

Closing the Gender Gap Among Emergency Room (ER) Physicians  
—What Disturbs Female ER Physicians’ Career?  
: A Qualitative Study

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## Abstract

**Background:** The gender gap index of Japanese society is one of the lowest in the developed countries. Gender gap is outstanding among physicians. Only 22% of Japanese physicians are women, and 10% of emergency room (ER) physicians are women. As more female ER physicians are needed to meet the demand for emergency medicine, recruitment of female ER physicians is mandatory. The aim of this study is to identify disruptions for career development of female ER physicians and make proposals to increase the number of female ER physicians.

**Methods:** A literature review was conducted on the combination of career-related terms and women, female physicians, and emergency physicians. Then a hypothesis of the career disruptions for female ER physicians was formulated. Based on the hypothesis, stakeholder mapping and a focus group interview was conducted.

**Results:** Women's career disruptions can be divided into external and internal factors. External factors include the availability of support systems, the attitude of the colleagues and a boss, and lack of role models. As for internal factors, it was pointed out that women have difficulty in gaining self-confidence for the achievement comparing to men. It was noted that unconscious gender bias exists both internally and externally among women, affecting their career development. The result of literature review was confirmed by the focus group interview.

**Conclusion:** To increase the number of female ER physicians, it is essential to improve the work-life balance of emergency physicians as a whole and to support the career development of the child-rearing generation.

**Keywords:** Career development, Career ladder, Career mobility, Burnout, Qualitative study, Literature review, Group interview

# **1. INTRODUCTION**

## **1.1. Gender Gap**

### **1.1.1. Japan Is One of the World Worst in Gender Gap Index**

In the global gender gap index reported in the Global Gender Gap Report 2022, Japan ranks 116<sup>th</sup> among 146 countries and is the worst among Organization for Economic Co-operation and Development (OECD) countries<sup>1</sup>. According to the report 2022, while equity of education is generally achieved, huge gap at the commitment of politics and economy exists,. Indeed, 50.9% of women and 57.7% of men went on to higher education in 2020<sup>2</sup>. On the contrary, the rate of female politicians is gradually increasing, but it is still low. At the national parliament election 2021, the rate of women candidates was 17.7%, and the rate of women elected was 9.7%<sup>3</sup>. The situation is similar in the economy area. The rate of women in private companies at management positions was only 8.9% in 2021<sup>4</sup>.

### **1.1.2. Gender Gap Among Healthcare Workers**

Gender gap exists among healthcare professionals. The rate of female physicians, dentists and pharmacists were 22.8%, 25% and 60%<sup>5</sup>, respectively. Physicians were among the primary workforces of healthcare and were male-dominant in Japan. However, the rate females is dramatically increasing. In 2022, 39.5% of new medical students were females<sup>5</sup>. This suggests that the structure of healthcare workforce will change in the near future given

that labor shortages in the healthcare sector are considered a serious future challenge worldwide<sup>5</sup>; therefore, attraction and retention of female physicians are currently needed.

## **1.2. More ER Physicians are Needed**

### **1.2.1. Gender Gap Among ER physicians**

In fact, female physicians are asymmetrically distributed among medical specialties (Figure 1). Dermatology and ophthalmology are the departments with the highest rate of women, with women accounting for more than 40% of the total number of physicians. Pediatrics, on the other hand, is the department with the highest number of female physicians, followed by the obstetrics and gynecology departments<sup>5</sup>. Further, only 10% of emergency room (ER) physicians are females, which represents about a half rate of the average of all specialties<sup>5</sup>. The rate of female ER physicians is 26% in US<sup>6</sup>, 50% in UK<sup>7</sup> and 50% in Australia<sup>8</sup>, but female ER physicians are underrepresented in leadership roles in the healthcare system in any country. Female ER physicians have advantages especially when seeing female patients because it is easier for females than males to ask questions related to menstrual or gynecological matters and to examine patient's body. In Japan, emergency medicine is one of the specialties in which gender inequality should be reduced by increasing the number of female ER physicians.

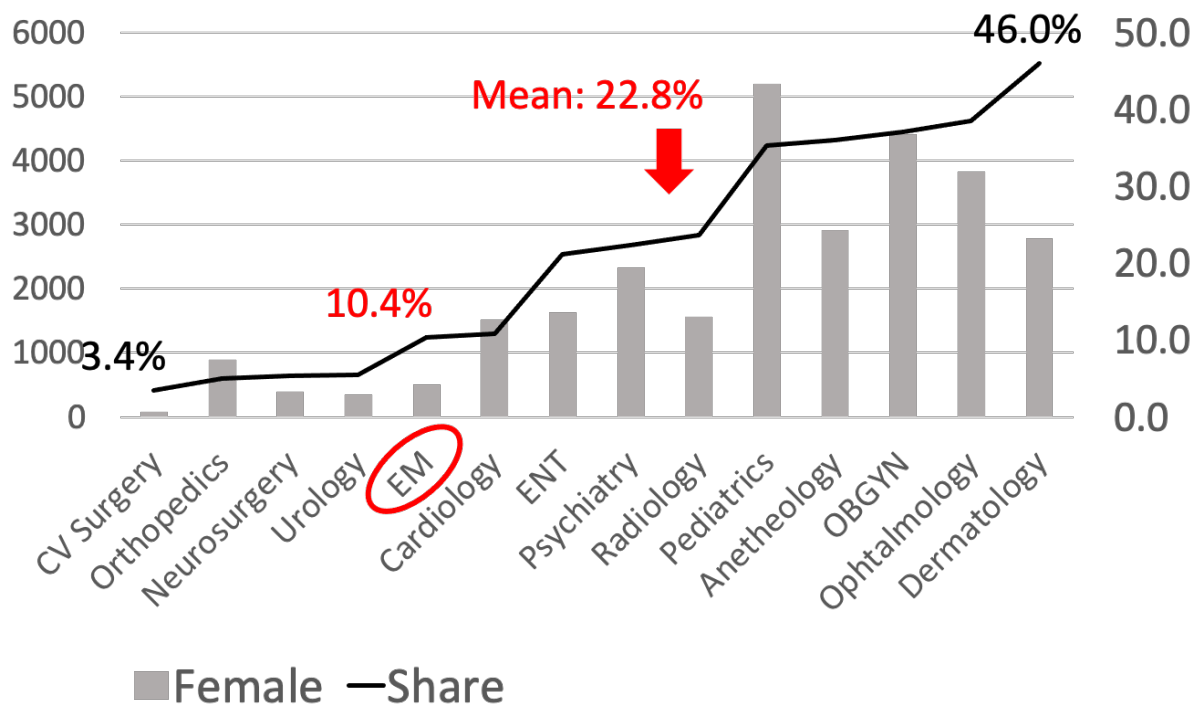


Figure 1. Asymmetrical Distribution of Female Physicians by Specialties

(source: MHLW Physicians Statistics (2020) <https://www.mhlw.go.jp/toukei/list/33-20.html>)

### 1.2.2. Needs for Emergency and Disaster Medicine Is Expanding

The number of ambulance dispatches is gradually increasing year by year and will continue to increase<sup>9</sup>. One of the reasons is the aging society. As elderly people tend to have multimorbidity and are more vulnerable for health emergency,<sup>10</sup> emergency medicine is a specialty appropriate to answer those needs.

Also, ER physicians are the specialists of emergency and disaster. When we talk about disasters, we usually refer to natural disasters such as typhoons or earthquakes. In fact, ER physicians played an essential role in the Covid-19 pandemic using their nature of flexibility. As natural disasters could happen anytime and their frequency are likely to increase, the need for ER physicians is increasing.

### **1.3. OBJECTIVES**

The objectives of this study are to identify specific disruptions of career development of female ER physicians in Japan and to make proposals to close the gender gap by increasing the number of female ER physicians.

## **2. METHODS**

This study was conducted based on a literature review and a focus group interview. In the literature review part, we firstly tried to identify the career disruptions for women, female physicians, and ER physicians. We suppose that the career disruptions for female ER physicians are a combination of these factors of career disruption. Then, we made a hypothesis for career disruptions for female ER physicians and conducted a focus group interview based on the hypothesis. Finally, we made policy proposals for closing the gender gap of ER physicians. We also drew a stakeholder map to identify disruptions to achieve those policy proposals. This study was approved by the institutional review board (IRB) of Tokyo Metropolitan Police Hospital.

### **2.1. Literature Review**

#### **2.1.1. Keywords**

Literature review was conducted using the search engines Ichushi and PubMed, with the help of a university librarian. We firstly searched Ichushi, the Japanese database. We searched for Mesh terms for “career,” using thesaurus manager of Ichushi, and chose “career

development,” “career ladder” and “career mobility” as topic keywords. “Burnout” was the Mesh term strongly related to career continuation in Ichushi. Also, we found “Female physicians” and “ER Physicians” to be the Mesh terms for our target population.

Next, we searched PubMed using “career mobility” and “career choice,” and “Burnout”.

“Physicians, Women,” “Women, Working”, “emergency medicine” were chosen as PubMed Mesh terms for our target population.

### **2.1.2. Search**

We searched all combinations of each “career” related Mesh term with one of our target population keywords in Ichushi and Pubmed, from 1980 to the present. “Academic” and “Science” were used for exclusion because our study question was focused on clinically working female ER physicians. Website and blogs were also searched on the internet to for the “career” related keywords.

## **2.2. Focus Group Interview**

In the focus group interview, an interview is conducted for a small number of people about a specific theme. This is an effective way to obtain a richer qualitative data than personal interview, especially when interviewees mutually interact with each other (Uve Flick 2022 Syunsyusya p.238-257). Focus group interview was selected for this study because the topic is not likely to contain issues too sensitive or private to share in the small group and conversation will yield extensive data supported by some consensus of participants. The result of focus group interview is sometimes more

reliable than individual interview because extreme opinions and incorrect interpretations are more likely to be corrected in the group interview<sup>11</sup>.

### **2.2.1. Date, Site, and Settings**

The focus group interview was conducted in August, 2022. A private room was reserved, and it was explained that the privacy of participants was assured. A child-sitter was also provided. The interview was arranged as being on-site, but one of the participants had to join through Zoom due to the Covid-19 pandemic situation. The interview was conducted only once due to time constraints and the Covid-19 pandemic situation.

### **2.2.2. Recruitment of Participants**

Participants were recruited via personal e-mail. Participants were chosen based on who have experienced any career change based on life event. Participants did not know each other before the interview and all the participants were from another workplace; therefore, conflict of interest was unlikely to occur.

### **2.2.3. Recordings and Analysis**

The interview was recorded with a portable recorder and Zoom with permission of all the participants. The recording was transcribed and included in the Appendix. The transcript was used to analyze each theme. Data analysis was intended to generalize for tll female ER physicians.



### **3. RESULTS**

#### **3.1. Literature Review**

Firstly, we searched the Ichushi database. With the terms “career” and “ER physicians,” 51 references were matched, and only 5 references were available in full text. Therefore, 5 papers were assessed and no paper matched our interest. 2,626 papers were searched with the term “Burnout”, but only 2 references focused on “ER physicians” and “Burnout” and no reference was available in full text. 825 references were searched with the terms “career” and “Female Physicians” and 291 references were available in full text. Further, 5 references were found with the terms “Career” “Female Physicians” and “ER Physicians” and only 1 paper was available in full text. Secondly, we searched the PubMed database. With career related terms and “Women, Working”, “Physicians, Women”, 7 references were yielded.

##### **3.1.1. Career Disruption for Working Females and Female Physicians**

Working women and female physicians share many characteristics of career disruptions. Pregnancy and childrearing, conscious and unconscious bias, and lack of role models are the major disruptions for their career.

###### **3.1.1.1. Pregnancy and Childrearing**

Pregnancy and childrearing are the biggest challenges in the career of female physicians. Also, pregnancy has such a huge impact on the mother, both physically and mentally, that temporal adjustment of work is usually needed. Also, child rearing is time-

consuming and labor intensive and requires dealing with unexpected happenings at unexpected times. In the surgery area, working schedule has a negative impact on the physician's and the expected baby's health and the length of maternity leave is not enough<sup>12</sup>. Also, lower rate of marriage and having children among working female surgeons may represent their work-life imbalance<sup>13</sup>.

### **3.1.1.2. Gender Bias**

Gender bias is evident especially in science, technology, engineering, mathematics (STEM) and medicine, and tackling unconscious bias is essentially important<sup>14</sup>. Consequences of unconscious bias are evident in working styles and wages. Female physicians are more likely to work less than full time (LTFT) than male physicians. Lachish et.al. showed that 40% of female physicians in the UK's primary care are working LTFT, but having children does not affect working hours of male physicians<sup>15</sup>. Also, significant pay gap by gender was reported which cannot be explained by specialty choice, practice setting, working hours, or other characteristics<sup>16</sup>. On the contrary, a cohort study showed that clinical decision making and patient outcome are not different between physicians' genders<sup>17</sup>.

### **3.1.1.3. Lack of Role Models**

Role model is important for medical students when choosing specialties<sup>18,19</sup>. Female physicians lacking effective mentorship tend to underestimate their value, although their abilities are acknowledged by medical students or other surgeons<sup>13</sup>. Alliance of leaders in medicine encourages female leaders' growth; therefore, a systematic change is needed<sup>14</sup>.

### **3.1.2. Career Disruptions for ER physicians**

The working environment of an ER physician requires constant decision making with limited information, without an established doctor-patient relationship. ER physicians are required to work at night and handle multitasking.

#### **3.1.2.1. Burnout, due to working environment**

Physician burnout is a globally prevalent issue which negatively affects patient care and healthcare workforce<sup>20</sup>. Burnout is related to personal characteristics such as younger age or female gender<sup>15</sup>, but high prevalence of burnout in physicians than the general population indicates strong influence of the working environment (Solms, Lara et al. "Keep the fire burning: a survey study on the role of personal resources for work engagement and burnout in medical residents and specialists in the Netherlands." *BMJ open* vol. 9,11 e031053. 5 Nov. 2019, doi:10.1136/bmjopen-2019-031053). Among physician specialties, emergency medicine is reported as a specialty which is highly vulnerable for burnout<sup>21</sup>.

### **3.1.3. Career Disruption for Female ER Physicians**

As a result of the literature review, a hypothesis for career disruptions for female ER physicians in Japan was formed as follows: Gender bias is prevalent externally and internally and gender bias steals the confidence to build up their careers.

## **3.2. Focus Group Interview**

The hypothesis yielded from the literature review was tested and confirmed in the focus group interview.

### **3.2.1. Summary of Participants**

Summary of participants are shown in Table1. Three participants were recruited and were eligible for this study because they had recently experienced their pregnancy and maternity during their work as ER physicians.

### **3.2.2. Pregnancy and Childrearing**

Pregnancy and childrearing were still actual disruptions for the female ER physicians. All the participants needed some kind of adjustment of working styles when they experienced pregnancy and after they had a child. Night shifts and shifts that cannot be replaced are disruptions for working during pregnancy and childrearing. On the contrary, the most important support for pregnancy was the understanding of their closest boss. For example, A said “Well, I am very grateful that he (the boss) was so understanding about morning sickness and other symptoms, and that he was willing to consult with the director and others about my condition first and foremost.” Therefore, this kind of support was essential for A to continue working.

### **3.2.3. Gender Gap and Unconscious Bias**

Conscious and unconscious bias were observed in the interview. Two out of three female ER physicians were working LTFT and all of their partners were working full time. Evident gender inequality is not reported from female ER physicians. On the contrary, participants were unconscious about the gap of working styles between male and females and tried to deny gender bias. It can be observed that unconscious bias is prevalent among female ER physicians in Japan.

**Table 1:** Characteristics of Participants

	A	B	C
Age	30's	40's	30's
PGY	12	18	14
Sex	Female	Female	Female
Partner's	Physician	Physician	Physician
Occupation	Orthopedics	Cardiology	Cardiovascular Surgery
Number of Children	1	2	2
Current workplace	General Hospital ICU**	General Hospital ICU and ER***	General Hospital ER

\*PGY: post-graduate year \*\*ICU: intensive care unit \*\*\*ER: emergency room

**Table 2:** Stake Holder Mapping

High Support	Female physicians with children	
Medium Support	Male physicians without children	Media
Low Support	Chief of ER	Policy Maker
Non-Mobilized	Children's day care	Director of hospital
Low Opposition	Male physicians with children	Co-medicals
Medium Opposition	Husband and Parents	Patients
High Opposition	Female physicians without children	

## 4. DISCUSSION

### 4.1. Summary of Primary Findings

#### 4.1.1. Career Disruption for Female ER Physicians

The focus group interview confirmed the literature review findings that career disruptions for female ER physicians are pregnancy and childrearing, conscious and unconscious bias and lack of role models.

##### 4.1.1.1. Pregnancy and Childrearing

In Japan, the durations of pregnancy leave is 14 weeks and maternity leave is possible one year and taking these leaves are easier in Japan than in the United States<sup>22</sup>. Taking pregnancy or parental leave is common in Japan, but the pregnancy or maternal leave may accelerate gender bias and negatively affect career development. There is an unconscious

bias, both external and internal, that one must choose between a career without children or a modest career with children. The idea that one must work harder than others if one is to have a career with children is also an unconscious bias. Women physicians need to be supported in their career development so that they do not have to be "Superman" to make it happen. Career development with or without pregnancy/parental leave and self-esteem support after the leave is necessary.

#### **4.1.1.2. Conscious and Unconscious bias**

Unconscious bias is a big problem which accelerate gender gap both internally and externally. Both female physicians themselves and their family, colleagues and bosses could limit their possibility of career development. All of the female ER physicians who joined the interview were working LTFT and all of their partners were working full time. They seemed to perceive it as normal process without reason, but we recognized through our interview that it is difficult for male physicians to work LTFT for childrearing. Their colleagues and bosses are not likely to allow. This situation seems an example of unconscious bias prevalent in workplace. Diversity and inclusion are essential in private companies, but education for gender inequity is lacking especially in the medical field. No lecture was done in medical school previously and the curriculum aiming to take positive action to eliminate gender inequality, including discrimination against women and LGBTQ was just introduced from 2022<sup>23</sup>. Also, there is no opportunity to learn about gender bias after starting to work.

#### **4.1.1.3. Close Manager is the most Important Factor**

Having regulations for pregnancy/maternity leave may be not enough to encourage female ER physicians to continue their career as ER physicians after childbearing. The acknowledgement of co-workers is essential to utilize those regulations. Among co-workers, the attitude of their close manager seems the most important factor. Each manager of ERs is the key person to support female ER physicians at their most difficult phase in their career.

#### **4.1.1.4. Lack of Role Models**

Previously, woman physicians with children were perceived to be off the path from promotion. If female physicians aim to be leaders, they should be working “like men”, not taking any leave, or more than men to be recognized. However, pregnancy or parental leave is not the sign that they are trying to step down from the career. New role models in which there is no need to work as a man in order to become a leader, are urgently needed.

### **4.2. Proposals for Policy**

#### **4.2.1. Career Development of Female ER Physicians**

Career Development is needed especially for female ER physicians as career path after taking board certification is unclear. Continuing support for career development with effective mentorship is essential to achieve this goal.

#### **4.2.2. Education for Conscious and Unconscious Gender Bias**

Education for gender bias is critically lacking. The government should provide inclusion and diversity education for medical students before they decide their specialties and



for physicians who are already working. It is rare for medical institutions to have a department that works toward diversity and inclusion. Education for gender bias from childhood and promotion of those departments among health care facilities are needed.

#### **4.2.3. Stake Holders**

Stake holders are shown in Table 2. Stake holders are mapped according to their estimated willingness to the proposals based on the interview. Stake holders may react to the proposals differently, but it is prominent that “the enemy of a woman is a woman.” Female physicians without children can be an enemy of female physicians with children. Family and patients are possibly opposite to the policy due to traditional concept that “physicians should dedicate their time to the work.” Media can be supportive for the policy if we can use media effectively.

#### **4.3. Limitations**

A limitation of the present study is that all participants' spouses were physicians, but as 73.7% of married female physicians' spouses were physicians<sup>24</sup>, we believe it is generally representative of married female physicians. Second, the interviews were with female emergency physicians who had not left their profession, and different results may be obtained for groups that had career interruptions. Finally, the actual work styles of emergency physicians, such as ER and tertiary care, varied across the country, and it is difficult to generalize because there are many individual differences, such as family situations.

#### **4.4. Conclusions**

Pregnancy and maternity, gender bias, and lack of role model are major disruptions for female ER physicians. Also, the attitude of managers of ER and education for unconscious bias are especially important.

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# Appendix

## Script of the Interview

Yamagata: Today, I would like to ask all the female emergency physicians to gather together and identify what are the disincentives for female emergency physicians.

I think it was about 3 years ago that a survey was conducted by the Japanese Association of Emergency Medicine, and the data showed that the major reason for female emergency physicians quitting emergency medicine was childrearing and childbirth (about 40%), while other reasons included being too busy and having other work they wanted to do.

The results of the survey are available, but the details of what these reasons actually were are not clear from the survey, and we would like to hear about them in the group interviews.

It is known that the employment rate for women increases in their 20s, declines from their 30s to 50s, and then rises again in their 50s, forming an M-shape. What are the bosses like?

First of all, I would like to ask what their bosses are like. Is it easy to consult with your boss about your working style?

A: At our company, yes. I had a really wonderful boss at that hospital in Yokosuka, Kanagawa Prefecture, and I followed him to my current workplace. When I started having morning sickness and was about 6 weeks pregnant, I thought I couldn't do it anymore, so I asked him to remove me from arrival and weekend duty from that week, and he did. They also allowed me to work staggered shifts and be two or three hours late every day when I was sick with morning sickness. If an uncle or someone said something to me, I immediately contacted my obstetrician and asked him to write a contact card and put me through to the director.

B: Was it a male doctor?

A: It was a male doctor, but he seems to have about three children. He was very thorough in protecting me, and I was able to deliver my child. Well, I am very grateful. When I asked him to change my shift, he said it was okay because I was not satisfied at all, whether I liked it or not.

Yamagata: Well, that's great. I guess that's a pretty high point, like being able to discuss morning sickness and so on.

A: I was told that I could be removed from the 6th week of pregnancy. I was sick, so I was able to lie down during my shift and borrow a chair with wheels for my rounds, and everyone was very kind to me.

Yamagata: I see. Was your boss a role model for you as a parent working while raising a child?

A: He was a man who worked long hours and spent many years studying abroad, so I didn't know how much time he spent raising a child, but he was very understanding about morning sickness and such. I was glad that he was so understanding about morning sickness and other symptoms, and that he was willing to consult with the director and others about my condition first and foremost.

B: My older daughter worked at the Y Medical Center for 10 years after finishing her medical degree, and she got married and had a baby when my boss was working there. I was about to get married, but my boss didn't know and suddenly I said, "I'm pregnant," and that's how it started. But he was the one who told me that I should get married as soon as possible and that I should have a baby as soon as possible if I wanted to have a baby. Did he say that before I was in the stable period at about the same time? I explained to her that I thought I would be in trouble if my morning sickness got worse after that time, but it was in December, so before I entered my third month, she told me that she would take me off duty for that month and all months after January.

I had been working in an office with a small number of workers for a long time, and many of them had the attitude that it could not be helped if the number of employees increased or decreased. Well, I was working with the same goal in mind, and I had a feeling that everyone at my former workplace was thinking that work would probably lead to a happy life.

But I didn't know why I was sick, so I thought that the boss's wife was suffering from morning sickness. But my morning sickness was not bad. It was a little sluggish, but if you look at my life alone, it was hard, but compared to other people, it wasn't bad at all.

Yamagata: Was it also the culture of the workplace?

B: In women's medical school as a whole, some departments are totally different from others. I think there are things that they do because they think it's a formality, but sometimes they really don't mean it. If there are female colleagues who are pregnant or who are not pregnant but find it a little hard to be on duty, I sometimes feel like it's hard for me too.

I had about six colleagues, one of whom was a junior girl, and the rest were all single men, so everyone has plenty of time to spare, and this has changed in any number of ways.

At Y, the emergency room and intensive care unit were staffed by one or two people each, but they tried to have two people on duty so that there was never a flurry of activity in the emergency room or ambulances coming forever, and they made sure that someone was

always there. After I returned to work after childbirth, I would have been able to work by myself, but they told me that there were times when I had to take a day off because of my child, so they usually scheduled a two-person day, and when that wasn't possible, the boss came to me. So the environment around me was very good.

Yamagata: Only one person is a hurdle, isn't it? Especially when there are uncertainties.

B: With our work system, it was almost always a one-person shift.

Yamagata: Tokyo Bay is the same way, with only one attending-level person on the floor.

B: Here, it is like a one-person shift for late-stage trainees, so it is either a late-stage trainee or an early-stage trainee and myself. The two-person system was very helpful after the birth.

Yamagata: Yes, even after the baby was born.

B: It was an environment where it was very easy to say things, and even now I am working with someone who used to work at the same place, but we both have children. Also, now that I am in the ER, I don't have any patients to take care of, so there is no handover, so it's a little easier, isn't it?

C: Well, I didn't spend my prenatal period in Tokyo Bay, but when I was about to tell them that I was pregnant, my ovary got twisted and I had to have an emergency surgery. I told the assistant director who works my shift that I was pregnant a little while ago, and I also told him that I had two or three other doctors who became pregnant during their second semester training and quit after the delivery of the baby. She was in the same situation, but she would not be allowed to be on duty once she found out she was pregnant. It was not so much out of sentiment, but rather because it would be dangerous for her strength and she would not be able to give cardiac massages.

I was suffering from a heavy case of morning sickness, but before the morning sickness, I liked seeing ambulances, so I was in a dilemma because of the restrictive rules. I spent half a year mostly sitting in the medical office and dealing with the patients. I was on an ICU rotation at the end, and like Dr. A, I did it while sitting in the ICU, and my first pregnancy went by without any duty. My husband was also going to the U.S., so I thought, "Okay, I'm going to give birth here, and I'm going to do it with determination."

Yamagata: Would you think it would be better to be taken off duty when you become pregnant? What do you think?

C: Even if you do, it would definitely be better to have some kind of buffer. I had a sudden stomach ache during the night, so I had to go home. I'm going to go home." I don't want to have to wait for them to come.

B: It wasn't bad at all, so I thought I could work, and I didn't have an upset stomach or anything. The nurses at the ER knew that, so they stopped me when I was moving around, but I still had that feeling of incompleteness that I mentioned earlier. Well, my body was in good health, especially after childbirth, so there was no need for me to push myself too hard.

Yamagata: It really depends on the individual, and you don't know until you try, whether the birth will go well or not. I don't know if the birth will be successful or not. I don't know if I can conclude anything. Even if you give consideration to it, it is still a bit bewildering.

I would like to change the topic a little, but in the current situation, what do you think are the characteristics of a job as an EMT?

I don't care if you are a man or a woman, but is there anything in particular about emergency medicine that made it more difficult for you to choose a break compared to other types of care? Is there a lot of pressure, or do you have to multitask?

C: Well, I haven't done much else, so I don't know. I am satisfied for now.

B: I think it's definitely a characteristic that you can't keep a fixed schedule, or that there is an irregularity between busy and not so busy days. Also, I think there is a difference between the intensive care unit and the ER, where only instantaneous power is required, and the intensive care unit, where there is a certain degree of continuity. But if you ask me if it is harder than other jobs, I would say that other jobs are harder for me.

If there is a patient with cancer that I see all the time, and I have to take responsibility because I am going on maternity leave, I think it would be difficult for me to do so.

C: It is a bit heavy, isn't it?

Yamagata: I see. I feel that other departments have a higher hurdle when it comes to moving and taking time off.

B: Yes, that's why I wonder why there is so much turnover. Environmentally speaking, I'm inclined to think it's easier to do it the other way around. Shift system, for example.

Yamagata: What do you think about that, Megu?

A: I think there is quite a difference between the ICU and the emergency room; in the ICU, you leave after a month or so at most, so maybe you can have a good night's sleep. I think it is difficult for ICUs to take maternity leave in an environment where the workload does not decrease even if the number of staff is reduced.



Yamagata: I know it's a little hard to cut in because it's online, but you can also use the "raise your hand" function. If you don't have flexibility in the workplace, you can't take a break.

A: You can't take a break, and I knew it would be a spur of the moment thing. If you have a death in front of you, it may be difficult to continue depending on the workplace, such as a sudden change or the possibility of being exposed to radiation.

B: There is still the problem of exposure to radiation, but I often worked alone, so even if someone in the department knew, if there was someone on the day shift and someone in my department knew that I was pregnant, they would change. As for the mind-ma, well, anyone can do that. All we have to do is be the brains, and the mind-ma is not really essential, right? But the nurses and radiology technicians were also very good friends, and when they knew me, they helped me very quickly.

Yamagata: That's important, isn't it? I guess it depends on the size of the hospital.

B: When there is a sudden change in the ICU, you don't go in there with a big belly, do you? I was wearing a white coat. But a nurse who had experience with pregnancy thought that I was too big to go. They would change during the procedure, and you would end up just having the procedure done and not having a heart attack.

Yamagata: Nurses have more experience, don't they?

B: Because they have experienced it themselves.

C: Move aside, doctor, it's okay. C: You would say something like, "Move aside, doctor, it's okay.

B: I don't think it's necessary to ask only your own department to help you.

(Break)

Yamagata: Let's resume. Let's see... I'm going to sleep. Next. I would like to ask you something. Do you have any gender-related issues in your career development right now?

I know that everyone is taking shortened working hours, but I wonder if your husband is taking as much time off as you are.

A: My husband is an orthopedic surgeon who has been working for about seven years after graduation, but I didn't want to have a vigorous career, so it's not so hard for me. I was a little irritated at times. Now I work from 7:30 to 16:15, and my husband takes me home in the

morning, and I do the evening work. My husband thinks it is impossible for me to go home in the middle of a surgery. Things are going reasonably well. I think it is possible because my husband's office has been fairly free this year, but it was very busy until last year, so I don't think it would have been possible.

But when I asked him if he could take time off when our daughter had a fever, he said, "I can't because I have an operation," or "I can't because I'm an outpatient," and I thought, "What do you mean you can't? My husband usually works full time, on duty and has a part-time job, but I guess that's it. By part-time job, I mean a part-time job that is mediated by the university.

He is a male orthopedic surgeon, and I think it would be absolutely impossible for him to say, "Oh, my child has a fever, so I won't be performing my own surgery today.

Yamagata: I think that the amount of work at home and the amount of work related to childrearing is overwhelmingly greater for women than for men.

A: My husband does all the morning drop-offs and about half of the way home. I think he does a great job, and I am grateful for that. I am also thankful that I happened to be transferred to an office where I have free time.

Well, after all, I can't take a day off because of my daughter's fever. So I have to adjust my husband's thinking. Also, I don't think the world expects male doctors to suddenly take time off to care for their children.

Yamagata: I wonder if there is a difference between men and women. Well, we don't have to become specialists or accumulate a lot of surgeries, so I think it is easier for us to be flexible.

If a woman wanted to become an orthopedic surgeon and had her own surgery, I wonder if she would be able to do it in the same way, but I guess we might have that kind of flexibility.

A: It might be difficult for a woman to say, "I'm going home because my child has a fever," when she is about to give birth in her third year or so.

Yamagata: There is culture, isn't there? I guess you could call it culture or bias. It is my hypothesis that the difference in workload at home and biases may affect career development.

B: My husband is a cardiologist, but he does ablation, so he is what you might call someone who has procedures to do. I used to be a cardiologist myself, but there was a struggle between women. My husband is also older than me, so I felt that clinical work is about to settle down, and I don't want to be on duty even if I have to do things that are not my specialty, because I don't have the strength to do it. When she tried to take maternity leave, her supervisor was not

very understanding, and it was a little difficult for her to do so. I think the work environment is a big factor.

We do ablation several times a month at three or four locations, so we don't ask them to take that day off. Even if it is not an ablation day, it is very difficult to find a change in an outpatient clinic, and from the perspective of our work, if we were married to the same gender, we probably would not allow her to take a day off.

My husband quit and I went back to work full time when there wasn't a lot of work, so he had a lot of time to do things, and my husband was not very good at that.

I was not good at childrearing and housework, but I am much better at it now, and I think I can do it even if I have my husband do half of the work. I thought that although my children love their father, they spend most of their time with their mother. I also thought that I could do the housework myself with less effort than having my perfectionist husband do it. I am thinking about our own adaptation rather than social issues.

Yamagata: There is a balance in each family.

C: My husband is five years older than me and has advanced in his career, so I thought that he would be a better person than I am. Since we started dating, we didn't start out as equals, so I didn't get too upset about it. When I was on maternity leave for my first child, the cardiac surgery department at the University of Tokyo was a place of great power and authority, and there were many wives who were full-time housewives. They had to work in the hospital wards on weekends, and if there was a transplant, they had to go to the hospital to pick up the organ urgently. So, as far as housework is concerned, I don't think they count it at all. I was working and doing housework with my mother, so it didn't really matter if I came back or not.

Yamagata: In fact, he's not here at all.

C: Actually, this way of working is not universally accepted, nor will it be in five years. I am running a temple here. My parents had to use that side of the house.

Yamagata: How about your mother's help?

C: I have her in a daycare center, but I have to work my shifts with my mother. When I was hired, I was told that it might be difficult to get a job unless it was near a hospital. Well, fortunately, the family and my parents' house are close by. I was told that since my shift was shortened, I should not work the same shift as my mother's. I have already started working with my mother in April. Now that my mother quit her job in April, I can take care of my sick child.

Yamagata: That's right. Since the partners of female doctors are often doctors, it is easy for them to become a one-person operation, and I wonder if it is important to have a family home.

C: And I would like to see the husband of the doctor, not in the doctor's office, but in the department, take his place as soon as possible. We are at the limit of our ability to speak out, and I would like to see the male system stabilized without thinking too much of it as someone else's business.

Yamagata: Aren't men unaware of this unless they say so themselves?

B: They are very considerate about their bodies, but they don't adjust their work schedules.

C: I would also like to see more sitters and live-in sitters become popular. Well, I think we need to change that problem of money and maybe that value system of our own Japanese women.

B: I had a sitter when I was a child, so I have a good image of a sitter, but I still wonder if it is safe once I find one. I don't like it when people come into my house.

If I give my child to a sitter, it's my responsibility, so I don't want my child to get hurt, or my child to get hurt, or I don't care about food or anything, but I don't want the person to be a strange person. Before, I was going to think more about a sitter, but now that I've given birth and tried it, I have that personality.

C: It's pretty hard just to find a match.

Yamagata: Have you ever used a sitter, Megu-chan?

A: First of all, my family lives close by, and I didn't feel like leaving my child with a mysterious person at all. I think that going to a day-care center would have its advantages in terms of group life, but it would be impossible for me to go to the trouble of inviting someone to my house to talk to my children one by one and to match the standards of what they are allowed to do or not to do.

It's something like that. My boss recommended it to me because he knew my sister and her sister, who are both doctors, and they used sitters a lot, but my wife and I were not at all interested. We were not at all enthusiastic about the idea of having a sitter.

The fact that they could come to our house was also a hurdle for us, but we have my parents' house, so it was like they were covering for us.

Yamagata: It is true that I would like to spend that time by myself, or I would like to do it by myself.

A: On days when I am not working, I basically want to do things by myself. But I have to work as a childrearing worker once I come home, so I don't know what I want to do. I'm going to work four days a week, leave my child with me for one day, and then I can finally prepare for the study group.

I wonder if it is a little bit of work to prepare for the study group, because I don't have time to do the things that male doctors usually do at home. Yes, I work four days a week and leave my child at home one day a week.

C: If I don't leave my child with a daycare center at all, it would be impossible for me to do things without sleep.

A: I have never heard of a male doctor taking a year of maternity leave. It is only for two weeks or so. I think it's something like one to three months. My husband is a human resource person after all, and I am not, but I think things will change if more progress is made in the world and women and men take more and more time off.

Yamagata: It is true that we need a system that provides backup, or something like that.

A: I have a position that allows me to take a sudden day off, but it's a +1 shift, but we have someone on the research day every day so that if something happens, someone else can do it. I thought it was nice to have that kind of shift.

B: That's good. There's also friction between women, and there are people who want to have that child, but can't. When pregnant women and expectant mothers are together, the expectant mothers get priority, don't they? It's natural. But from an emotional point of view. Well, there are probably many different feelings, and I have thought that in my case, not only the child issue, but also the time to learn what I want to do in the future, and the ease of working for those who are prone to health problems, +1 is necessary.

A: I think it would be good to have an environment that is a little more flexible, not just for women or pregnant women. It doesn't matter if you are single or married. If you are sick or your child is sick, you should be able to take a day off if your parents are sick.

Yamagata: Someone is there to pick up the child when he or she has a fever. Even if the working hours were perfectly coordinated and the work was perfectly balanced, what would still happen? Even so, is there anything you still need to work on? Are there any challenges?

B: I am changing my style because first of all, when I returned to work with my first son, I continued to work at that shorter hour and, well, at that time, there was a little bit of a person in that position.

Then, I had a junior colleague, and there was another one under me. I was just about to finish my second term, and I was pregnant with my second child.

Then I was taken into consideration, I wasn't on duty, and I felt it was kind of hard to work. Then, after my second son, my husband had to quit his job for various reasons, so I was on duty full time.

At that time, there were not so many people, so I was able to have a good time. However, my style up to that point had been to work in shifts, but if someone was sick every day, I would stay behind and help out. I would stay behind if someone got sick every day, or help out if someone had a medical emergency. If someone had a call in, I would stay behind if I thought I could take it if I was tall enough. I was doing that. If a junior worker seemed to be having a hard time, I would stay behind on my own. I was still a little dissatisfied with the situation where I couldn't do that. There is something like that, isn't there?

Yamagata: I think we are losing the ability to challenge ourselves.

B: It's the same with the same work. I want the same results from my work, and that's why it's not the same to begin with. I was talking about what I thought should be done about it, and I was wondering if I could look at the junior staff who were receiving the incoming calls and tell them that I would be there for them when they were troubled.

I also told him that I saw a junior who had a sudden change of heart on the way home and had no choice but to leave him there and go back home. It seems like I can't really separate the two, but I can't really separate the two. I think people around me think I'm doing well, but I'm not satisfied. I go to mph thinking that I might be satisfied with a different job.

Yamagata: You feel that way sometimes, don't you, Mr. C?

C: Yes, I do. The hours of the shifts are not really differentiated, but there are already harassers, but in that sense, I wonder if they are doing what they want to do during their working hours. I think so. I really want to go as far as I want to go, but today I am trying to control it. When I think about when I am alone.

I am in a position where I don't need to be there. I am in that position because that is what I am looking for, but when it comes to child-rearing, it is a little more natural, but it is contradictory, but I am not sure if I am needed to be around even if I am gone. No, I'm not complaining because I'm aiming for that kind of position and I'm being treated that way, but I

think I need to become an object. I have to get there early in the morning, otherwise it's meaningless.

I am now working as a relief worker, and when there is something that only I can do, I can feel a sense of fulfillment even though I work within the hours, or I can feel that I am needed.

Yamagata: I see, that's interesting. Oh, I have to leave in 7 minutes. Ah. I think I got some hints about the importance of the culture of the supervisor, the bottleneck of the on-duty work and the one-person system, the need to improve the childrearing system for men in terms of gender, the frustration of not being able to take on challenges, and so on.

Ms. B: May I ask a question? Ririko-sensei said that in other countries, there is no "M" shape, isn't that right? I was wondering why.

C: I gave a lecture in April; there was an M-shape in the 1970s, and now it is trapezoidal, and the M-shape is probably in Japan and Korea. In the West, first of all, they don't have the financial wherewithal to leave their jobs for scholarships, etc. In the West, people do not have the financial means to leave the workforce for scholarships, etc., and their partners are often not physicians. I have read that this is due to factors such as the following. With the increase of immigrants, it may be easier to hire a sitter.

C: In the first place, there is probably no such guaranteed paid work system. So we have to rely on nannies, and since the university is not a separate medical school at all, the partners are not limited to doctors.

Yamagata: I think the bias is a big reason for the dip in Korea and Japan. Also, there is the myth of the 3-year-old, or something like that. Is it related to that?

B: Perhaps it is. People working overseas may actually want to take time off.

C: I think it's good that they have this trapezoidal shape over there, so it's hard to say whether they are happy or not.

Thank you very much. There is an opinion that we should have a second round, but I think that would be too difficult, but I will contact you for a follow-up.