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# The present status of female physicians at hospital and the support measures in Japan

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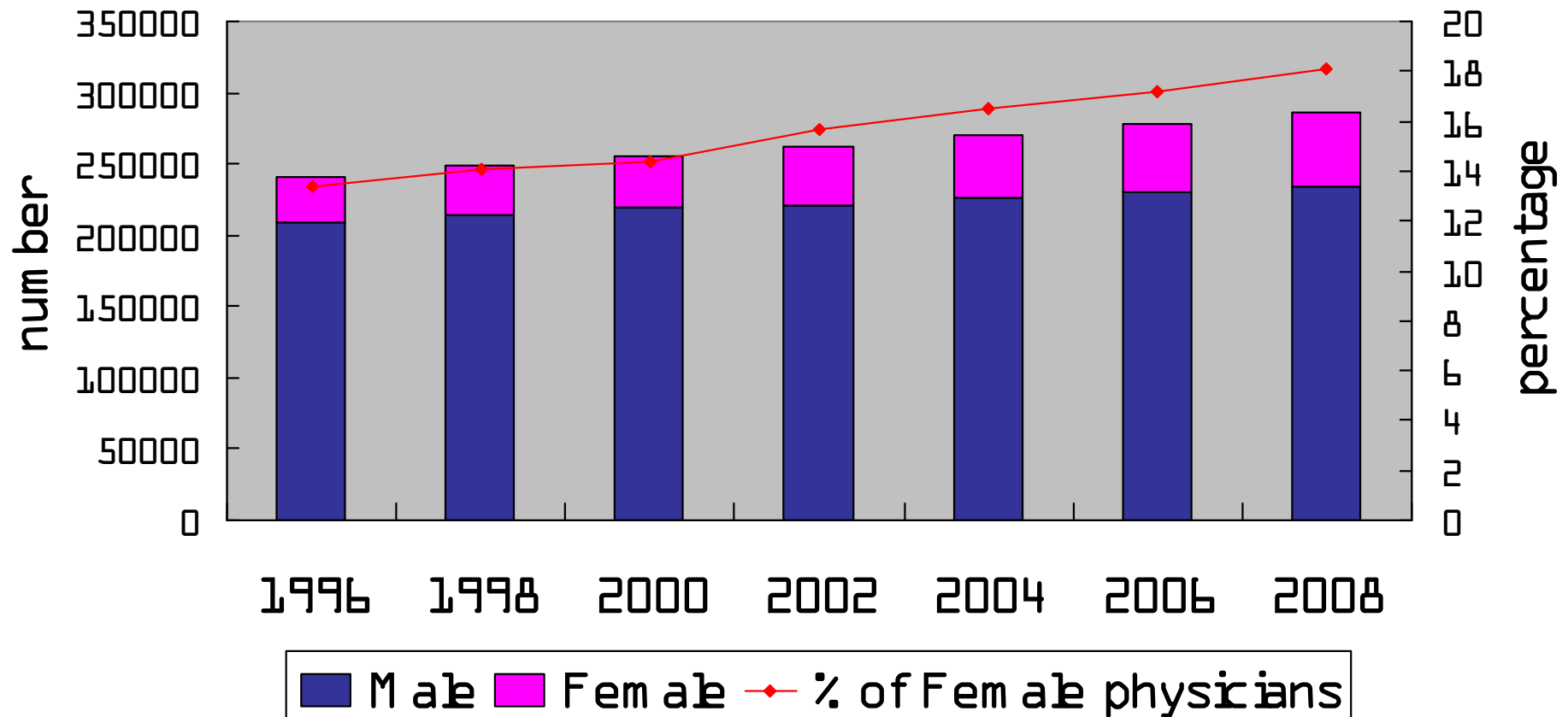
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# Background

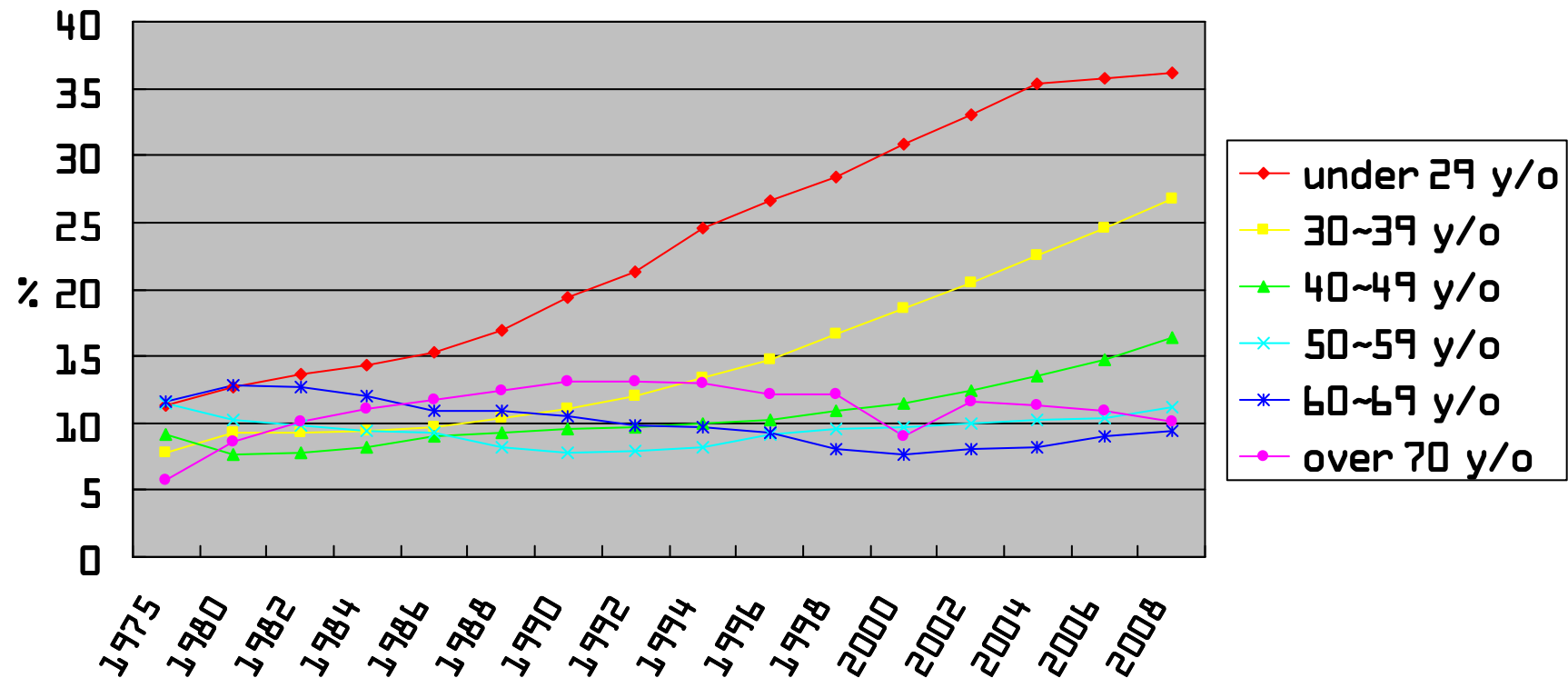
## Number and percentage of female physicians



In Japan the proportion of female physicians is increasing up to 18.1 percent (51,997 to 286,699) in 2008.

# Background 2

## Percentage of female physicians by age group

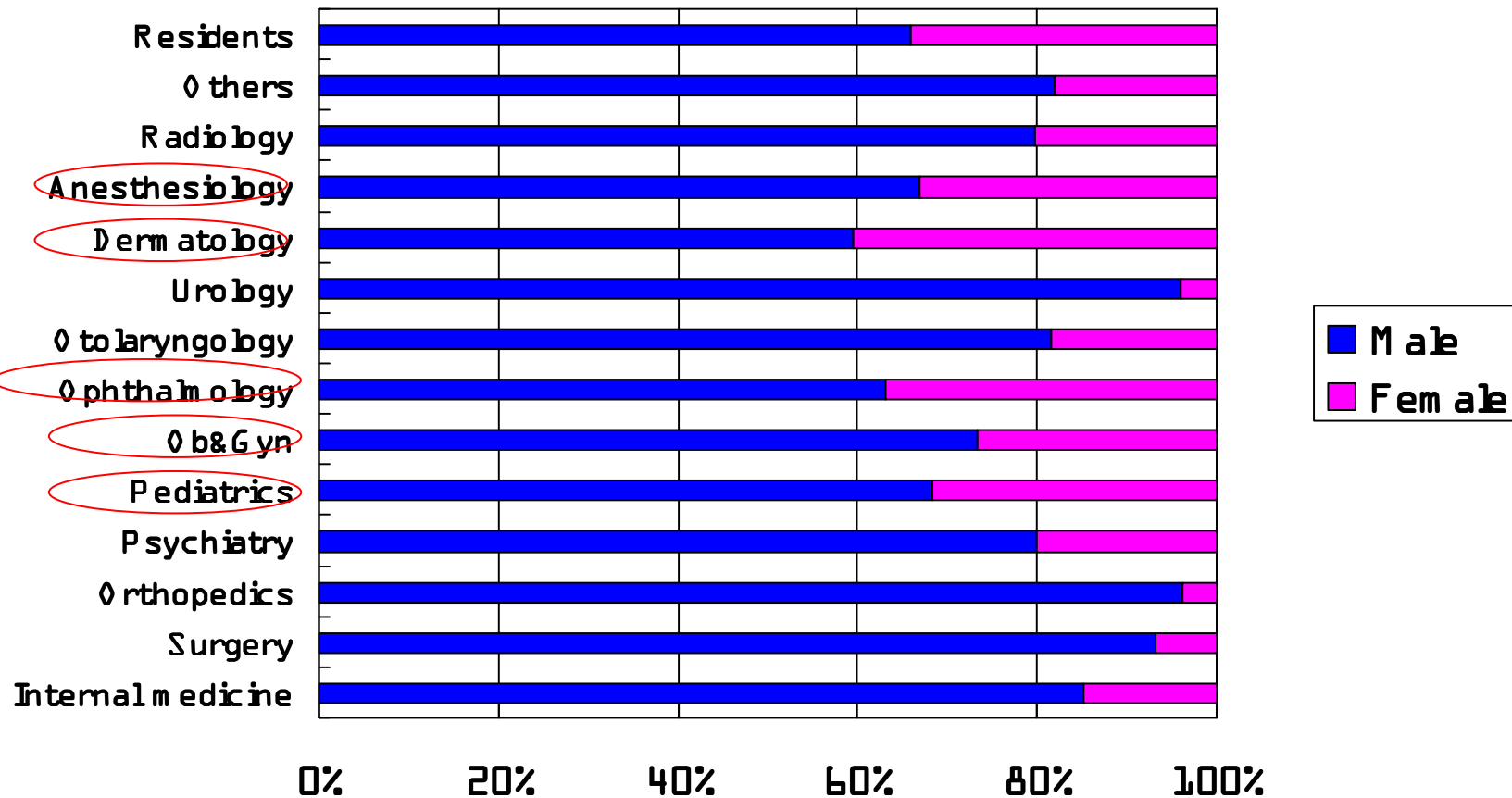


In recent years, women have accounted for more than 30% of newly qualified physicians and those entering medical schools in Japan.

Their working pattern has a large impact on patient care, healthcare systems and the profession itself.

# Background 3

Specialties by gender



As for the choice of specialty, the preferable specialties of female physicians were internal medicine, pediatrics, ophthalmology, dermatology and Ob/Gyn. The specialties that the rate of female physicians was high were ophthalmology, dermatology, anesthesiology and Ob/Gyn. The rates of female physicians in surgery, orthopedics were low. These findings are quite common in other countries.

# Background 4

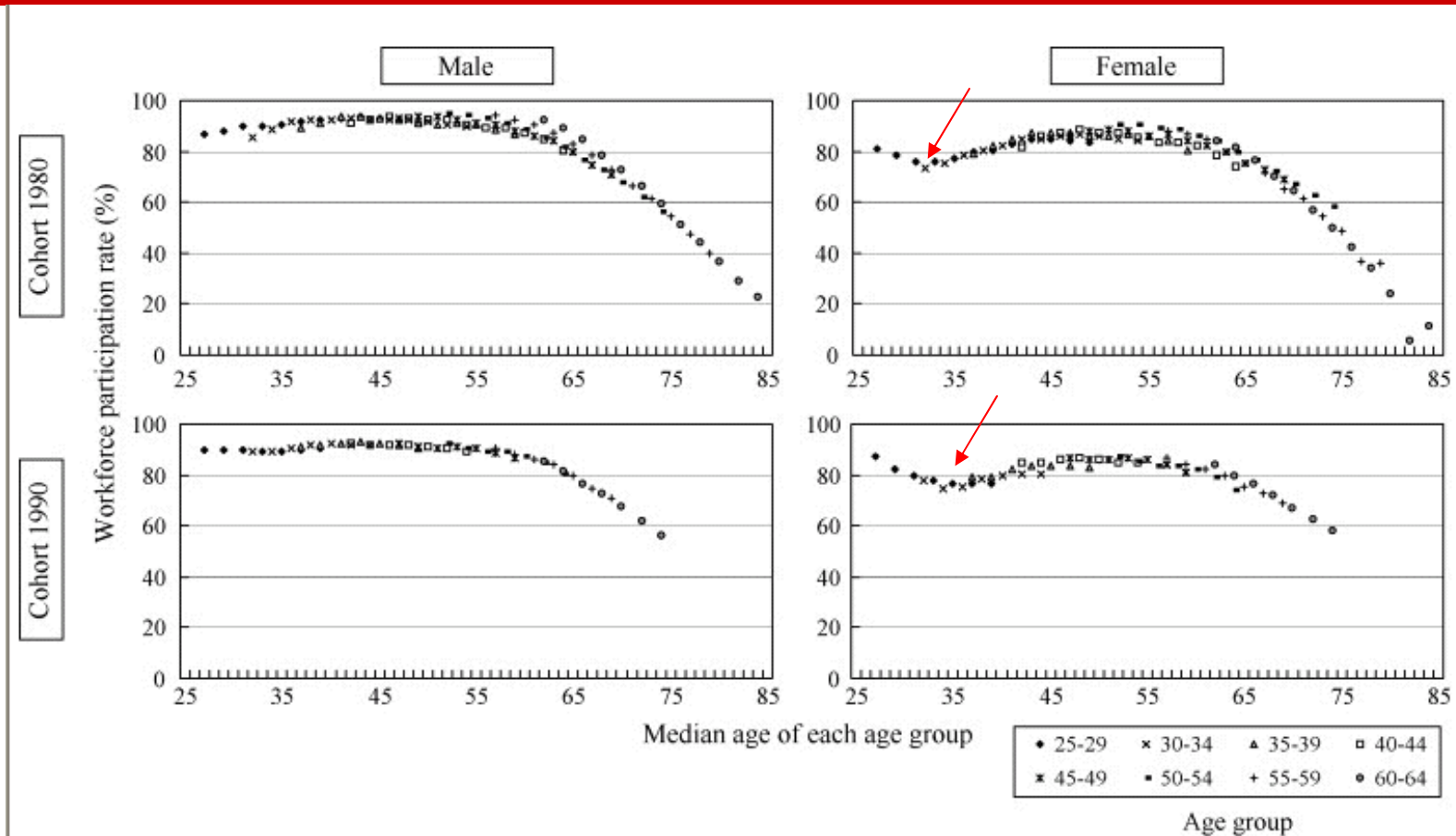


Fig. 2. Workforce participation rates of physicians in Cohort 1980 and Cohort 1990.

**The female workforce rates fell to a low of 73.2% around the age of 32 in Cohort 1980 and to a low of 74.8% around the age of 34 in Cohort 1990.**

# Background summary

- There are differences between female doctors and male doctors in several aspects such as choice of specialty, working hour, practical settings, position or practice location. The difference was pointed out to be one of major courses of "the collapse of health care" in Japan.
- The aim of this study to know the present status of female physicians at hospitals and their support system currently underway.

# Methods

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- The search for literature and website was done using the key words such as female physician, working condition and support measures in Japan.

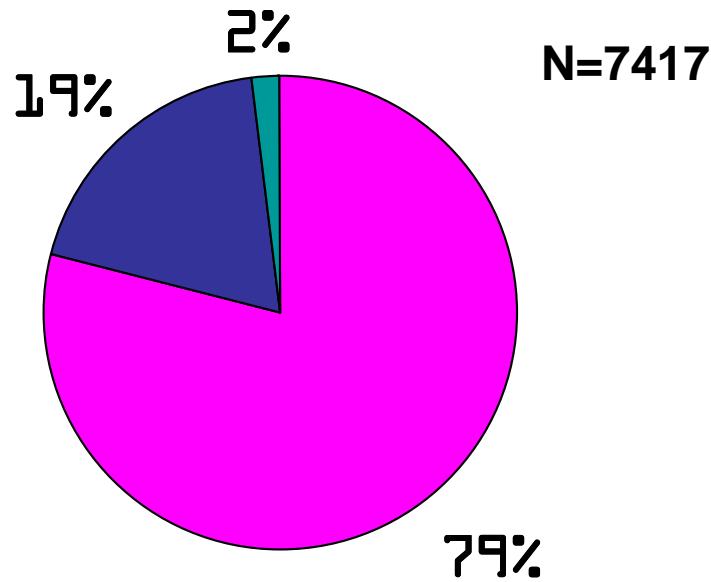
# Results

- The survey done by the [Japan Medical Association](#) was the largest and latest. It was nationwide survey of [8,800 hospitals](#), and the questionnaire was sent to female physicians working there. The number of [valid responses was 7,467](#) and [the response rate was 49.7%](#).
- As for age structure, [the 30's was 48.3%](#), and [22.9% were in their 40s](#).
- [54.6 % was married](#) and [46.6% had children](#). Their specialty was internal medicine 30.7%, pediatrics 10.4%, gynecology 7.3%, anesthesiology 7.3%, psychiatric 6.9%, ophthalmology 6.2%, dermatology 6.0%, surgery were less likely.



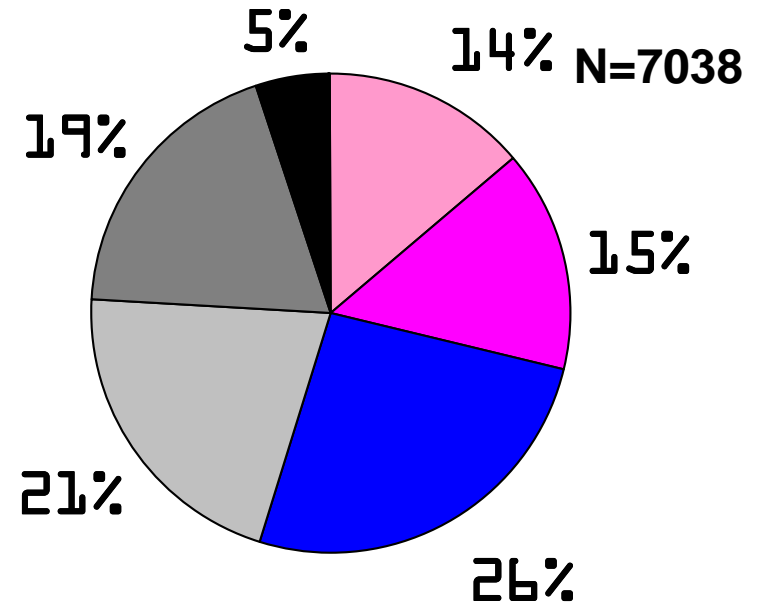
# Working Condition

Employment status



■ Full-timer    ■ Part-timer  
■ Others

Working hr/wk

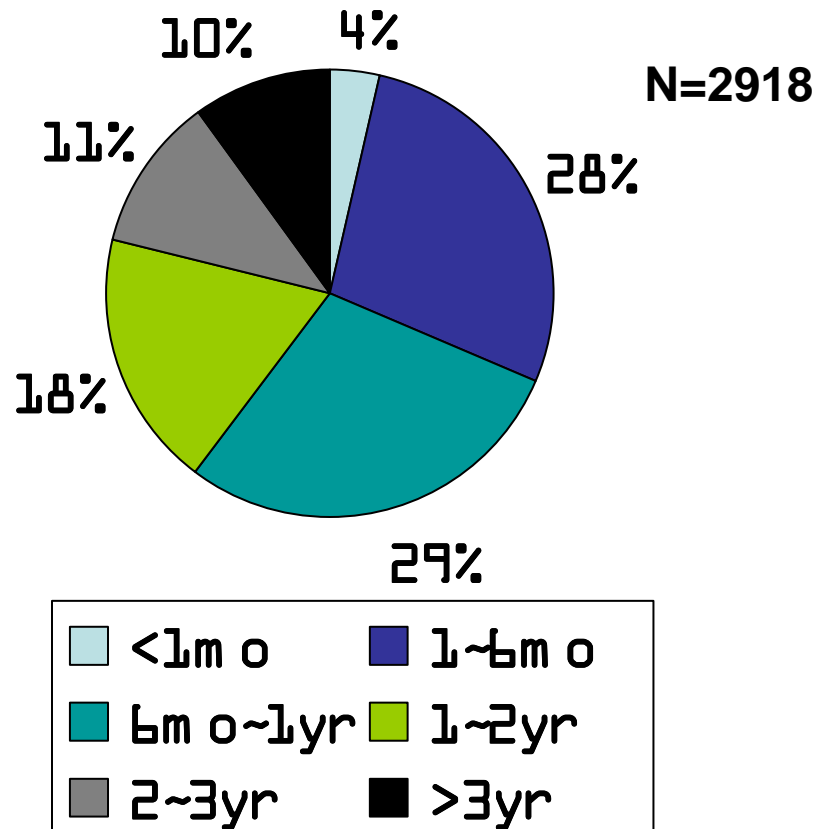


■ <30hr    ■ 30~40hr  
■ 40~50hr    ■ 50~60hr  
■ 60~80hr    ■ over 80hr

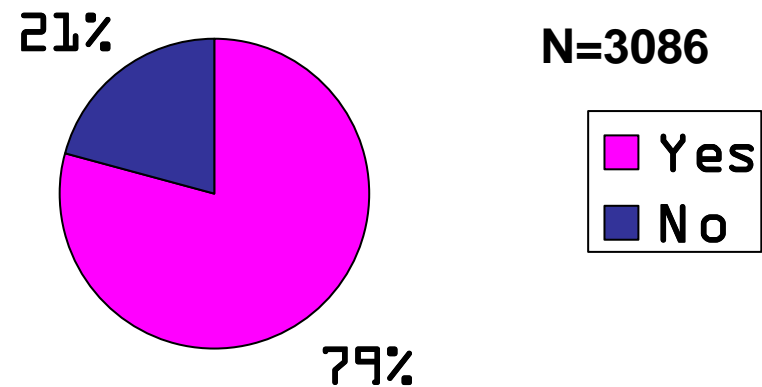
Full-timer was 79% and part-timer was 19%. The percentage of female physicians who worked over 40 hours a week was 71.8%, and those who worked more than 60 hours was 24.2%.

# The period and reasons of not-working

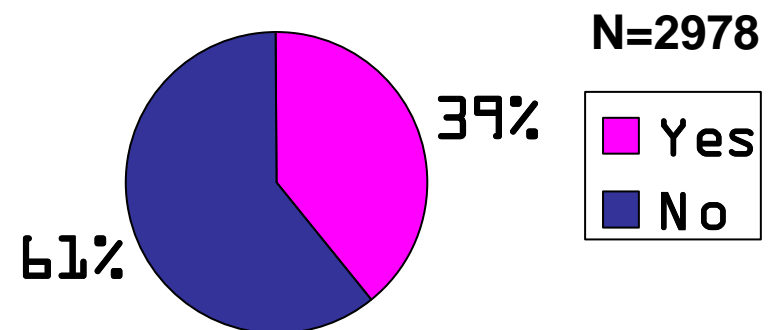
Period of not-working



Took maternity leave



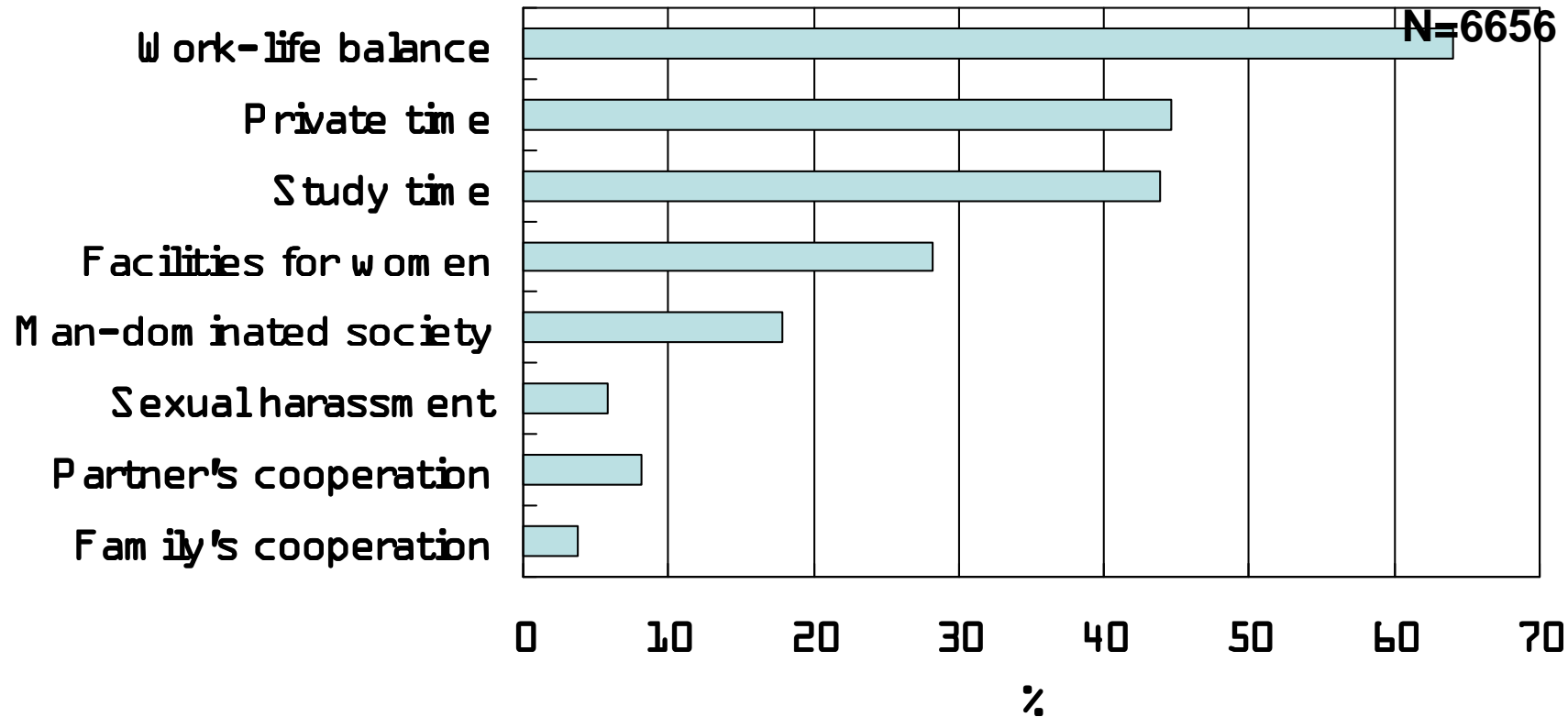
Took childcare leave



About 3000 female physicians had the period of not-working and the main reasons were child-birth and child rearing, 79.1 percent of female physicians who had children took maternity leave and 39.2% took child-care leave. 49.9% hospitals had in-house child-care facilities.

# What are barriers to continue their work?

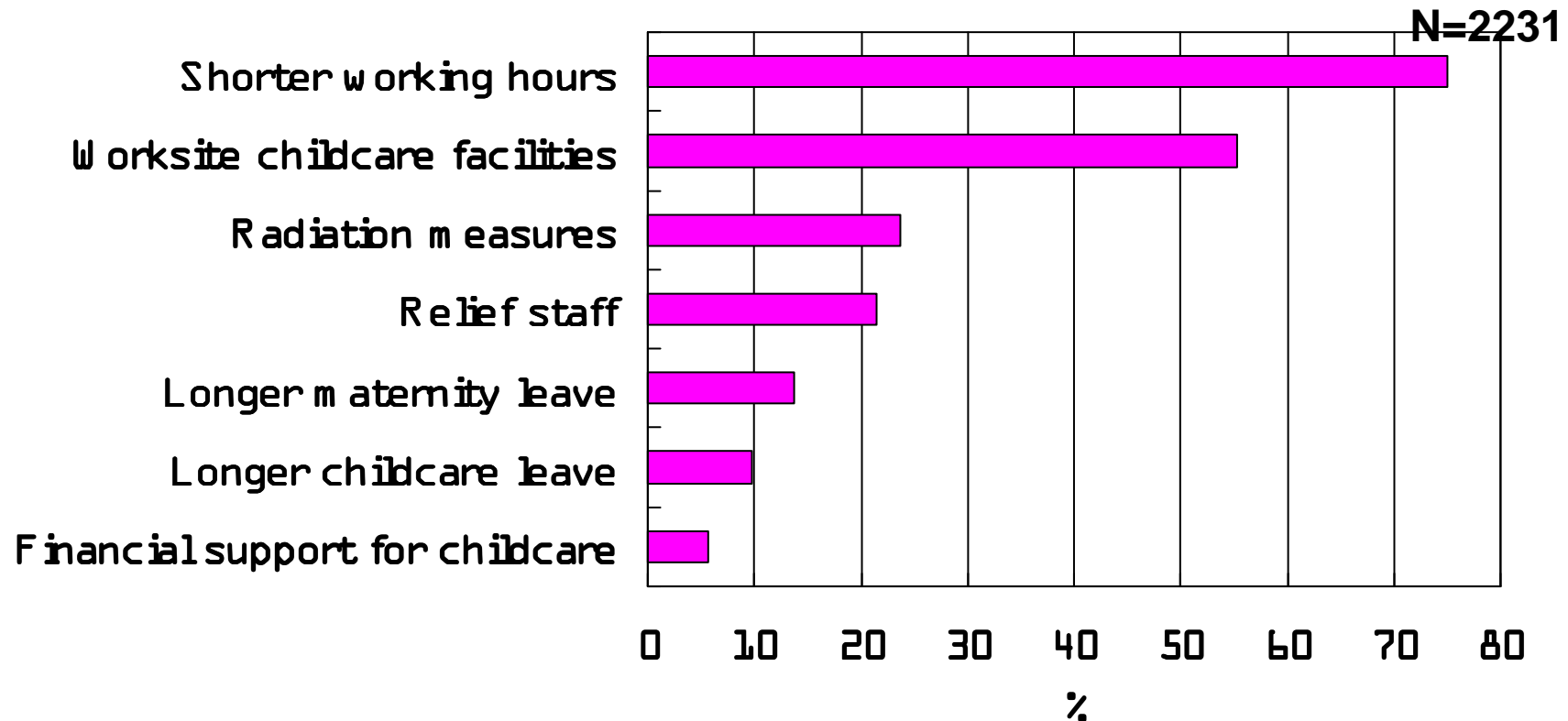
## Problems of female physicians



They had problems about work-life balance 64.1%, no private time 44.6%, and no time to study 43.8%. The workplace was not well equipped for female physicians. They sometimes faced man-dominated society and sexual harassment. They need more partner's cooperation and family members' cooperation.

# Measures for female physicians at hospitals

## Measures for female physicians at hospitals



They stated to have new management for female physicians, such as shorter and flexible working hours, exempting night shifts, worksite childcare facilities, setting relief staffs, offering longer maternity leave or longer childcare leaves.

## Other supports

- As support measures for women physicians, the women doctors' Bank was founded by the Japan Medical Association.
- Career design seminars were held by Japan Medical Women Association.
- Some medical universities started the programs to assist in returning to work and were trying to change working condition as women-friendly.

# Conclusion

- The working condition of female doctors at hospital was not good enough. They work long hours and had not enough private time. The percentage of maternity leave and child-care leave was low. The main reason of the choice of part-timer was poor working condition at hospitals.
- The childcare facilities were also lacking at hospitals. Work-life balance of female doctors in Japan was poor.
- The impact of the increase of female physicians is getting larger in Japan and the support system was important to attract and retain female physician.
- Some support measure were coming up, and the further survey should be done to verify the effectiveness and ingenuity of measures to support female doctors.



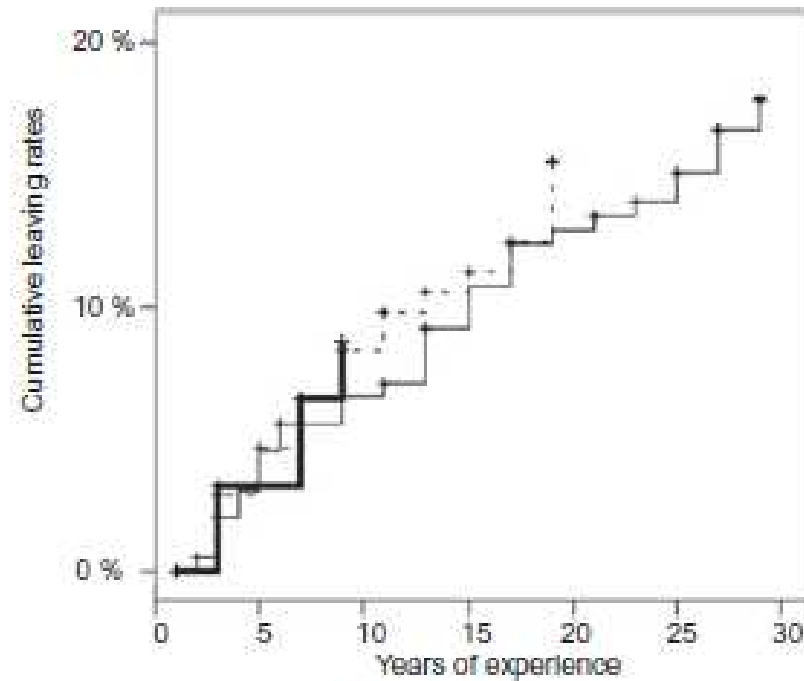


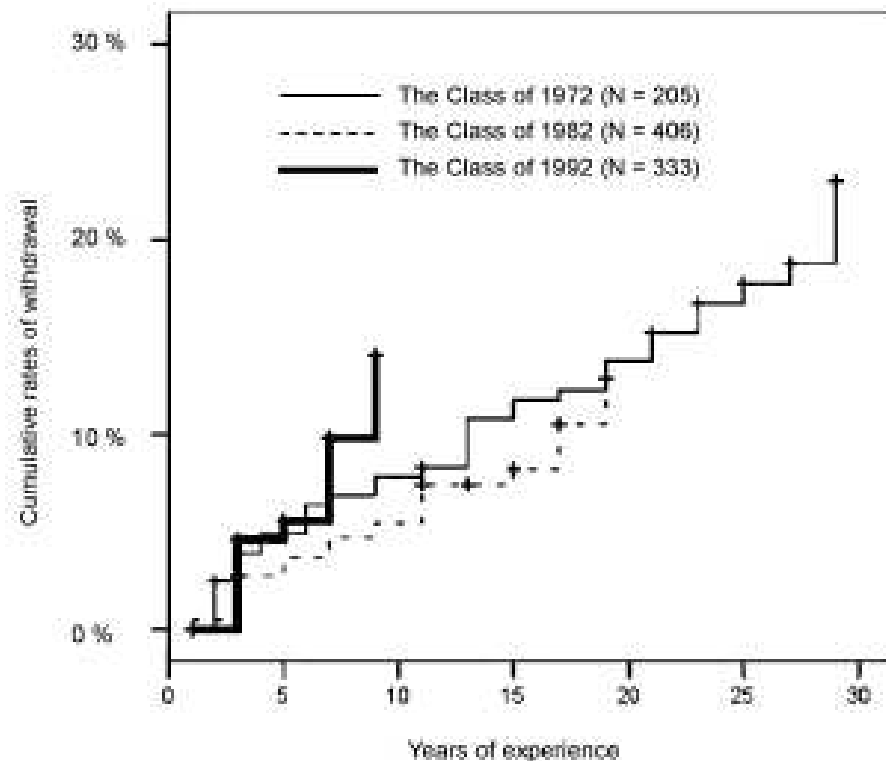
Figure 2 Cumulative leaving rates from obstetrics and gynecology. Thin line, Class of 1972 ( $n = 200$ ); dotted line, Class of 1982 ( $n = 285$ ); thick line, Class of 1992 ( $n = 250$ ).

J Obstet Gynaecol Res. 2009 Aug;35(4):761-6.

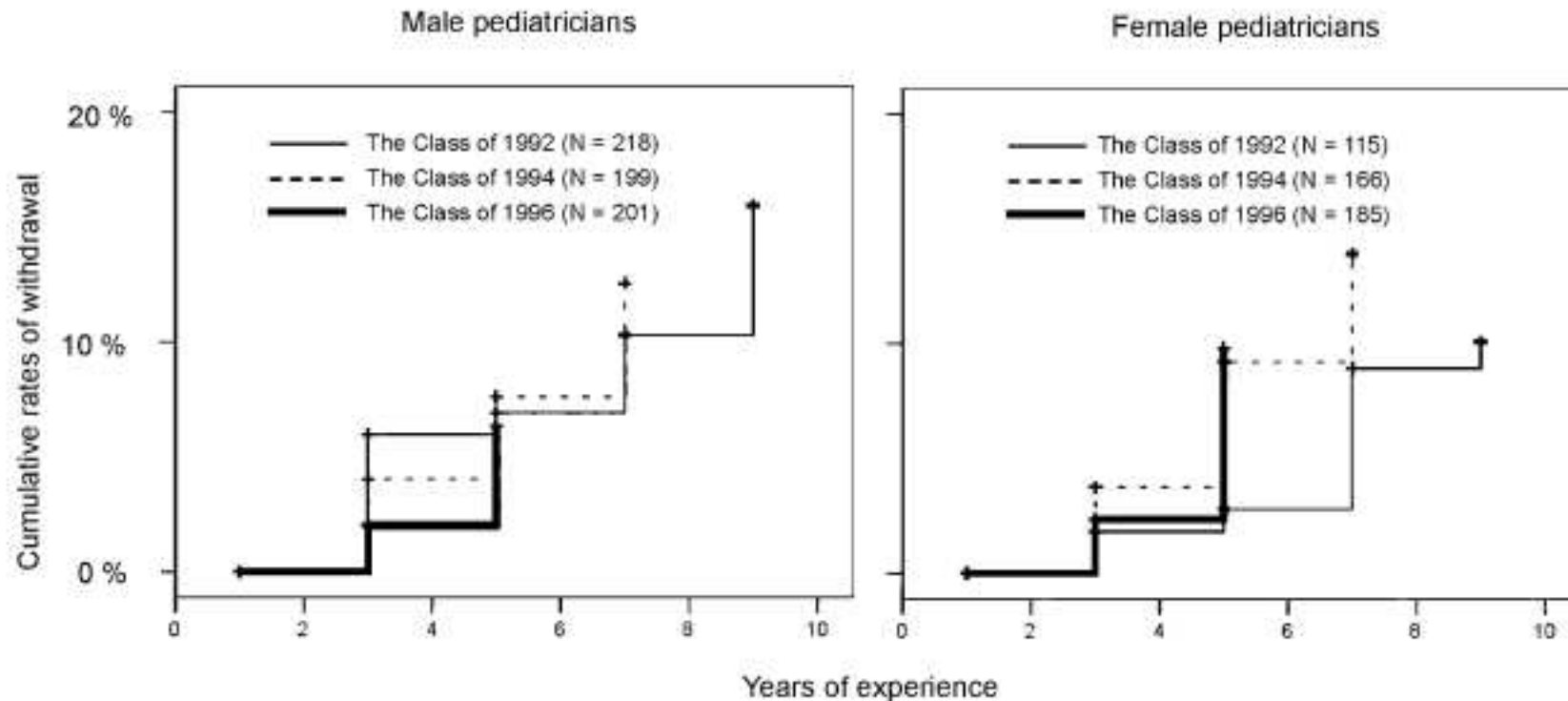
The dynamics of obstetricians and gynecologists in Japan: a retrospective cohort model using the nationwide survey of physicians data.

Ide H, Yasunaga H, Kodama T, Koike S, Taketani Y, Imamura T.





**Fig. 2** Survey of withdrawal rate from pediatrics. *P*-values for the comparisons between the Classes of 1972 and 1982, 1972 and 1992, and 1982 and 1992 were 0.698, 0.044, and <0.001, respectively. Thin line, Class of 1972 ( $n = 205$ ); dotted line, Class of 1982 ( $n = 406$ ); thick line, Class of 1992 ( $n = 333$ ).



**Fig. 3** Survey of withdrawal rate from pediatrics of male and female pediatricians. *P*-values for the comparisons between men and women of the Classes of 1992, 1994, and 1996 were 0.176, 0.711, and 0.249, respectively. Male pediatricians: thin line, Class of 1992 (*n* = 218); dotted line, Class of 1994 (*n* = 199); thick line, Class of 1996 (*n* = 201). Female pediatricians: thin line, Class of 1992 (*n* = 115); dotted line, Class of 1994 (*n* = 166); thick line, Class of 1996 (*n* = 185).

Ide H, Yasunaga H, Koike S, Kodama T, Igarashi T, Imamura T.  
 Shortage of pediatricians in Japan: a longitudinal analysis using physicians' survey data.  
*Pediatr Int.* 2009 Oct;51(5):645-9. Epub 2009 Mar 27.