

Editorial

'Career' or 'Family'? Increasing Work–Life Balance Satisfaction among Japanese Physicians with and without Children

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For Japanese physicians, work–life balance (WLB) remains a challenging issue. In a survey targeting female physicians, “balancing work life and family life” was the top-ranking concern [Committee on Gender Equality, 2009]. The percentage of Japanese physicians taking child care leave is approximately 20%, which is quite low [Committee on Gender Equality, 2010], and the percentage of male physicians taking child care leave is 2.6%, which is extremely low [Committee on Gender Equality, 2014]. Furthermore, 70% of female physicians forgo their promising careers because of ‘difficulty in raising children’. This situation leads to underrepresentation of female physicians in high positions and academic qualifications [Hancke et al., 2014] and, conversely, overrepresentation of male physicians. This situation eventually causes unbalanced gender distribution in clinical settings and might result in ‘overwork’ [Japanese Ministry of Health, Labour and Welfare, 2006].

Working long hours and overworking have been extensively discussed in Japan. This problem still emerges as a social issue that not only triggers harmful effects on the physical and mental health of physicians but also reduces the quality of clinical performance and results in medical accidents [Science Council of Japan, 2011]. In fact, average working hours per week among physicians have been reported as 46.6 h [The Japan Institute for Labor Policy and Training, 2012]—longer than physicians in other OECD (Organization for Economic Co-operation and Development) countries [Japanese Ministry of Health, Labour and Welfare, 2006]. Furthermore, physicians involved in academic practice execute multiple duties—not solely clinical practice but also, for instance, engaging in research, education, management, self-learning, and professional conferences. Clinical practice requires 40 h, and including research, education, and self-learning, total work hours amount to more than 70 h a week [Japanese Ministry of Health, Labour and Welfare, 2006]. Working such long hours decreases their WLB satisfaction [Keeton et al. 2007].

In addition, WLB satisfaction positively affects the awareness regarding physicians’ career development. Similarly, conflict between physicians’ work and private lives negatively affects their career paths. Therefore, physicians’ WLB satisfaction results in positive motivation and values encouraging vocational careers. Thus, supportive WLB environment, especially for physicians with children who have difficulty maintaining WLB is an important issue. Considering and resolving this issue can result in retention and human resource cultivation of both male and female physicians in clinical settings. Based on the findings,

we can propose improvements in future clinical practice settings at the individual, organizational, and societal levels.

In the previous study, the “weekly average working hours” was the predictor of WLB satisfaction [Arima et al. 2016]. The Japanese Labor Standard Act sets 40 hours as the standard weekly working hours [Ministry of Health and Labour, 2008]. However, in the Japanese clinical field, having shorter working hours than other staff members still seems to show “less commitment,” making physicians feel guilty and uncooperative. Therefore, implementing systems to reduce working hours and support WLB is important for all clinical practice settings. The real need is not for a simple reduction of working hours but for supporting physicians in maintaining the desired WLB. Measures for improving WLB-friendly environments, where physicians can choose flexible working hours, are needed, regardless of their marital or family status.

For example, part-time systems under regular employment, multiple “physician-in-charge” systems, or “work-sharing” systems are needed in clinical settings. Furthermore, systems that support child care, such as onsite nurseries, child-care services for sick children, financial support for babysitting expenses, mentoring systems for child-raising issues, and support networks are needed.

Furthermore, academic hospitals constitute the very existence of trained physicians for the next generation. Therefore, academic hospitals should incorporate “career design lectures” into the educational curriculum to teach new physicians how to manage their personal lives and careers so that the next generation will have positive WLB.

Finally, raising children should be a mutual agenda for males and females. Therefore, working environments in which male physicians feel comfortable taking “child care leave” should be fostered. Supportive environments in which physicians can choose their desired WLB are needed.

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Submitted: Jul 01, 2016; Accepted: Jul 02, 2016; Published: Jul 09, 2016