

## ORIGINAL ARTICLE

# Perspectives of medical students on future work-life balance in Japan: A qualitative study using postlecture comments

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**Abstract**

**Background:** Recently, work-life balance (WLB) has grown in popularity among medical professionals, and an increasing number of institutions are including WLB lectures into medical school curricula. In Japan, medical student lectures concerning WLB were given in at least 50% of universities. However, with these changes in social awareness, it is not fully clear how current medical students view WLB. The purpose of this study is to explore how Japanese medical students think about their future WLB from the perspective of constructivism.

**Method:** We used one of the present authors' work career and life cycle as an example of a physician's career in a lecture for medical students on community medicine in 2020. Students were asked to remark on their thoughts on the talk and their views on future WLB, and we analyzed their comments qualitatively to understand the current male and female medical students' perspectives on future WLB.

**Result:** We used the feedback of 119 participants (71 males and 48 females). Most students, regardless of gender, thought WLB was essential, but the factors they mentioned as being connected to WLB mirrored the continuing traditional notions of gender-based division of labor and doctors' fixed-job image. Male students' views, on the other hand, were more varied, reflecting recent generational shifts.

**Conclusions:** For the improved WLB in medical doctors, it would be required to tackle the problem from several angles, including not just increasing support for WLB but also fostering an awareness of the essence of WLB in pregraduate medical school.

**KEYWORDS**

career choice, career education, gender role, medical education and training, work-life balance

## 1 | BACKGROUND

Over the past two decades, there has been a growing interest in work-life balance (WLB) and health (wellness) among physicians.<sup>1</sup> Physician wellness not only benefits the individual physician but is also essential to the provision of high-quality medical care.<sup>2</sup> It has also been shown that young people are at a higher risk of burnout,

and the importance of educating medical students and residents about WLB and wellness from an early age has been demonstrated.<sup>3,4</sup> In Western countries, the development of wellness programs and other programs is already in progress.<sup>4</sup>

In Japan, where long working hours have been a problem, WLB measures were recommended in the government's WLB Charter, which was announced in 2007.<sup>5</sup> Previously, workplace WLB measures

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for doctors primarily targeted married female doctors; however, with the rising movement for gender equality, support for WLB realization regardless of gender is now necessary for the medical sector.<sup>6</sup>

In 2010, career education was incorporated into the model core curriculum for undergraduate medical education, and various programs, including lifelong education and professionalism education for physicians, have been implemented in response, with WLB having become a theme among them. In 2013, medical student lectures that concerned career education were given in at least 50% of universities, explicitly comprising lectures on life events and career development by guest speakers and scenario-based group work that dealt with conflicts between life events and careers.<sup>7</sup>

However, with these changes in social awareness and medical education, it is not fully clear how current medical students view WLB. This is because the bulk of WLB surveys among medical students have been conducted with female students, and there is a scarcity of research on WLB awareness among male students. Furthermore, the vast majority of WLB surveys that have been administered to medical students are questionnaire surveys.<sup>8-10</sup> Although both men and women are concerned about the realization of WLB, there has been a little in-depth exploration of their current awareness of WLB in these surveys, including the consideration of the background of gender differences. It is crucial to formulate a curriculum that better suits students' understanding of WLB to execute career education that can be used in medical education.

In this study, we used one of the present authors' work career and life cycle as an example of a physician's career in a lecture for medical students on community medicine in 2020. Students were asked to remark on their thoughts on the talk and their views on future WLB, and we analyzed their comments qualitatively to understand the current male and female medical students' perspectives on future WLB.

## 2 | METHODS

This study explores Japanese medical students' perceptions of their future WLB. In June 2020, we delivered a community medicine lecture to third-year medical students at Hamamatsu University School of Medicine, giving an example of a female physician's (TM) career and life path, including life events such as marriage and childbirth. In total, 119 students attended the lecture. As a postlecture assignment, students were asked to briefly remark on the talk and their views on future WLB in free text in response to the following question: "How would you like to balance your professional career as a doctor and your personal life?" In this study, we used the WLB concept<sup>5</sup> as a framework for qualitative analysis, focusing on the work and personal lives of physicians, as we believe that work and personal life should be viewed as harmonious elements of a fulfilling life. We also focused on the influence of the division of labor, on the basis of gender roles, described in previous studies as "men at work, women at home."<sup>11</sup>

First, we anonymized each comment of the respondents and only retained the gender of respondents. We used the "Steps for

Coding and Theorization (SCAT)"<sup>12</sup> to qualitatively evaluate the comments for enhanced understanding regarding the manner in which medical students perceive their future WLB. The SCAT is a thematic qualitative data analysis method developed by Otani, Japan, that consists of four coding steps. This technique was chosen owing to the clarity of the analytical process, the integration of qualitative data analysis and theoretical coding, and the efficiency and validity of theorizing from relatively small data sets. In the data analysis, we conducted the following as part of the four-step process of SCAT for each participant's responses statements: (1) extracting the words that should be focused on from the responses, (2) paraphrasing the data using words not used in them, (3) providing an explanation for these words, and (4) developing into the themes that emerge from these words.

The themes that were developed in step (4) were grouped into several categories, subsequent to which storylines and theoretical descriptions were created based on these categories.

The primary analysis was carried out by the first author (TM), and the coresearcher (MI) independently examined the transcripts and analysis findings to assess the dependability and confirmability of the analysis. Both are female researchers and family physicians. The students were advised that their opinions would be used anonymously for the study and that they could opt-out if they did not want their comments to be utilized. The Hamamatsu University School of Medicine Research Ethics Committee approved this study (No. 20-314).

## 3 | RESULTS

We used the feedback of all the 119 participants (71 males and 48 females). Each student wrote around 300–400 Japanese letters in their comments, which equates to approximately 150–200 English words in terms of length. In general, both men and women expressed a desire to actualize WLB in the future. A total of 35 representative themes were extracted from the SCAT analysis. We created the categories from these representative themes on the basis of gender, which are presented in [Table 1](#). The perspectives of female students were categorized into 5 groups with 14 themes, while those of male students were categorized into 7 groups with 17 themes.

### 3.1 | Perspectives of female students

Among female students in particular, anxiety regarding WLB was identified as a specific perception of achieving WLB in terms of thinking about the implementation of WLB. They experienced anxiety because of not being able to envision the future and events regarding whether or not they can return to work following maternity and childcare leave.

Due to the nature of the profession of a doctor, if your knowledge is inadequate or your treatment is

TABLE 1 Medical Students' Perceptions of WLB

Female Student	Male Student
Groups Themes	Groups Themes
<b>Anxiety for WLB</b>	<b>Difficulties for WLB</b>
Not being able to envision future events	Unpredictability regarding future work and life events
Whether they can return to work after maternity/child care leaves	Conflicts between the work and private lives of physicians
	<b>A two-stage WLB image</b>
	Shifting gears to WLB after marriage or the birth of a child
	Plan on returning to work after taking childcare leave
	<b>What they gain from WLB</b>
	Reduced working hours
	Maintaining their health
	Maintaining quality of work
<b>Expectations for their future roles</b>	<b>Expectations for their future roles</b>
Getting married and having children	Becoming a breadwinner
Becoming a primary caregiver (for the family/children)	Prioritizing career development
Choosing career based on WLB compatibility	Exploring opportunities to spend more time with their family
<b>Image of physicians' work</b>	<b>Image of physicians' work</b>
Long working hours	Heavy social responsibility
Requirement to obtain a medical specialty	Self-sacrificing
Negative impact on career because of taking leaves for childcare	
<b>Personal strategy to realize WLB</b>	<b>Personal strategy to realize WLB</b>
Personal-efforts	Choosing an appropriate workplace and specialty for achieve healthy WLB
Outsourcing housekeeping tasks	Developing relationships with other physicians and colleagues
Building supportive relationships with their family and colleagues	
<b>Environmental needs to realize WLB</b>	<b>Environmental needs to realize WLB</b>
Support for diverse career options	Supportive work environment for different work styles
Information regarding return-to-work and support systems	Information regarding return-to-work and support systems
Presence of role models and mentors	Reducing working hours and work burden

Abbreviation: WLB, Work-life balance.

not appropriate, one's life can be at stake. I honestly cannot imagine how as a female doctor, to balance such professional and personal responsibilities and do not know whether I would be able to return to work if I took a maternity leave.

(Female student)

Female students expected themselves to be subjected to assumptions based on gender biases in their future roles. Most of the female students desired to marry, have children, and become primary caregivers for their families/children. Therefore, choosing careers keeping in mind opportunities for healthy WLB was a prerequisite for their future planning.

I want to marry and raise my own children as individuals.

(Female student)

I have been worried for a long time about how I would be able to balance my work and family life when I have a family in the future and have been considering there might be a limited number of specialties, I could choose from in order to maintain the work-family balance.

(Female student)

Regarding the perception of female students of a physician's work, factors such as long working hours and the need to choose a medical specialty were raised as hindrances for choosing this profession. Furthermore, the female students were concerned about the negative impact that taking maternity and parental leaves might have on their career as physicians.

I think the first major issue is how to resolve the gaps that will occur during a leave of absence, such as maternity or parental leave, since I believe that medical

care is constantly advancing, and knowledge must be constantly updated.

(Female student)

As personal strategies to realize WLB, female students mentioned personal self-effort, outsourcing housekeeping tasks, and building supportive relationships with family members and colleagues as potentially helpful factors.

In order to continue working for a long time after returning to work while also raising children, I think it is necessary to gain the understanding of those around me; so, while fully utilizing the support system, I would like to work with an attitude of consideration and appreciation for getting as close as possible to the conditions at my place of employment.

(Female student)

In terms of environmental needs to require for achieving WLB, female students thought that supporting diverse career options was necessary for WLB in addition to information regarding return-to-work and support systems and the presence of role models and mentors.

I believe that not only women but also men need a support system in the hospital to enable them to return to work when they leave the workplace temporarily, as well as a change in mindset that it is possible to return to work even after leaving the workplace.

(Female student)

### 3.2 | Perspectives of male students

Among the male students, WLB-related difficulties emerged as the most common perception regarding WLB realization. The reasons for these difficulties were the possible unpredictable regarding future work and life events and conflicts between a physician's work and private life.

I think it is natural to hope for a WLB, but I would like to make my career and personal life more fulfilling. However, I am afraid that, it will be difficult.

(Male student)

The male students had a two-stage WLB image, which focused on employment when they were single and then shifted gears to contemplating WLB after marriage or the birth of a child. They also had a plan of returning to work after taking childcare leave.

My vision is to focus on career development during residency and while I am single, and next, to focus on

my family life after I have acquired a certain level of skills.

(Male student)

They also thought about what they would gain from WLB. These included reducing the number of working hours and maintaining their health conditions and work quality.

I believe that if you cannot fulfill your private life, your work performance will be affected (negatively).

(Male student)

This indicated that male students were focused on their gender roles, which included providing for their families, when considering expectations regarding WLB in their future roles. They possessed a sense of duty of becoming breadwinners and prioritizing their career development.

I decided to pursue making enough money to adequately support my family.

(Male student)

I will prioritize my career over other things until I become a medical specialist.

(Male student)

However, some male students were interested in exploring opportunities that allowed them to spend more time with their family. They wished to take paternity leave and were explore career choices that prioritized the existing family support system for returning to work after paternity leave Which showed that some male students were conscious of their role in childcare.

I've heard that it's especially busy when you're just starting as a doctor, but no matter which specialty I go into, I want to spend as much time as possible with my family on my days off. In addition, I would like to gather as much information as possible about parental leave and other systems before deciding which department to join.

(Male student)

The male students' image of physicians' work included the heavy social responsibility of a physician. They were eager to meet the society's expectations for the job of a physician and a possessed spirit of self-sacrifice.

I believe that the job of a physician is different from other jobs because physicians are entrusted with the lives of patients; so, to some extent physicians must sacrifice their personal lives, including doing

night shifts, to be there when patient's condition changes.

(Male student)

The personal strategy of male students to achieve WLB included choosing an appropriate workplace and specialty that allowed physicians to balance their careers and private lives, as well as developing relationships with other physicians and colleague.

I would prefer to work at a hospital with enough physicians, which places a lesser work burden on a single physician limited work hours because of sharing the work with other physicians in order to balance both work and private life.

(Male student)

The environmental needs of male students for achieving WLB included creating an environment that is supportive of diversity cultures, information regarding return-to work and support systems, reducing working hours and demand on work.

I believe that no matter which medical specialty one chooses, there needs to be supportive policies and an improved work environment that allows for work-life balance.

(Male student)

## 4 | DISCUSSION

Medical students in their junior years, regardless of gender, believed that they wanted to achieve WLB and that improving the working environment was necessary to do so. However, gender variations in how they expected future WLB were identified. First, female students, in particular, expressed “anxiety” toward the realization of WLB. Many male students, conversely, were strongly aware of the social responsibility of a doctor's work and were willing to tolerate self-sacrifice and work-life conflicts to achieve this in addition to having a career-first mindset. As a result, the male students perceived WLB to be “difficult” to acquire in the first place.

First, we discuss the reasons for which female students feel “anxiety,” and male students feel “difficult” about the realization of WLB; we believe that there are two reasons. First, the Japanese culture is a patriarchal one, and there is a deep-rooted sense of division of labor, with men working and women at home. There is also a strong emphasis on the role of the mother among the roles of women.<sup>13</sup> This traditional Japanese awareness of gender roles is likely still strong at present. Previous research by Hoshino et al. shows that, even in the early years of medical school, female students already attempt to decide on a medical specialization owing to the mix of family jobs and childcare.<sup>10</sup> Second, the working style of doctors in the Japanese medical community is based on long working hours. These two significant reasons suggest that female students feel

anxious about realizing WLB based on the premise of balancing work and family roles, while male students find it difficult to realize WLB based on the premise of prioritizing work roles.

In addition, because male students prioritize career development, they have a two-stage life image of “being aware of WLB, especially after marriage and having children,” indicating that marriage and child-rearing are important aspects of male students' WLB image. Male students were equally curious about whether they could take parental leave. This may be attributed to the fact that the current WLB support measures conspicuously emphasize child-rearing support as a target of WLB.<sup>14,15</sup> Of course, WLB does not solely involve balancing work and child-rearing. In addition to securing working hours, holidays, and family time, various factors such as organizational culture are necessary to achieve WLB.<sup>16</sup> The findings of this study suggest a need for medical education to foster the awareness that WLB is not only limited to child-rearing but also about harmonizing various lifestyles and values with work.

Our findings revealed that not only female students but also male students valued WLB. Elongated working hours have long been the norm in Japan's medical community, and the condition has taken deep root,<sup>17</sup> resulting in a gender disparity in working styles.<sup>18</sup> Although female physicians have traditionally been in charge of most of the housekeeping and childcare tasks, male physicians have continued to work long hours even when they had family responsibilities. However, in recent generations, male students are beginning to bear in mind the need to balance work and family life. This result indicates that there is an urgent need to develop a work environment in which everyone, regardless of gender, may continue to work and accomplish their own WLB, without being constrained by the traditional labor management systems and work styles that have been maintained up until now. However, there is a limit to merely approaching doctors' perceptions of WLB. The current medical system must also be improved given its shortage of doctors, the long working hours, and how doctors are occupied with nonmedical administrative work.

One limitation herein is that this study used written texts from medical students' assignment reports, which may not reflect each student's profound beliefs. However, the number of participants was significant for grasping the diversity and tendency of the medical students' opinions. Additionally, our lecture had introduced only one case of a female physician's career. Introducing various career paths of male and female physicians may have produced different views on WLB among medical students in the postlecture comments. Although our findings presented a wide range of students' perceptions of WLB, they should be interpreted considering this point. The gender information utilized in this study was based on university administrative data, and we did not account for the range of gender identities in this study.

## 5 | CONCLUSION

Most medical students, regardless of gender, thought that WLB was essential, but the factors they mentioned as being connected

to WLB mirrored the continuing traditional notions of gender-based division of labor and doctors' fixed-job image. Male students' views, however, were more varied, reflecting recent generational shifts. To improve WLB for medical doctors, it will be necessary to tackle the problem from several angles by not only increasing support for WLB but also fostering an awareness of the essence of WLB in pregraduate medical school.

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## CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

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