

The Issues that Working Female Obstetricians and Gynecologists Face in Japan

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Introduction

As the environment surrounding obstetrics and gynecology (ob/gyn) drastically changes, increasing number of obstetricians and gynecologists (Ob/Gyns) are leaving their jobs. In the mean time, there are more females among the ob/gyn-specialized senior residents, resulting in the reversal of the sex-ratio among Ob/Gyns since the mid 1990's. Now, over 70% of the senior residents specialized in ob/gyn are females. On the other hand, many female Ob/Gyns leave their jobs for childbirth and parenting, creating a considerable impact on the future of ob/gyn. It is therefore urgent to improve the work environment for female Ob/Gyns to minimize their early retirement as much as possible. Japan Association of Obstetricians and Gynecologists (JAOG) recently conducted a questionnaire survey on current work environment for female Ob/Gyns in relation to their pregnancy, childbirth, and parenting. Here I discuss its findings and describe the issues related to the working female Ob/Gyns.

Survey Methods

The Committee for Hospital-employed Physicians of JAOG conducted “the questionnaire survey on the improvement of labor conditions of hospital-employed obstetricians and gynecologists and the work environment for female physicians”

(hereafter the Survey). The target of the Survey was 1,177 facilities that handled delivery in Japan excluding those with inpatient wards. The survey period was from June 16 to July 31, 2008, and the recovery rate was 72.5% (853 facilities).

Environment Surrounding Female Ob/Gyns

The importance of the work environment for female Ob/Gyns is underscored by the fact that now more than 70% of senior residents specializing in ob/gyn are females. Among the female Ob/Gyns, the percentage of females who actually perform delivery is only 66% on average, which is over 16% less than that of the males (82.6%). Among the females with work experience of 9 to 15 years in particular, this percentage drops to below 60%. More than 20% of female Ob/Gyns leave their work in the 9th, 10th, and 15th years of their career.¹ Such career decision by female Ob/Gyns is believed to have the issues of childbirth and parenting in the background, indicating that the work environment surrounding them have not sufficiently responded to those issues yet. The following sections discuss the maternity issues for working female Ob/Gyns, which are considered particularly problematic to them.

Hospital nurseries (Table 1)

Among the surveyed hospitals, 46.8% of the

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Table 1 Operation status of hospital nurseries

(%)

Hospital nurseries	Usage by the employed Ob/Gyns*	Number of users	Nursing of sick children	24-hour nursing
By the governing entity				
University	59 (61.5)	58 (98.3)	35	12 (12.5)
National	27 (81.8)	26 (96.3)	10	0 (0)
Prefectural	25 (41.0)	22 (88.0)	4	0 (0)
Municipal	77 (45.6)	68 (88.3)	8	12 (7.1)
Welfare Federation†	14 (32.6)	13 (92.9)	2	2 (4.7)
Social Welfare Organization‡	14 (45.2)	13 (92.9)	2	2 (6.5)
Social Insurance	3 (25.0)	3 (100)	7	0 (0)
Japanese Red Cross	27 (50.9)	26 (96.3)	0	6 (11.3)
Private	104 (44.4)	95 (91.3)	79	34 (14.5)
Others	49 (40.5)	46 (93.8)	16	12 (9.9)
By function				
Single departments	8 (17.8)	7 (87.5)	1	1 (2.2)
Joint departments	41 (34.2)	41 (100)	63	13 (10.8)
General hospitals	343 (51.4)	315 (91.8)	98	66 (9.9)
Others	7 (35.0)	7 (100)	1	0 (0)
All facilities	399 (46.8)	370 (92.7)	163	80 (9.4)

The data show the number of facilities and the frequency in all surveyed facilities. Ob/Gyns: obstetricians and gynecologists. The number of pregnant and/or parenting female Ob/Gyns: 413. * The frequency of facilities that allow the employed physicians to use their hospital nurseries. † Welfare Federation of Agricultural Cooperatives. ‡ Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc.

(Quoted from the Report of the Questionnaire Survey on the Improvement of Labor Conditions of Hospital-employed Obstetricians and Gynecologists and the Work Environment for Female Physicians, January 2009.)

Table 2 Availability of a substitute physician program and its usage by female obstetricians /gynecologists (Ob/Gyns)

(%)

	Total number of female Ob/Gyns	Number of pregnant and/or parenting female Ob/Gyns ^a	Substitute physician program	
			Provided ^b	Actual users (persons) ^c
By the governing entity				
University	427	150 (35.1)	10 (10.4)	4 (2.7)
National	45	14 (31.1)	6 (18.2)	2 (14.3)
Prefectural	76	19 (25.0)	11 (18.0)	2 (10.5)
Municipal	160	43 (26.9)	23 (13.6)	17 (39.5)
Welfare Federation†	33	12 (36.4)	6 (14.0)	4 (33.3)
Social Welfare Organization‡	34	7 (20.6)	2 (6.5)	1 (14.3)
Social Insurance	19	10 (52.6)	1 (8.3)	4 (40.0)
Japanese Red Cross	105	32 (30.5)	6 (11.3)	1 (3.1)
Private	225	83 (36.9)	29 (12.4)	20 (24.1)
Others	135	43 (31.9)	16 (13.2)	22 (51.2)
By function				
Single departments	26	6 (23.1)	5 (11.1)	3 (50.0)
Joint departments	96	36 (37.5)	14 (11.7)	7 (19.4)
General hospitals	1,125	366 (32.5)	89 (13.3)	66 (18.0)
Others	12	5 (41.7)	2 (10.0)	1 (20.0)
All facilities	1,259	413 (32.8)	110 (12.9)	77 (18.6)

^a The frequency among all female Ob/Gyns. ^b The frequency in all surveyed facilities. ^c The frequency among pregnant and/or parenting female Ob/Gyns. † Welfare Federation of Agricultural Cooperatives. ‡ Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc.

(Quoted from the Report of the Questionnaire Survey on the Improvement of Labor Conditions of Hospital-employed Obstetricians and Gynecologists and the Work Environment for Female Physicians, January 2009.)

Table 3 Reduction of workload during pregnancy and parenting

(%)

	Reduction of workload during pregnancy			Reduction of workload during parenting		
	Reduction in night duty responsibility*	Gestational weeks that the adjustment starts	Actual users (persons)	Reduction in night duty responsibility*	Duration (months)	Actual users (persons)
By the governing entity						
University	68 (70.8)	25.1	115	67 (69.8)	18.3	99
National	18 (54.6)	22.9	19	10 (30.3)	12.0	3
Prefectural	21 (34.4)	20.3	13	20 (32.8)	9.5	12
Municipal	71 (42.0)	22.2	60	54 (32.0)	10.6	29
Welfare Federation†	15 (34.9)	25.8	12	14 (32.6)	8.4	12
Social Welfare Organization‡	15 (48.4)	31.0	9	12 (38.7)	3.0	5
Social Insurance	7 (58.3)	23.3	8	4 (33.3)	12.0	4
Japanese Red Cross	30 (56.6)	24.2	24	26 (49.1)	18.7	11
Private	90 (38.5)	21.2	65	87 (37.2)	16.0	50
Others	53 (43.8)	22.7	46	52 (43.0)	17.2	35
By function						
Single departments	9 (20.0)	31.3	2	9 (20.0)	7.5	3
Joint departments	46 (38.3)	21.9	29	44 (36.7)	16.3	26
General hospitals	326 (48.8)	23.3	336	286 (42.8)	15.4	228
Others	7 (35.0)	19.0	4	7 (35.0)	12.0	3
All facilities	388 (45.5)	23.3	371	346 (40.6)	15.3	260

The number of pregnant and/or parenting female obstetricians and gynecologists: 413. * The frequency in all surveyed facilities. † Welfare Federation of Agricultural Cooperatives. ‡ Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc.

(Quoted from the Report of the Questionnaire Survey on the Improvement of Labor Conditions of Hospital-employed Obstetricians and Gynecologists and the Work Environment for Female Physicians, January 2009.)

Table 4 Present status of parenting leave availability

(%)

	Parenting leave for females			Parenting leave for males (Paternity leave)		
	Provided*	Duration (years)	Actual users	Provided*	Duration (years)	Actual users
By the governing entity						
University	70 (72.9)	1.6	93	30 (31.3)	2.3	0
National	18 (54.6)	2.6	2	8 (24.2)	3.0	0
Prefectural	39 (63.9)	2.6	8	21 (34.4)	2.7	0
Municipal	104 (61.5)	2.4	29	57 (33.7)	2.8	1
Welfare Federation†	25 (58.1)	1.1	6	10 (23.3)	1.3	0
Social Welfare Organization‡	19 (61.3)	1.0	9	6 (19.4)	1.2	0
Social Insurance	9 (75.0)	3.6	2	5 (41.7)	2.5	0
Japanese Red Cross	35 (66.0)	2.3	23	19 (35.9)	2.8	0
Private	125 (54.1)	1.2	85	66 (28.2)	1.2	4
Others	84 (69.4)	2.1	40	44 (36.4)	1.9	0
By function						
Single departments	15 (33.3)	1.1	3	6 (13.3)	1.5	0
Joint departments	60 (50.0)	1.6	39	29 (24.2)	1.5	0
General hospitals	442 (66.2)	1.9	251	226 (33.8)	2.2	5
Others	11 (55.0)	1.1	4	5 (25.0)	1.3	0
All facilities	528 (61.9)	1.8	297	266 (31.2)	2.1	5

The number of pregnant and/or parenting female obstetricians and gynecologists: 413. * The frequency in all surveyed facilities. † Welfare Federation of Agricultural Cooperatives. ‡ Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc.

(Quoted from the Report of the Questionnaire Survey on the Improvement of Labor Conditions of Hospital-employed Obstetricians and Gynecologists and the Work Environment for Female Physicians, January 2009.)

facilities provided hospital nurseries (**Table 1**). Nurseries have been established more frequently at national and university hospitals in terms of governing entities and at general hospitals in terms of hospital functions. Although more than 90% of these nurseries were available to be used by the employed Ob/Gyns, the actual use was as low as 39.5% (163 persons). Furthermore, the percentage of facilities that offer nursing of sick children and 24-hour nursing were at 9.4% and 13.0% respectively, which are both extremely low. This suggests a lack of consideration to the actual work hours and working conditions of female Ob/Gyns.

Parenting support and workload adjustment during pregnancy and parenting

Of the 1,259 female Ob/Gyns surveyed, 413 (32.8%), meaning roughly one out of three, were pregnant and/or parenting. Only 12.9% of the facilities had a substitute physician program, and the female Ob/Gyns who actually had used the program remained low at 18.6% (**Table 2**). The reduction of workload due to pregnancy was implemented only at 45.5% of the facilities, starting from the 23.3 weeks gestation on average (range: 19 to 31.3 weeks). The reduction of night duty responsibility during parenting was implemented at 40.6% of the facilities for the period of 15.3 months on average (range: 3.0 to 18.7 months) (**Table 3**).

Parenting leave (**Table 4**)

Parenting leave for females was provided at 61.9% of the facilities, and the average duration was approximately 1.8 years (range: 1.0 to 3.6 years) (**Table 4**). In terms of the hospital functions, those working at single departments of ob/gyn were less likely to take parenting leave. Of the 413 pregnant/parenting female Ob/Gyns in this Survey, 297 (71.9%) actually took parenting leave.

The very interesting finding, on the other hand, was that 31.2% of the facilities allow paternity leave for male physicians. The average duration of paternity leave was approximately 2.1 years (range: 1.2 to 3.0 years). So far, five male physicians had actually taken advantage of paternity leave in Japan.

Summary

The Survey revealed that approximately 30%

of full-time Ob/Gyns at facilities that handled delivery were females, and one-third of these females were pregnant and/or parenting. On the other hand, more than 20% of female Ob/Gyns were leaving their jobs due to their own pregnancy and/or parenting. It is therefore very important to develop a work environment that can satisfy the maternity needs of young female Ob/Gyns, who are the main force in perinatal medicine. However, only 12.9% of the facilities surveyed actually had a substitute physician program to support the pregnancy and parenting of the employed female Ob/Gyns, imposing an excessive burden on them. We need to secure sufficient workforce through work sharing program and re-employment of female Ob/Gyns to strongly promote the workload adjustment during pregnancy and parenting.

Although nearly a half of the facilities in the Survey had hospital nurseries, approximately 40% of the female Ob/Gyns actually used the hospital nurseries. Only about 10% of the facilities offer nursing of sick children or 24-hour nursing, which would be essential for female Ob/Gyns if they are to fulfill night duties or respond to unscheduled calls. This reality demands hospital nurseries to be improved to meet the needs of female Ob/Gyns,² which would require governmental support especially in regard to financial assistance.

The night duty responsibility was reduced only at 45.5% of the surveyed facilities during pregnancy and 40.6% during parenting period. In other words, more than a half of the facilities did not have a program to adjust night duty responsibility. According to the facility information compiled by JAOG, the average number of full-time Ob/Gyns working at the surveyed facilities was 4.9 (range: 3.3 to 13.7),³ meaning obstetric care of a facility may not properly function if even one becomes unavailable for night shifts. With a decreasing number of Ob/Gyns as a whole and an increasing proportion of the female, insufficient support for female Ob/Gyns during their pregnancy and parenting can add to their mental and physical burdens.

With respect to parenting leave, approximately 30% of female Ob/Gyns were unable to take parenting leave. The reason is, the law concerning parenting leave disqualifies part-time physicians from the right to take parenting leave. As a system like work sharing program and the

use of the Female Physician Support Program (operated by Japan Medical Association) expands in the nation, it is evident that part-time female physicians must be posted practically as workforce. Therefore, it is imperative that we raise our voice to the government to establish proper legal measures for their welfare.

Individual healthcare facility is making various efforts to cope with the shortage of Ob/Gyns and taking measures to support the working

female physicians. However, such individual efforts have limitations. We must aim to reduce the number of female Ob/Gyns who leave their jobs by preparing a work environment where they can work in prenatal care without any concerns for their own maternity needs. Under the collaboration of Japan Medical Association, Japan Society of Obstetrics and Gynecology, and JAOG, strong and positive support from the government will be crucial to achieve our goals.

References

1. Eguchi N, Nomura M, Sato K, et al. Report of the survey on work conditions of obstetricians and gynecologists with emphasis on the females. Japan Medical Association Research Institute Working Paper; 2007. No.143. (in Japanese)
2. Eguchi N, Nomura M, Deguchi M. Survey on the support to the working physicians, including hospital nurseries. Japan Medical Association Research Institute Working Paper; 2008. No.164. (in Japanese)
3. Ozasa H, Ozasa H, Tochigi B, et al. National survey on improving work environment for hospital-employed obstetricians and gynecologists: The 2007 national survey by Japan Association of Obstetricians and Gynecologists. *Perinatal Medicine*. 2008; 38(11):1477–1482. (in Japanese)