enablers of inappropriate spousal involvement in the workplace of doctors. The establishment of workplace policies that define the limits of spousal involvement in the doctor's workplace can foster a healthy workspace environment, enhance doctors' well-being, and improve patient care.

## Keywords

Spouse, Workplace Involvement, Hospital, Healthcare Workers, Conflicts, Appropriate

## 1. Background

Doctors spend a significant amount of time at work. The well-being of doctors in the workplace is key to productivity, patient management, and ultimately patient satisfaction [1]. Doctors' well-being is greatly influenced by the social support he/she receives from their families especially their spouses [2]. Involvement of spouses in partners work place including doctors can take different forms and come with different intentions. Positive spousal support at home and in the workplace is invaluable to preserve both physical and mental health and can come in the form of counsel, direction, understanding, or practical assistance. Social support has been reported to assist in the management of life's stresses, foster resiliency, and strongly promote a sense of community [2] [3] [4]. In modern medicine, the definition of "work time" is complex. Typical physician duties include patient contact, administrative tasks, charting, teaching, meetings, and community outreach activities' and; the addition of mobile technology also means that work time can easily creep into life time [5]. Maintaining a healthy work/family balance is imperative to achieving physical, mental, and emotional well-being for the doctor, her spouse, and children [1] [3] [6]. Unresolved family conflicts can affect productivity in the workplace, In addition, it can lead to depression, anxiety disorders, and substance abuse which can further strain family and workplace relationships negatively, impact productivity, and even endanger lives [5] [6] [7] [8] [9]. Conflicts at the workplace should be handled with internal organizational mechanisms without involving spouses to avoid complicating and further straining workplace relationships. Family issues on the other hand, should not be brought into a work environment. We did not find any literature that evaluated the involvement of spouses in workplaces.

This survey is aimed at identifying the frequency, circumstances, nature, and predisposing factors that facilitate the involvement of Doctors' spouses in their workplace. It is hoped that the findings of this study will help define acceptable levels of spousal involvement with issues in the workplace of their partners and highlight potential outcomes of degrees of spousal involvement in doctors' workplaces.

## 2. Methods

This was a cross-sectional study using a pre-tested online Google Form to collect data, see **Appendix**. The link for the Google Form was widely populated on many doctors' social media platforms. The survey ran over 5 weeks from 2nd July 2023 to 11th August 2023. This survey was part of pre-conference planning activities to generate data for a segment of the 23rd Biennial Conference and scientific meeting of the Medical Women Association of Nigeria. Ethical clearance for the online survey was obtained from the local organizing committee of the conference. All doctors were eligible to fill out the forms. The information retrieved from the questionnaire includes the Respondent's occupation, carder, age, location, and type of workplace, if they have witnessed a spouse being involved in the workplace, the frequency of the incident, identification of whose spouse was involved, their perception of the appropriateness of the witnessed incident. The

cadre, age, and sex of the doctor whose spouse got involved in the workplace. The age, academic qualification, and occupation of the spouse who got involved in the doctor's workplace. Description of the circumstances for which the spouse got involved, Identification of who invited the spouse to the workplace, and respondents perceived reason for which the spouse got involved in the doctor's workplace. The questionnaire also collected information on the outcome and effect of spousal involvement in the workplace. The cadre description of the Doctors includes the following: Consultant (A doctor who has completed postgraduate training and appointed to work as a specialist in a hospital), Senior registrar (A doctor in the clinical postgraduate training program who has passed her membership examinations), Registrar (A doctor who is in a clinical postgraduate training program who has not passed the membership examinations), Medical Officer (A doctor who is working in the hospital and is not on the clinical postgraduate training program track), Medical Academician (A doctor who is not practicing clinical medicine but strictly in the academia).

Responses were exported into an Excel spreadsheet and analyzed using SPSS version 23. Results were presented in simple frequency tables while the test of association was done using odds ratio and confidence intervals. The level of significance was set at P value of 0.05.

### 3. Results

A total of 83 persons responded to the survey and they were all doctors. The majority of the doctors who responded were consultants 57 (68.7%), and worked in Tertiary health institutions 50 (60.2%). Most of the respondents practiced in the Southern part of Nigeria 56 (67.5%) while 23 (27.7%) practiced in the northern part. Four (4.8%) respondents practiced outside Nigeria. Their age ranged from 26 years to 70 years with the majority of the respondents 37 (44.6%) aged between 41 to 50 years (**Table 1**).

**Table 1.** Characteristics of respondents.

Variable	Frequency (n = 83) (%)
<b>Occupation of Respondents</b>	
Doctor	83 (100)
<b>Cadre</b>	
Consultant	57 (68.7)
Senior registrar	9 (10.8)
Registrar	9 (10.8)
Medical Officer	4 (4.8)
Another cadre	3 (3.6)
Medical Academician	1 (1.2)
<b>Age in years</b>	
<31	2 (2.4)
31 to 40	15 (18.1)
41 to 50	37 (44.6)
51 to 60	21 (25.3)
61 to 70	8 (9.6)

**Continued**

<b>Place of work</b>	
Tertiary Institution	50 (60.2)
Non-Tertiary, Government Health care facility	23 (27.7)
Private Health facility	7 (8.4)
Health Management facilities	2 (2.4)
Non-governmental organization	1 (1.2)
<b>Location of place of work</b>	
Southern Nigeria	56 (67.5)
Northern Nigeria	23 (27.7)
Outside Nigeria	4 (4.8)

**3.1. Frequency of Spousal Involvement in the Workplace**

Among the respondents, 60 (72.3%) had witnessed a doctor's spouse being involved in the workplace either personally or as an observer. The number of incidents reported per respondent ranged from 1 to 10. The majority 46 (55.4%) reported only one incident, and they were reporting on behalf of their colleague 39 (47%), only 14 (16.9%) of the reported incidents happened directly to the respondents making them self-reported incidents (**Table 2**).

**3.2. Description of Spousal Involvement in the Workplace and Outcomes**

The most common reason for spousal involvement in the workplace was to protect the spouse from what they perceived as a threat 34 (54.0%), followed equally by non-work-related spousal support or acts of kindness, Report of family issues to doctor's colleagues and Deliberate verbal or physical altercation with spouse, 7 (11.1%). In the majority of the cases, the spouse came unsolicited, the age range of the doctor whose spouse got involved in the workplace and the age range of the spouse was the same at 41 - 51 years with a frequency of 18 (28.6%)

**Table 2.** Frequency of spousal involvement in the workplace.

<b>Variable</b>	<b>Frequency (n = 83) (%)</b>
<b>Witnessed a doctor's spouse being involved in the workplace</b>	
Yes	63 (75.9)
No	20 (24.1)
<b>Number of incidents reported per respondent</b>	
1	46 (55.4)
2	6 (7.2)
3	4 (4.8)
4	3 (3.6)
8	1 (1.2)
>10	3 (3.6)
<b>Recipients whose spouses got involved in their workplace</b>	
Colleagues	39 (47)
Friend	17 (20.5)
Self	14 (16.9)

and 30 (40%) respectively. The spouses of both consultants and registrars were equally the ones most frequently involved in the workplace 16 (25.4%). The majority of the spouses who got involved in the work were reported to have tertiary education 56 (88.9%) and they worked in the healthcare industry 20 (31.7%), although the occupation of most of the spouses who got involved in the workplace was not known 16 (25.4%). The most common perceived enablers of spousal involvement in the doctors' workplace were an expression of love for a spouse, 34 (54.0%) followed by ignorance of boundaries of spouses in the workplace, 17 (27.0%) and exertion of control by a spouse, 14 (22.2%) (**Table 3**).

**Table 3.** Description of spousal Involvement in the workplace and outcomes.

Variable	Frequency (n = 63) (%)
<b>Description of spousal involvement in the workplace</b>	
To protect a spouse from what they perceived as a threat	34 (54.0)
Non-work-related spousal support or acts of kindness	7 (11.1)
Report family issues to doctor's colleagues	7 (11.1)
Deliberate verbal or physical altercation with spouse/Spillover of family issues	7 (11.1)
Extension of spousal work privileges/authority to self	2 (3.2)
Help out the spouse carry out delegated work in the hospital (could be a medical procedure)	2 (3.2)
Interference with workflow	2 (3.2)
Others	2 (3.2)
<b>Who do you think invited the spouse to the incident?</b>	
The spouse came unsolicited	37 (58.1)
The doctor invited their spouse	25 (39.7)
Do not know	1 (1.2)
<b>The age range of the doctor whose spouse got involved</b>	
21 - 30yrs	9 (14.3)
31 - 40yrs	26 (41.3)
41 - 50yrs	18 (28.6)
51 - 60yrs	9 (14.3)
61 - 70yrs	1 (1.6)
<b>The estimated age range of spouses who got involved in the doctors' workplace</b>	
21 - 30yrs	4 (6.3)
31 - 40yrs	23 (36.5)
41 - 50yrs	30 (47.6)
51 - 60yrs	6 (9.5)
61 - 70yrs	0 (0)
<b>The cadre of Doctors whose spouses got involved in the workplace</b>	
Consultant	16 (25.4)
Registrar	16 (25.4)

**Continued**

Senior Registrar	14 (22.2)
Medical officer	8 (12.7)
House officer	6 (9.5)
Other cadre	2 (3.2)
Medical academician	1 (1.6)
<b>Highest Educational Qualification of the spouse who got involved</b>	
Tertiary	56 (88.9)
Do not know	6 (9.5)
Secondary	1 (1.6)
<b>Occupation of the spouse who got involved in the workplace</b>	
Health care industry	20 (31.7)
Engineer	6 (9.5)
Civil servant	5 (7.9)
Business (unspecified)	4 (6.3)
Educationist	4 (6.3)
Banking/Finance	3 (4.8)
Legal practitioner	2 (3.2)
Hospitality industry	1 (1.6)
Military	1 (1.6)
Unemployed	1 (1.6)
Unknown	16 (25.4)
<b>Perceived enabler to spousal involvement in the doctor workplace</b>	
Expression of love for a spouse	34 (54.0)
Ignorance of boundaries of spouses in the workplace	17 (27.0)
Exertion of control by a spouse	14 (22.2)
Do not know	6 (9.5)
High political or financial influence of spouse	5 (7.9)
Cultural thinking on the role of spouse in conflict with work role	1 (1.6)

**3.3. Perception and Outcome of Spousal Involvement**

Twenty-nine (46%) of the respondents described the reported spousal involvement at the workplace as inappropriate while 33 (52.4%) thought they were appropriate. From the respondents' point of view, the most common outcome of spousal involvement at the workplace was bringing more tension at the workplace or adding more complication to the situation 28 (44.4%), the second common outcome was bringing a resolution to work-related conflict 18 (28.6%). From the institutional point of view, the most common outcome of spousal involvement

**Table 4.** Perception and outcome of spousal involvement.

Variable	Frequency (n = 63) (%)
<b>Classification of witnessed incidents Spousal involvement in the workplace</b>	
Appropriate	33 (52.4)
Inappropriate	29 (46.0)
Undecided	1 (1.6)
<b>What effect did the spouses' involvement have on the doctor's workplace from respondents point of view</b>	
Tension at the workplace/complication of the situation	28 (44.4)
Resolution of conflict	18 (28.6)
None	8 (12.7)
Do not know	6 (9.5)
Helpful to spouse	3 (4.8)
<b>From an institutional point of view, what effect did the spouses' involvement have on the doctor's workplace?</b>	
Welcomed with resolution of the issues	24 (38.1)
Complicated the situation	17 (27.0)
Avoidance of colleagues and exclusion from responsibilities	10 (15.9)
Unwelcomed with no effect	10 (15.6)
Do not know	2 (3.2)

was the resolution of conflict 24 (38.1), followed by complication of the situation 17 (27%) (Table 4).

### 3.4. Factors Associated with the Perception of Inappropriate Spousal Involvement in the Workplace

Incidents of spousal involvement reported on behalf of other recipients (OR: 7.36 (95% CI: 1.48, 36.44) P: 0.007), a deliberate verbal or physical altercation with spouse (OR: 8.34 (95% CI: 1.13, 204.8) P: 0.04), ignorance of boundaries in the workplace (OR: 6.09 (95% CI: 1.70, 21.79) P: 0.003) and exertion of control by the spouse (OR: 11.2 (95% CI: 2.26, 56.41) P: 0.002) were significantly associated with higher odds of perceived inappropriate spousal involvement in the workplace while expression of love for spouse with acts of kindness was significantly associated with a lowered odds of perceived inappropriate spousal involvement (OR: 0.11 (95% CI: 0.03, 0.36) P: 0.0001) (Table 5). On the other hand, the respondents' age, type, and location of institution did not significantly affect the perception of inappropriate spousal involvement in the workplace ( $P > 0.05$ ). Similarly, spouses who did non-work-related acts of kindness, those who reported family issues to the doctor's colleagues, those who were invited by the

**Table 5.** Factors associated with the perception of inappropriate spousal involvement in the workplace.

Variable	Perceived Appropriate Response n (%)	Perceived Inappropriate Response n (%)	Total (n)	OD (95% CI)	P
<b>Age of Respondents</b>					
≤ 40years	7 (50)	7 (50)	14	1.22 (0.37, 4.03)	0.73
> 40years	27 (55.1)	22 (44.9)	49		
<b>Respondents Institution</b>					
Government or Tertiary	30 (54.5)	25 (45.5)	55	0.83 (0.18, 3.67)	0.81
Non-Government owned or private	4 (50)	4 (50)	8		
<b>Location of Respondent</b>					
Northern Nigeria	12 (60)	8 (40)	20	0.63 (0.21, 1.88)	0.411
Southern Nigeria	19 (48.7)	20 (51.3)	39		
<b>Recipient of Spousal involvement being reported by respondent</b>					
Reported on behalf of others	22 (44.9)	27 (55.1)	49	7.36 (1.48, 36.44)	0.007*
Self-Reported	12 (85.7)	2 (14.3)	14		
<b>Gender of the Doctor's spouse who got involved</b>					
Female	11 (44.0)	14 (56)	25	1.9 (0.7, 5.42)	0.198
Male	23 (60.5)	15 (39.5)	38		
<b>Reason to protect the doctor from what they perceived as a treat</b>					
Yes	20 (58.8)	14 (41.2)	34	0.65 (0.2, 1.7)	0.402
No	14 (48.3)	15 (51.7)	29		
<b>Description of spousal involvement</b>					
<b>Spouse was involved in non-work-related acts of kindness</b>					
Yes	6 (85.7)	1 (14.3)	7	0.16 (0.01, 1.47)	0.11
No	28 (50)	28 (50)	56		
<b>The spouse was involved in reporting family issues to the doctor's colleagues</b>					
Yes	2 (28.6)	5 (71.4)	7	0.31 (0.04, 2.38)	0.27
No	32 (57.1)	24 (42.9)	56		
<b>Deliberate verbal or physical altercation with spouse</b>					
Yes	1 (14.3)	6 (85.7)	7	8.34 (1.13, 204.8)	0.04*
No	33 (58.9)	23 (41.1)	56		
<b>The doctor invited their spouse</b>					
Yes	16 (64)	9 (36)	25	0.5 (0.17, 1.42)	0.19
No	18 (47.4)	20 (52.6)	38		
<b>Estimated Age range of Doctors' whose spouses got involved</b>					
≤ 40years	21 (60)	14 (40)	35	0.57 (0.21, 1.5)	0.28
> 40years	13 (46)	15 (53.6)	28		
<b>Estimated Age range of spouses who got involved in Doctors' workplace</b>					
≤ 40years	15 (55.6)	12 (44.4)	27	0.89 (0.32, 2.4)	0.82
> 40years	19 (52.8)	17 (47.2)	36		
<b>The Cadre of Doctors whose spouse got involved in the workplace was a consultant</b>					
Yes	8 (50)	8(50)	16	1.2 (0.39, 3.8)	0.71
No	26 (55.3)	21(44.7)	47		



## Continued

	Spouse working in the healthcare industry				
Yes	11 (55)	9 (45)	20	0.94 (0.32, 2.7)	0.91
No	23 (53.5)	20 (46.5)	43		
<b><i>Perceived enabler to spousal involvement in the doctor workplace</i></b>					
	Ignorance of boundaries in the workplace				
Yes	4 (23.5)	13 (76.5)	17	6.09 (1.70, 21.79)	0.003*
No	30 (65.7)	16 (34.8)	46		
	High political or financial influence of spouse				
Yes	3 (60)	2 (40)	5	0.76 (0.11, 4.92)	0.57
No	31 (53.4)	27 (46.6)	58		
	Expression of love for the spouse				
Yes	26 (76.5)	8 (23.5)	34	0.11 (0.03, 0.36)	0.0001*
No	8 (27.6)	21 (72.4)	29		
	Exertion of control by the spouse				
Yes	2 (14.3)	12 (85.7)	14	11.2 (2.26, 56.41)	0.002*
No	32 (65.3)	17 (34.7)	49		

doctor, their place of work and age were not significantly associated with the perception of inappropriate spousal involvement in the workplace ( $P > 0.05$ ) (Table 5).

#### 4. Discussion

This survey among doctors identified that spousal involvement in the workplace of doctors was relatively common. It showed the reasons doctor's spouses got involved in their workplace and also described what was perceived as inappropriate spousal involvement in the workplace. It further identified the outcomes and impact of involvement of doctor's spouses in their workplace.

This study population involved doctors mostly living and working within Nigeria with the majority (66.5%) domiciled in the southern states of the country. There was a wide distribution of ages with over half in the active childbearing ages and 9.6% aged within the elderly population. This wide distribution of age groups would bring generational diversity to the responses received by the survey. The cadres of the respondents ranged from consultants to medical officers and there was no significant association between these variables and the perception of inappropriate spousal involvement in social interaction. These differences if they exist, could result in stereotyping in the workplace as well as contrasting communication and work styles [10].

Those who reported an incident of spousal involvement in the workplace were significantly more likely to perceive it as inappropriate as opposed to self-reporting. This is because a neutral party is more likely to be objective about the pros and cons of an incident as opposed to the person involved who may not be objective. It also helps the doctor see that once they involve their spouse in the workplace, others are affected by that decision. Understanding what is perceived as inappropriate and appropriate spousal involvement would help all workers

maintain a good working environment concerning relationships and energy in the workplace. There is however limited literature on this aspect of workplace ethics and this study has shown that there is a need to have an understanding of what is acceptable conduct of a spouse in the workplace of their partner, a clear definition of the boundaries of acceptable involvement from the partners' colleague's perspective. The focus of this paper was specifically on the workplace of doctors.

Seventy-two percent of doctors had witnessed a doctor's spouse being involved in the workplace either personally or as an observer. Spousal involvement in the workplace to give social support has been associated with improved physical and mental health outcomes and greater life satisfaction. In addition, social support has been reported to assist in the management of life's stresses, foster resiliency, and strongly promote a sense of community [1] [2]. The balance between work and life/relationships can be challenging, especially in modern times. It is important to maintain this balance as too much attention on either area can be disadvantageous to the other, however, with the perfect balance, having a happy marriage can spill over into the work environment, resulting in satisfaction both at work and at home [3]. Positive descriptions for spousal involvement in the workplace reported in this study included protection of spouses from what they perceived as a threat and non-work-related spousal support or acts of kindness. Over half of the doctors reported the perceived enabler of spousal involvement that they witnessed was an expression of love for their spouse. This study shows that the hospital community which is also the workplace of the majority of the doctors understands, and positively welcomes incidences in which the doctor's spouse shows acts of kindness and support in the workplace.

On the other hand, ignorance of the boundaries of a spouse within the workplace can lead to the spouse interfering with the flow of work or performing duties that they are not empowered to perform either from an administrative or medical perspective. In this study, two doctors reported helping a spouse carry out delegated work which could involve performing a medical procedure. While one could argue that the spouse could have been a doctor, the spouse may not have the authorization to perform any medical procedure in the department or institution in which they helped. It is important to reiterate the fact that authorization and privileges in the workplace are not acquired by marriage while maintaining an expected degree of courtesy to the spouse of a doctor. A senior doctor in an administrative office could have privileges and junior colleagues that report to them, it would however not be appropriate for the spouse to assume that they could carry out the same administrative functions or give directives in the same capacity. It is therefore not surprising that this survey identified ignorance of workplace boundaries by the spouse as one of the significant enablers of inappropriate spousal involvement in the workplace.

Spousal conflict refers to overt opposition between spouses that is identified by the spouses as a disagreement or a source of difficulty in the relationship [4]

which can also occur in the workplace. Conflict presenting as a deliberate verbal or physical altercation with spouse as well as reporting family issues to doctor's colleagues which interfered with workflow was noted in this survey. Conflict in marriage is inevitable, this is because the personal beliefs and habits of one person could annoy the other, regardless of the degree of love. Conflict acceptance and resolution ultimately occur in a healthy relationship [7]. Marital conflict has been linked to depressive symptoms, anxiety disorders, eating disorders, episodic drinking, binge drinking, and alcoholism [6] [7]. Even if the initial marital conflict occurred at home, it could spill over into the workplace as demonstrated in this study. The workplace, however, is not the place to display family conflict and neither is it a place to resolve marital conflict especially when it involves open verbal or physical altercations which this study has shown to be significantly perceived as an inappropriate behavior of spouses in the workplace of doctors.

Conflict in any workplace reduces productivity if this occurs in hospitals or clinics, it can affect health service delivery outcomes. Addressing conflicts in the workplace should be handled with all the internal mechanisms available within the workplace. Involvement of doctor's spouses in conflict resolution at work should not be advocated as only 38.1% of interviewed doctors reported resolution of the conflict. The spousal involvement in conflict at the workplace was thought to complicate the situation more while 15.9% reported subsequent avoidance of colleague and exclusion from responsibilities in the hospital as their response to the incidence. The workplace should be safe and comfortable for all workers and physical safety is most often prioritized, however, the social and organizational circumstances in which workers perform their assignments should also be considered [8]. We are humans with degree of emotions and certain social interactions can make doctors and indeed all workers uncomfortable in the workplace whether they are involved in the interaction or they are just witnesses to the interaction [11].

In conclusion, Spousal involvement in the workplace is relatively common. Expression of love for the spouse with acts of kindness was perceived as appropriate while deliberate verbal or physical altercation with spouse is inappropriate in the workplace. The majority of the incidences of inappropriate spousal involvement in the workplace are identified and characterized by the coworker who witnessed the incident. Ignorance of the boundaries of the workplace and exertion of control by the spouse were significant enablers of inappropriate spousal involvement in the workplace of doctors.

## 5. Limitations of This Study

This was an online survey via Google form and it was accessible to many doctors because it was available on multiple doctor's platforms; however, only doctors with interest in the topic would take out time to fill out the form making our respondent population skewed, as a result, this study will not be able to identify the true incident rate of spousal involvement in the workplace of doctors.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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## Appendix: Spousal Involvement in Doctors' Workplace

Dear Colleagues, The Scientific committee of 23rd Biennial Conference and scientific meeting of Medical Women Association of Nigeria is conducting a survey on Spousal involvement in the workplace of Doctors. This survey is aimed at identifying the frequency, the circumstances, nature and the predisposing factors that facilitate involvement of Doctors' spouses in their workplace. It is hoped that the findings of this study would help define acceptable level of spousal involvement with issues in the workplace of their partners and highlight potential outcomes of degrees of spousal involvement in doctors' workplace.

Please note that all responses are anonymous and emails would not be stored.

\*Indicates required question.

1. Are you a doctor\*

*Mark only one oval.*

Yes

No

2. Indicate your cadre\*

*Mark only one oval.*

Consultant

Medical academician

Senior Registrar

Registrar

Medical Officer

House Officer

Other cadre

3. How old are you in years?\*

4. What option best describes your primary place of work?\*

*Mark only one oval.*

Private health facility

Government health care facility

Tertiary Institutions

Non-governmental Organizations

Health management facilities

Others (Specify)

5. Which region of Nigeria describes the location of your place of Work?\*

*Mark only one oval.*

North West Nigeria

North East Nigeria

North Central Nigeria

South West Nigeria

South East Nigeria

South South Nigeria

Others

6. If you selected “Others” in the previous question (Q4), in which country is your place of work located?

7. Have you witnessed a doctor’s spouse being involved in the workplace either \* personally or as an observer?

*Mark only one oval.*

Yes

No

8. How would you best describe the frequency of involvement of doctors’ spouses\* in their workplace?

*Check all that apply.*

Never

At least once in 5 years

At least once a year

Two or more times a month

At least once a Month

At least once a week

Two or more times a week

At least once a day

9. In the incident that comes to your mind in which a spouse was involved in a doctors’ workplace, who was the recipient?

*Check all that apply.*

Yourself

A junior colleague under your supervision

A personal friend

A senior colleague

Other:

10. If you witnessed more than one incident in the previous question (Q7), please state those involved and how many times e.g. (a friend: 7times)

11. In your opinion, the involvement of the spouse in the incident being referred to, could best be classified as which of the following? *Mark only one oval.*

Appropriate

Inappropriate

12. The Doctor whose spouse got involved is identified as what gender in the workplace?

*Mark only one oval.*

Female

Male

13. From your observation, what is the gender of the doctor’s spouse who got involved in the work place?

*Mark only one oval.*

Female

Male

14. What was the purpose for which the Doctors' spouse got involved?

*Mark only one oval.*

To protect the doctor from what they perceived as threat

To report family issues to the doctor's colleagues

To engage the spouse in settling family squabbles between them selves

Deliberate verbal or physical altercation with spouse

Others

15. If you selected "Others" in the previous question (Q11) on other situation in which a doctor's spouse got involved), please describe it below?

16. In the situation in which the doctors spouse got involved, who do you think invited the spouse?

*Mark only one oval.*

The Doctor invited their spouse

The spouse came unsolicited

17. Please estimate the age range of the Doctor whose spouse got involved in the workplace

*Mark only one oval.*

21 - 30 years

31- 40 years

41 - 50 years

51 - 60 years

60 - 70 years

70 - 80 years

>80 years

18. Please estimate the age range of the Doctor's spouse who got involved in the workplace

*Mark only one oval.*

21 -30 years

31- 40 years

41 - 50 years

51- 60 years

60 - 70 years

70 - 80 years

>80 years

19. What was the cadre of the Doctor whose spouse got involved in the workplace

*Mark only one oval.*

Consultant

Medical academician

Senior Registrar

Registrar

Medical Officer

House Officer

Other cadre

20. What was the highest educational qualification of the Spouse who got involved in the workplace?

*Mark only one oval.*

Tertiary

Secondary

Primary

No formal education

Do not know

21. What was the occupation of the Spouse who got involved in the Doctors' workplace?

22. Is there any peculiar dynamic that you think could have facilitated or enabled the doctors' spouse to interfere in their workplace?

*Check all that apply.*

Exertion of control by spouse

High political or financial influence of spouse

Expression of love for spouse

Ignorance on boundaries of spouses in the workplace

Do not know

Others

23. If you selected "Others" in the previous question (Q16), on any peculiar dynamic that you think could have facilitated or enabled the doctors' spouse to interfere in their work place, please describe it below.

24. In your opinion, what effect or outcome did the spouse's involvement have on the doctor's workplace?

*Mark only one oval.*

Resolution of conflict

Tension at the workplace or complication of the situation

Do not know

None

Other

25. If you selected "Others" in the previous question (Q17) on "Was there any workplace effect or outcome of the doctors' spouse involvement from a personal point of view" please describe it below.

26. From an institutional point of view or other colleagues' point of view, what effect or outcome did the spouse's involvement have on the doctor's workplace?

*Mark only one oval.*

Welcomed with resolution of the issue

Unwelcomed with no effect



Complicated the situation and increased tension

Avoidance of colleague and exclusion from responsibilities

Others

27. If you selected “Others” in the previous question (Q18), on “From an institutional point of view or other colleagues’ point of view, what effect or outcome did the spouse’s involvement have on the doctor’s workplace?” Please describe it below