

Initiatives of Chidoribashi General Hospital towards Physicians' Working Style Reform

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Background

In Japan, long working hours among employees have been prevalent, leading to issues such as overwork-related deaths and suicides. In response, the government initiated a working style reform program in 2019, implementing regulations on maximum working hours to address excessive overtime. Starting from April 2024, these regulations will also be implemented for physicians. The maximum amount of overtime per month has been set at 80 hours by the government.

In the medical field, there was a prevailing mindset that physicians work for patients and must work overtime if necessary. This applies especially for young physicians in training, who should work without overtime pay. In Japan, professions such as physicians, lawyers and teachers were not considered to be workers, but more like public servants. Working extra hours without compensation was accepted as normal. However, recently physicians, especially recent graduates have a different attitude. There is increasing dissatisfaction regarding harsh working conditions. Reform is necessary.

Physicians, like any other workers, have the right to work in a healthy environment. Our hospital has implemented measures to address excessive working hours among physicians.

Methods

In December 2018, we launched the Chidoribashi General Hospital Physician Labor Project. This included: 1) Utilizing card readers to comprehensively track the number of hours physicians are in the hospital. 2) Creating a list, known as the labor agreement list, to distinguish between work and self-study. 3) Developing and implementing overtime application forms. 4) Institutionalizing half-day leave after night shifts. 5) Balancing workloads through a task shifting system.

Chidoribashi General Hospital Physician Labor Project

Our project was launched in December 2018, forming a team that included key management members such as the hospital president, the director, department heads, and HR managers. Meetings were held twice a month and from April 2019, external consultants (a medical management advisor and a labor management advisor) joined once a month. Due to the COVID-19 pandemic, the meetings concluded in March 2020.

Previously, physicians did not consistently clock in and out, making it difficult to track actual working hours. Additionally, there was a lack of clear distinction between work and self-study, leading to long periods of time in hospital. Through extensive discussions in the project meetings, five major reforms were implemented:

1) Utilizing card readers to track physicians' working hours:

The hospital had already been using card readers to monitor physicians' working hours, but this was insufficient and didn't allow us to track unpaid overtime accurately. A workshop on working style reform was held and additional card readers were installed, raising the clock-in rate from 87% (54 of 62 physicians) in July 2019 to 100% (65/65) in July 2024. Currently, the hospital tracks the working hours of all physicians. Overtime is often caused by outpatient duties, ward duties, meetings and paperwork. Younger and mid-level physicians are expected to do 5–6 night-shifts per month, contributing to their overtime hours.

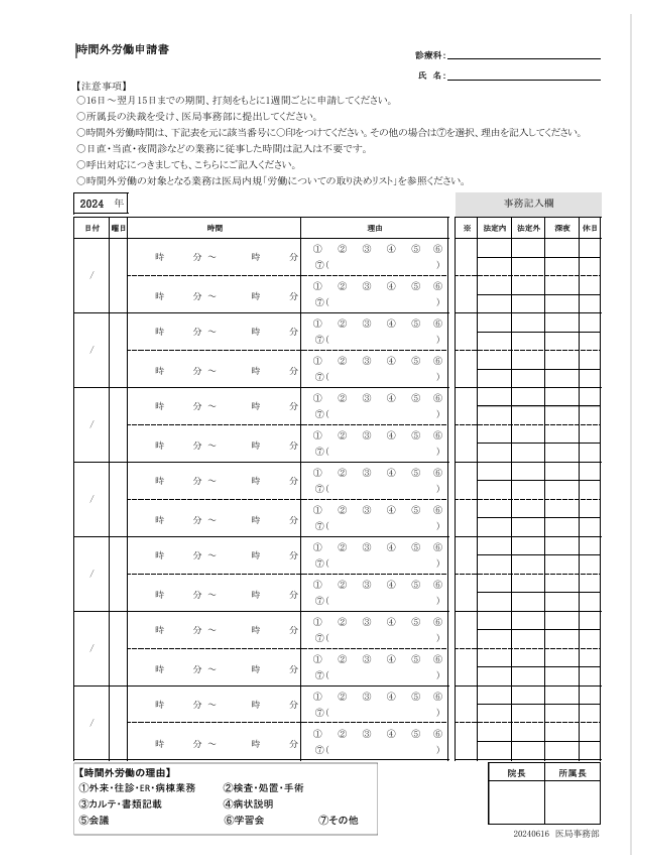


2) Creating a "labor agreement list":

To distinguish between work and self-study, the project created a labor agreement list that was discussed in physicians' department meetings and formally confirmed. Meetings were rescheduled to take place during regular working hours as often as possible, and meetings outside of these hours were clearly defined as overtime hours.

3) Developing and implementing overtime application forms:

Previously, there was no system for physicians to submit or approve overtime requests. We developed overtime application forms, which are now in use. Physicians fill out the forms, and senior physicians approve them.



4) Institutionalizing half-day leave after night shifts:

Previously, the policy for post-night shift leave was unclear, and it was common for physicians to work 32.5 consecutive hours (day shift → night shift → day shift). In recent years, half-day leave after night shifts was common but not always possible. This system was formalized, allowing physicians to leave after a half-day following a night shift. If they are unable to take this leave, they can take time off at the start of their night shift or on another day.

Half-Day Leave Utilization Rates:

April–August 2019: 41.7% → April–August 2024: 91.4%

5) Balancing workloads through a task shifting system.:

Chidoribashi General Hospital has long employed Doctors' Secretaries (DS) to support physicians in administrative tasks. The scope of DS duties was expanded to reduce the administrative burden on young physicians.

Results

The average number of overtime hours for physicians has significantly decreased due to these measures.

1. All Physicians:

60 hours (July 2021) → 31 hours 6 minutes (July 2024) [Difference: 28 hours 54 minutes]

2. By Category:

• Senior Physicians (no night shifts):

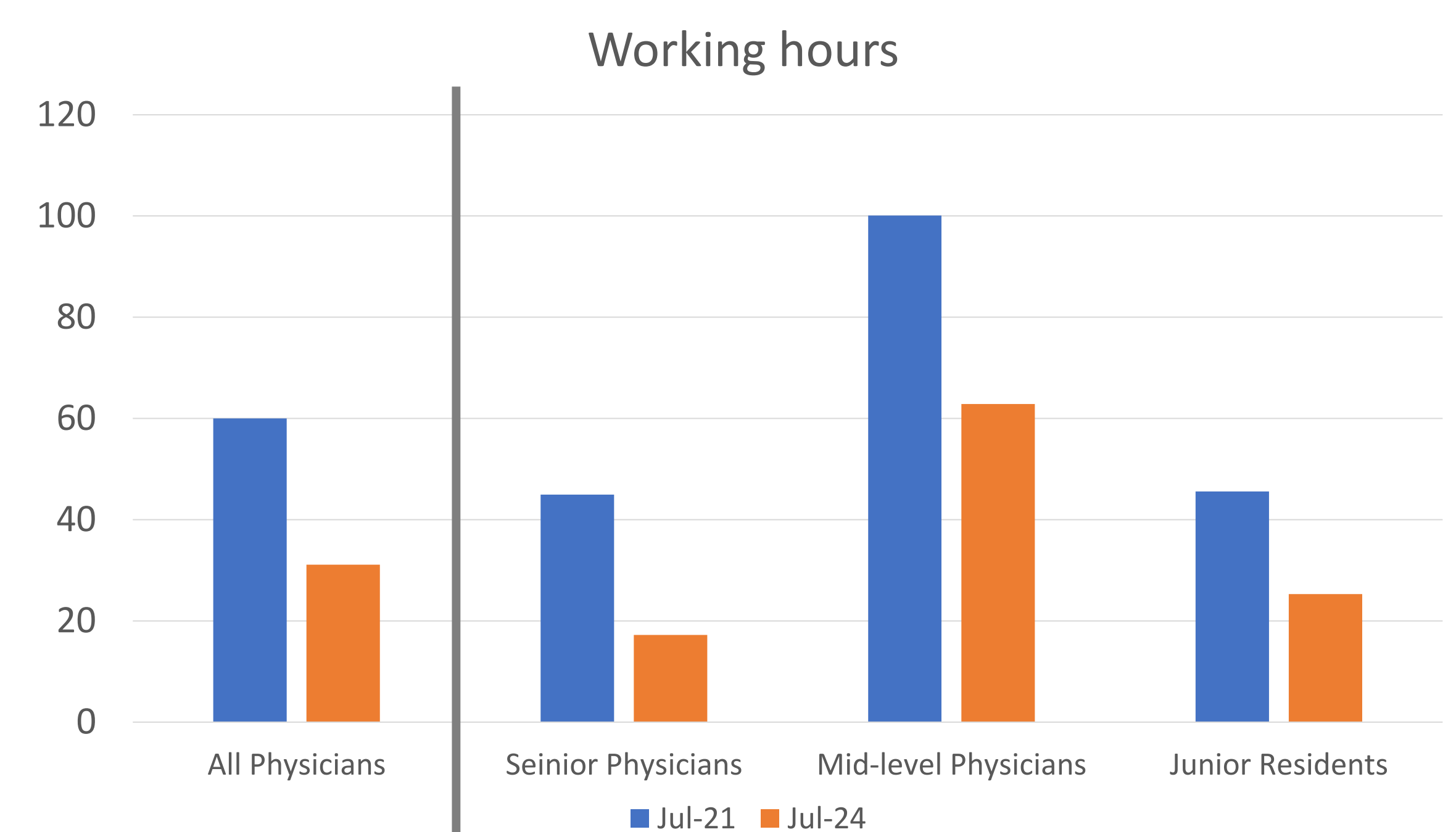
44 hours 57 minutes → 17 hours 13 minutes [Difference: 27 hours 44 minutes]

• Mid-level Physicians (with night shifts):

100 hours 5 minutes → 62 hours 52 minutes [Difference: 37 hours 13 minutes]

• Junior Residents:

45 hours 34 minutes → 25 hours 17 minutes [Difference: 20 hours 17 minutes]



Conclusion

The initiatives significantly reduced overtime hours for physicians. Senior physicians, in particular, began leaving work earlier, reflecting a shift in attitudes toward workstyle.

However, six physicians (five mid-level and one junior resident) still exceeded the government limit of 80 hours of overtime each month. For these physicians, we hold official monthly meetings and conduct private interviews to help them improve their time management skills.

Frequent night shifts are a major factor contributing to overtime. To address this, we have increased the number of external night-shift physicians and introduced compensatory days off for daytime shifts. We also reduced the number of patients assigned to each physician to allow them to finish work on time.

While task-shifting has somewhat reduced the workload, the overall situation remains severe. Reducing the workload further risks lowering patient care quality and impacting hospital management, making it difficult for a single hospital to implement. A fundamental solution to improving physicians' working conditions requires nationwide physician workforce expansion and government-led reform.