Work Environment of Obstetricians and Gynecologists in Japan

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Introduction

The environment surrounding obstetricians and gynecologists (Ob/Gyns) in Japan continues to worsen nationwide. This tendency is prominent in the field of perinatal care, where many physicians work under very demanding conditions.

According to a survey conducted by the Japanese Ministry of Health, Labour and Welfare (MHLW), the number of Ob/Gyns has declined by 7 to 8% (approximately 800 physicians) nationwide compared to a decade ago, although the number of physicians as a whole has increased by over 15%. In addition, among the members of Japan Society of Obstetrics and Gynecology aged 41 years or younger, the females outnumber the males. This increase in female has further reduced the total number of Ob/Gyns who are actually practicing because the female Ob/Gyns themselves take maternity leaves for pregnancy, delivery and child-care. In fact, a nationwide survey of university hospitals has shown that approximately 14% of female Ob/Gyns leave work by the 16th year of their practice.

Under such circumstances, Japan Association of Obstetricians & Gynecologists (JAOG) conducted a nationwide questionnaire survey of facilities that delivery was performed during Fiscal Year (FY) 2006 and reported a deterioration of work environment due to the declining number of Ob/Gyns. This finding was widely covered by the media. The issue was also discussed during a meeting of Council on Economic and Fiscal Policy, and the Council advocated the need for improvement in the working conditions of hospital-employed obstetricians and gynecologists. In response, MHLW made revisions to the medical fee schedule to be implemented from April 2008 such as setting up an additional fee for the high-risk pregnancy management—provided that healthcare facilities made efforts to improve the working conditions of hospital-employed Ob/Gyns.

Accordingly, Japan Association of Obstetricians & Gynecologists conducted another nationwide questionnaire survey in 2008 (hereafter the 2008 Survey or the Survey) in order to update the understanding obtained from the previous questionnaire survey and clarify the current work environment of hospital-employed Ob/Gyns. Here, I examine the results of the 2008 Survey and attempt to make proposals for future improvement from the perspective of hospital-employed Ob/Gyns.

Objectives

In the 2008 Survey, the work environment of Ob/Gyns, mainly those employed by hospitals, was analyzed based on the results of a questionnaire survey. The total membership of JAOG and Japan Society of Obstetrics and Gynecology

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Table 1 Working hours and mean numbers of night duty (per month)

	Working hours* (hrs)	Ob/gyn	Pediatrics	Surgery	Internal medicine	Emergency	Sleeping hours during night duty (hrs)
By the governing entity							
University	57.6	5.6	5.0	2.9	2.7	4.9	4.2
National	53.8	5.2	4.4	2.7	2.6	3.8	4.5
Prefectural	58.5	4.5	4.9	3.7	3.6	5.1	4.1
Municipal	51.7	5.7	3.7	3.3	3.2	3.4	4.7
Welfare Federation†	52.5	7.1	4.0	2.5	3.0	4.4	4.8
Social Welfare Organization‡	54.0	4.3	4.0	2.8	3.1	4.4	4.8
Social Insurance	53.5	8.2	5.6	4.1	4.0	3.8	4.0
Japanese Red Cross	53.6	4.9	3.6	2.5	2.5	3.6	4.7
Private	48.5	7.1	4.7	4.3	5.5	5.4	5.1
Others	50.0	5.5	3.8	3.0	3.8	4.5	4.9
By function							
Single departments	45.2	7.8	NA	NA	NA	NA	5.1
Joint departments	46.4	6.9	4.1	4.4	6.8	5.0	5.2
General hospitals	53.6	5.5	4.2	3.2	3.3	4.4	4.6
Others	50.0	5.3	3.9	3.0	5.4	5.9	4.8
All facilities	52.1	5.9	4.2	3.3	3.7	4.5	4.7

* Mean working hours per week, excluding the night duty hours. † Welfare Federation of Agricultural Cooperatives. ‡ Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc. NA: not applicable.

(Extracted and modified from the 2007 national survey by the Japan Association of Obstetricians & Gynecologists.)

Table 2 Redistribution of the benefit to obstetricians and gynecologists (Ob/Gyns) from the additional fees for high-risk pregnancy management, high-risk delivery management, and joint-management of high-risk pregnant women, and the allocation of medical clerks

	Redistribution to Ob/Gyns		Allocation of medical clerks	
	Already done	In planning	Allocated	Benefit*
By the governing entity				
University	10 (10.4)	10 (10.4)	41 (42.7)	32 (78.1)
National	2 (6.1)	0 (0)	17 (51.5)	12 (70.6)
Prefectural	6 (9.8)	1 (1.6)	22 (36.1)	20 (90.9)
Municipal	12 (7.1)	1 (0.6)	47 (27.8)	34 (72.3)
Welfare Federation†	1 (2.3)	2 (4.7)	4 (9.3)	4 (100)
Social Welfare Organization‡	3 (9.7)	2 (6.5)	9 (29.0)	7 (77.8)
Social Insurance	1 (8.3)	0 (0)	6 (50.0)	3 (50.0)
Japanese Red Cross	6 (11.3)	2 (3.8)	17 (32.1)	16 (94.1)
Private	15 (6.4)	6 (2.6)	62 (26.5)	50 (80.7)
Others	10 (8.3)	2 (1.7)	31 (25.6)	24 (77.4)
By function				
Single departments	3 (6.7)	1 (2.2)	4 (8.9)	4 (100)
Joint departments	8 (6.7)	4 (3.3)	28 (23.3)	21 (75.0)
General hospitals	54 (8.1)	21 (3.1)	220 (32.9)	173 (78.6)
Others	1 (5.0)	0 (0)	4 (20.0)	4 (100)
All facilities	66 (7.7)	26 (3.1)	256 (30.0)	202 (78.9)

Data shown are the number of facilities and the proportion (%).

* Frequencies at the facilities where clerks were allocated. † Welfare Federation of Agricultural Cooperatives. ‡ Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc.

(Extracted and modified from the 2007 national survey conducted by Japan Association of Obstetricians & Gynecologists.)

(JSOG) was examined in an attempt to identify the issues based on the number of working Ob/Gyns. The stress being placed upon them at work in non-medical aspects was also considered. Based on the results of these examination and analysis, I hope to highlight problems and contradictions in the current hierarchical structure of hospitals and propose solutions to them.

Subjects and Methods

Survey on work environment of hospital-employed Ob/Gyns

Survey period: From June to July, 2008.
Subject facilities: 1,177 facilities extracted from the 2008 Japan Association of Obstetricians & Gynecologists Facility Information as those that handled delivery, excluding those with inpatient wards.
Methods: A questionnaire was mailed to the one responsible for an obstetrics-gynecology (ob/gyn) department at each subject facilities. The questions concerned the outline of the facility, working conditions of employed Ob/Gyns, and working conditions of female Ob/Gyns. The one responsible for an ob/gyn department was to answer questions by summarizing the current status of all employed Ob/Gyns within a department.

Regarding the outline of facilities, the location, governing entity, facility functions, number of deliveries per year, and number of Ob/Gyns were surveyed. Each subject facility was categorized by its governing entity into one of the following nine groups; university, national, prefectural, municipal, Welfare Federation of Agricultural Cooperatives, Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc., social insurance, Japanese Red Cross Society, or private. It was also categorized by function into one of the following four groups; single department of ob/gyn, joint department of ob/gyn with other departments such as pediatrics, general hospital, or others.

Analysis of the current status of Ob/Gyns as human resources

The age structure of the membership of JAOG and JSOG as of June 2008 was examined, and a population pyramid was produced. Then, the sex-ratio by age was compared to illustrate the manpower of Ob/Gyns currently in practice.

Analysis of changes in the environment surrounding Ob/Gyns

Matters that were expected to influence the level of stress felt by Ob/Gyns, including working conditions, the FY 2008 revisions of the medical fee schedule, possible closure of workplaces, and various media coverage, were analyzed. Finally, the future prospects of currently proposed policies were discussed.

Results

Survey on work environment of hospital-employed Ob/Gyns

Of the 1,177 targeted facilities, 853 facilities returned valid answers to the 2008 Survey, providing the response rate of 72.5%. The total number of deliveries performed at these 853 facilities in 2007 was approximately 405,000, which accounts for approximately 40% of the number of births in Japan. However, the Survey only covered approximately 4,100 full-time Ob/Gyns, which is only a quarter of the membership of JSOG. The 2008 Japan Association of Obstetricians & Gynecologists Facility Information also showed that the total number of Ob/Gyns working at delivery facilities including those with inpatient wards was 7,178, which was fewer than the number of Ob/Gyns working at facilities that did not handle delivery.

As for the improvement of working conditions for hospital-employed Ob/Gyns, the Survey revealed that the number employed at each facility increased somewhat (by 0.4 person) compared to two years before. The number on night duty slightly decreased (from 6.3 to 5.9 times per month on average), which was a sign that working conditions were being improved. However, the working hours excluding night duty hours still exceeded 50 hours per week, indicating that prompt improvement was necessary. At over 90% of facilities surveyed, benefit of additional fees for high-risk cases (pregnancy, delivery, and joint management) was not redistributed to the Ob/Gyns at the time of the survey (**Tables 1 and 2**).

Analysis of the current status of Ob/Gyns as human resources

JAOG had a membership of 12,181 in total as of June 2007. Its population pyramid demonstrated the decreasing pattern as the age increases.

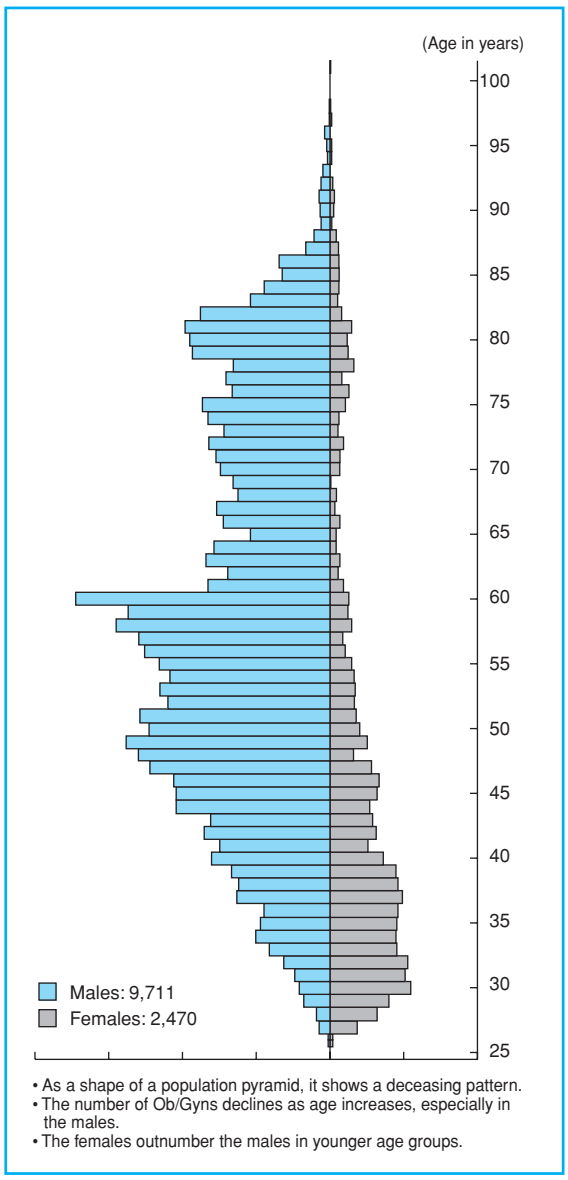

Fig. 1 The age structure of the obstetricians and gynecologists (Ob/Gyns) registered as the members of Japan Association of Obstetricians & Gynecologists (As of 2007)

There were a total of 3,542 hospital-employed Ob/Gyns between the ages 25 and 45, which formed the main age group; 2,035 males and 1,507 females. This age group, representing the main work force for night shift duties for being younger and physically fit more, especially showed a prominent decreasing pattern among the males (**Fig. 1**).

As far as the number of Ob/Gyns is considered, it seems vital to intensify their workload (i.e. longer working hours) if the level of service is to be maintained. Moreover, it appears there is no choice but to intensify the workload of the females, in particular. Meanwhile, if the work environment of females is to be improved in stages in future, the males would be placed under even more severe conditions, slowly but surely.

Analysis of changes in the environment surrounding Ob/Gyns

The results suggested that current perinatal care is built upon the hard labor of hospital-employed Ob/Gyns, especially of the young males. The number of Ob/Gyns had decreased, which would normally mean an increase in per capita income—however, the Survey showed that was not the case. Likely, this tendency was more evident in small- to medium-sized public secondary hospitals that did not deal with high-risk cases, and hence they do not benefit from the revisions of the medical fee schedule.

According to the national survey conducted by JAOG (2007), the number of Ob/Gyns increased by only 0.4 person per hospital even though 104 facilities terminated their obstetric services. Therefore, the intension of "intensifying concentration of physicians" has only resulted in a "depopulation of physicians" to date. There have been a few cases that the government sent a few Ob/Gyns to depopulated areas, but such measure may work only temporary. In the meantime, ob/gyn departments of secondary hospitals in various areas, which were thought to be the workplaces of many hospital-employed Ob/Gyns, are facing possible closure. The media coverage of this situation can affect the professionalism and the life of each hospital-employed Ob/Gyn. Younger hospital-employed Ob/Gyns, even medical students and the general public, may also be profoundly influenced. The Survey also pointed out issues in the current healthcare administration for perinatal care as well as the journalism.

Conclusions and Proposals

The Survey revealed that perinatal care today cannot be sustained without the efforts and dedications of hospital-employed Ob/Gyns, whose number has plummeted. From the patients' perspective, the collapse of secondary hospitals

increases the flow of low-risk patients into tertiary hospitals, thereby restricting the number of beds available for high-risk patients. Additionally, in areas where higher-level hospitals are not readily accessible, it is difficult for existing private delivery facilities (i.e., private practice clinics and maternity homes) to continue to provide safe perinatal care. The general public sometimes complains towards current situations directly to hospital-employed Ob/Gyns at work, leaving them even more exhausted. Considering the rapid decrease of Ob/Gyns, policies currently being proposed that aims to provide safe perinatal care and ensure a sufficient number of Ob/Gyns are not enough in a long-term perspective.

Therefore, I would like to make the following five propositions; 1) to redistribute perinatal care income to hospital-employed Ob/Gyns, 2) to promote the consolidation of services at primary healthcare facility (such as obstetrics, pediatrics and maternity homes) and offer public assistance to open new facilities, 3) to reorganize tertiary healthcare facilities and promote specialization, 4) to intensify national policies to restructure perinatal care, and 5) to raise the understanding among the media and minimize the anxiety among the public.

Reference

1. Ozasa H, Tochigi B, Wada Y, et al. Nationwide survey on improvement of working conditions of hospital-employed obstetricians and gynecologists—the 2007 national survey by Japan Association of Obstetricians & Gynecologists. Perinatal Medicine. 2008;38(11):1477–1482. (in Japanese)