



The use of women physicians in physician workforce: challenges and strategies



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Background

- Throughout the world, the number of females entering medicine is increasing, and now women account for approximately half of all medical students enrolled in many western and developing countries.
- However, previously it is known that women physicians work fewer hours, retire earlier, or are more likely to be inactive professionally compared to their male counterparts.
- Japan now faces a serious physician shortage (2.3 per 1000 population in 2012) and the use of women physicians in physician workforce is desperately needed.

Objectives

- We compared work status and weekly working hours between men and women physicians.
- We investigated if experience of the resign from work at the time of first child pregnancy is associated with less child support at workplace and from families.
- We investigated if experience of the resign from work at the time of first child pregnancy is associated with current career stagnation.

Methods

- Research design: a cross-sectional study based on surveys of alumnae of 13 private medical schools and alumni of 4 schools conducted between June 2009 and May 2011.
- Study subjects: Of those who agreed to participate in this study, 1694 alumnae and 824 alumni (response rate 83% for women and 58% for men).
- Items investigated by a self-administered questionnaire
 - Work status and weekly working hours
 - How many women physicians had resigned at the time of first child pregnancy.
 - How much women received child support at workplace and from families at the time of first child rearing.
 - Current career information: specialist qualification and Doctor of medical science.

- Analyses: the following associations were examined by chi-square test.
 - Work status and weekly working hours were compared between men and women.
 - If experience of the resign from work at the time of first child pregnancy is associated with how much child support they received was examined.
 - If experience of the resign from work at the time of first child pregnancy is associated with current career qualification and work status.

All analyses performed by SAS software Version 9.12 (Cary, NC), and statistical significance was set at $p < 0.05$.

Results

Figure 1. Subjects characteristics

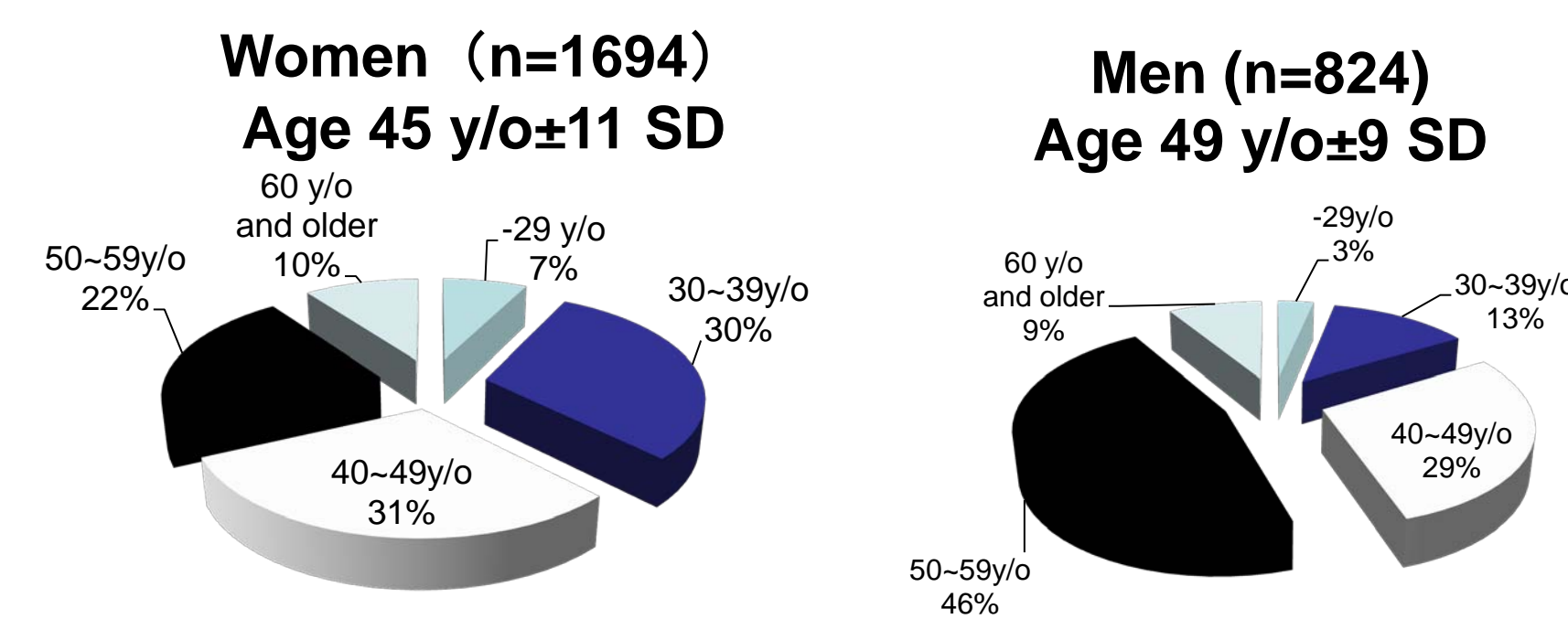
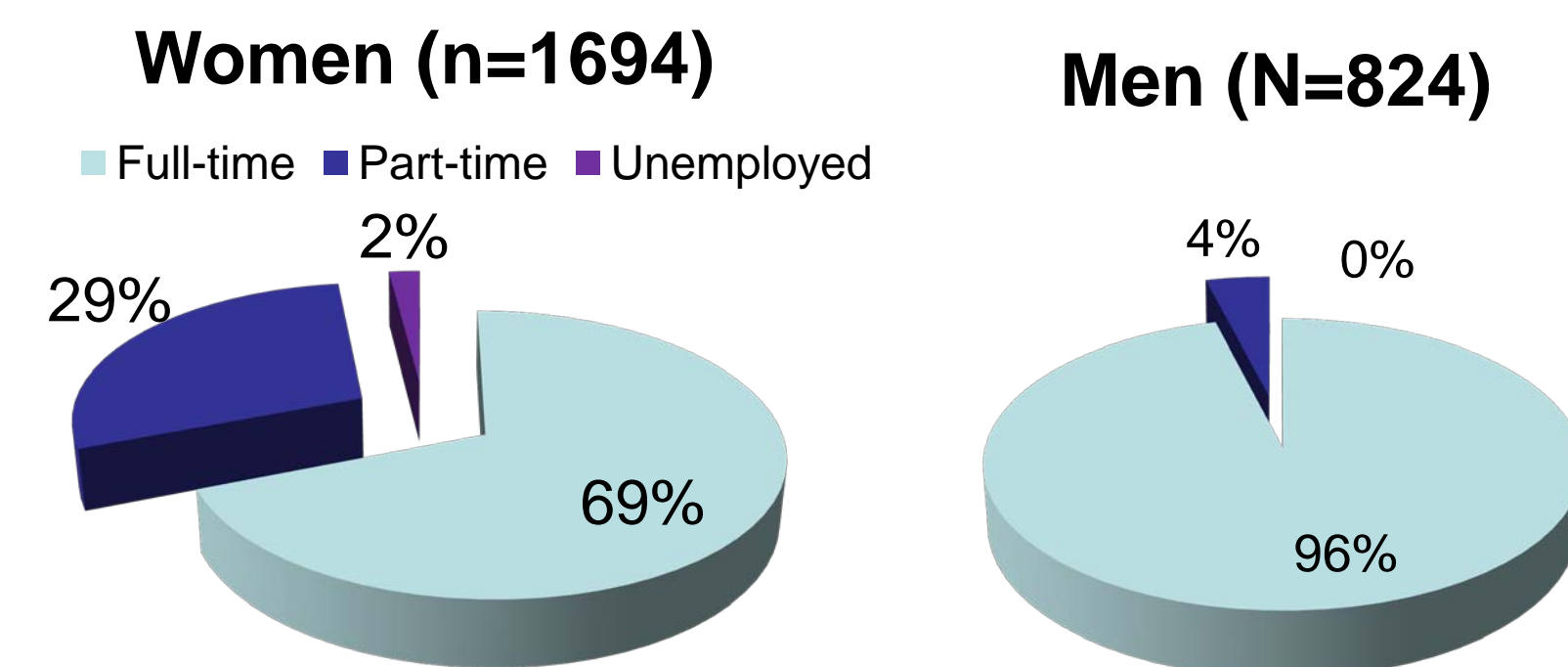
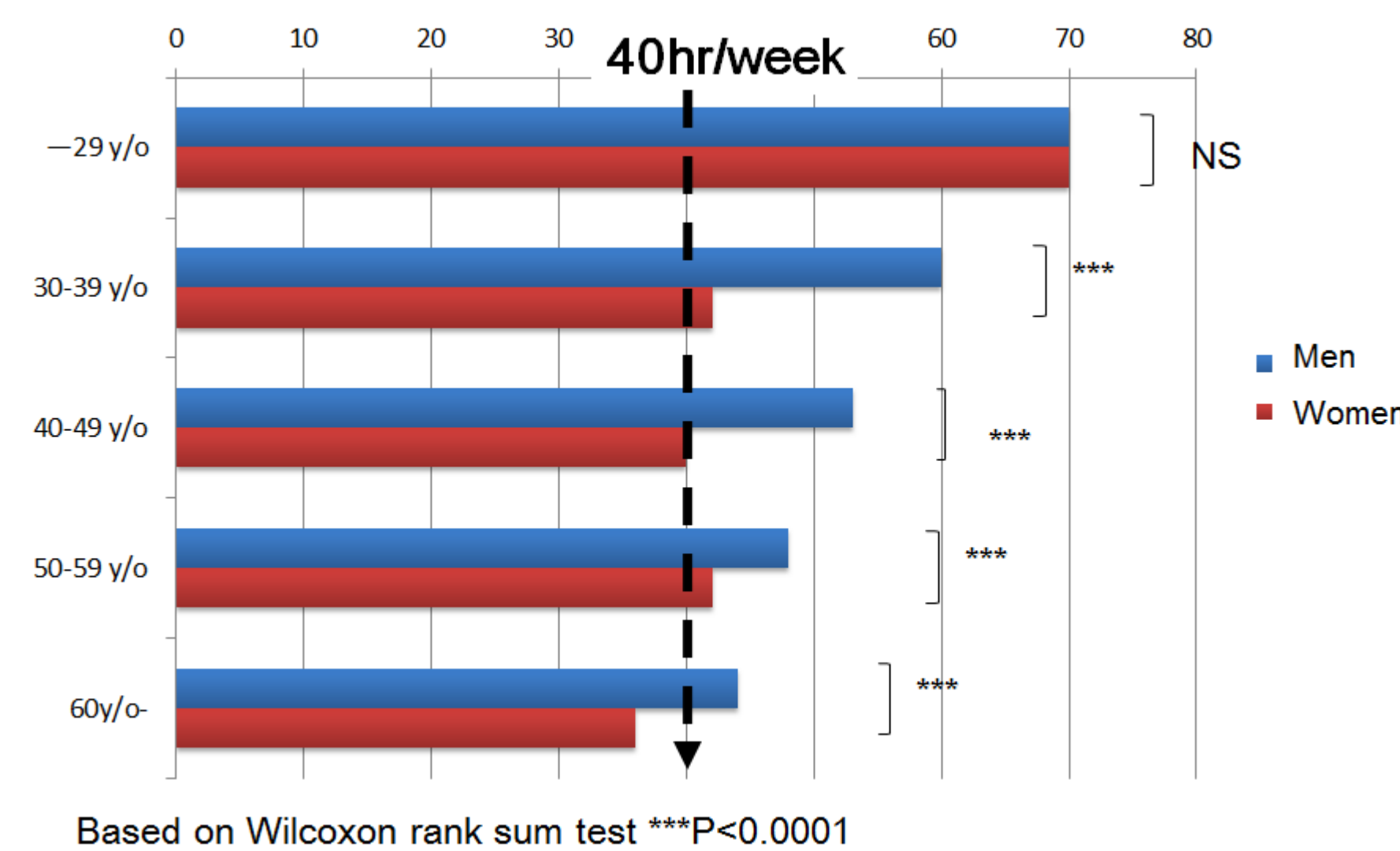


Figure 2. Work status between women and men



While the majority of men worked as full-time, only 70% of women worked as full-time and approximately 30% worked as part-time.

Figure 3. Weekly working hours between women and men



Except for age stratum of 20's, women worked shorter than men in all age strata.

Table. Have you ever or never resigned from work at the time of first child pregnancy?

analyses in women with first child pregnancy (n=1082)

	Have never resigned from work n= 522		Have ever resigned from work n=560		
	N	%	N	%	P*
Child support during pregnancy					
At workplace					
Insufficient	341	71	425	83	<.0001
middle	23	5	18	4	
Sufficient	115	24	67	13	
From families					
Insufficient	95	19	169	32	<.0001
middle	58	11	54	10	
Sufficient	354	70	311	58	
Current working status					
Full-time	335	66	307	55	0.002
Part-time	157	31	224	40	
Unemployed	16	3	24	4	
Board certified physician					
Yes	428	82	399	71	<.0001
No	94	18	161	29	
Doctor of Medical Science					
Hold	231	47	191	36	0.001
Not hold	262	53	336	64	
Marital age	28.7		28.8		0.776
Maternal Age	31.0		31.1		0.576
Number of children	1.9		2.0		0.145

*Based on chi-square test/Fisher's exact test or ttest/Wilcoxon sum rank test

Summary

- Although women worked longer than 40 hrs per week, which is full-time equivalent based on Japanese Labour Law, women were less likely to contribute to physician workforce in Japan compared to men.
- Previously it is known that women physicians in Japan face difficulty of balancing work and stereotyping gender role and this study demonstrated that almost half of respondents who experienced pregnancy had resigned from work at the time of first child pregnancy.
- Women who had resigned from work at the time of first child pregnancy were more likely to have insufficient child support at workplace and from families compared to women who never resigned from work.
- Women who had resigned from work at the time of first child pregnancy were more likely to work as part-time in current work status compared to women who never resigned from work.
- Women who had resigned from work at the time of first child pregnancy were less likely to hold a specialist qualification and Doctor of Medical Science compared to women who never resigned from work.

Conclusions

- Continuous work (no resign from work at the time of childbirth/rearing) is important for women physicians to build successful career and work in full-time labour.
- Child support at workplace and from families is an indispensable prerequisite for women physicians to continuously work.

Reference

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