

Original**Working Conditions and Work-related Stress among Male Physicians:
A Comparison in Private and Public General Hospitals**

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Abstract

To evaluate the differences in physicians' working conditions and work-related stress between private and public hospitals, a self-administered questionnaire survey on working conditions, work-related stress, lifestyle, etc. was completed by 39 and 52 male physicians (excluding junior residents) working in the A private general hospital and the B public general hospital, respectively. As for working conditions, monthly workdays, monthly workdays without overtime, and daily hours on call among physicians in the A private hospital were significantly more or longer compared with those in the B public hospital ($p < 0.05$ or $p < 0.01$). Monthly days off, daily effective working hours, weekly effective working hours, daily total hours spent in the hospital and daily video display terminal (VDT) use hours among physicians in the A private hospital were significantly fewer or shorter than those in the B public hospital ($p < 0.05$ or $p < 0.01$). Concerning work-related stress, scores of representing psychological (both quantity and quality) and physical job demands among physicians in the A private hospital were significantly lower than those in the B public hospital ($p < 0.05$ or $p < 0.01$). Lifestyle scores (Morimoto's 8 items) among physicians in the A private hospital were significantly higher than those of physicians in the B public hospital ($p < 0.05$). These results suggest that there might be some differences in working conditions and work-related stress between male physicians working in the private hospital and the public hospital.

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—Key words—

private hospital, public hospital, physician, working condition, work-related stress

Introduction

The income scale among physicians in Japan is usually determined by the number of years experienced as a physician and not by specialization and workloads¹⁾. Recently, the committee on community medical service measures of the Japan Medical Association²⁾ has indicated that it is necessary to correct the difference in the pay between public and private hospital physicians because the amount of salary of physicians working in public hospital was very low, compared with that in private hospital in Japan. Wada et al³⁾ reported that income fairness is associated with job satisfaction for both male and female physicians. However, an informal survey of leading physicians found that most of their job satisfaction comes from relationships with others, personal growth and life/work balance, not money⁴⁾. Tokuda et al.⁵⁾ reported that job satisfaction was directly related to burnout among hospital physicians, using path analysis. It is accepted that burnout is one of the main reasons for physicians' resignation⁶⁾. We⁷⁾ reported that there was no significant difference in the score of distributive justice between male physicians with and without burnout.

We reported the working conditions and work-related stress among male physicians working in the large scale municipal hospitals before^{7,8)}.

In this study, we compared the working conditions and work-related stress between male physicians working in the private hospital and the public hospital.

Subjects and Methods

Subjects and questionnaires

This study was conducted among 67 and 118 physicians (excluding junior residents) working in the A private general hospital and the B public general hospital, respectively. Both hospitals located in the central part of Japan offer acute care. These two hospitals were main hospitals in this area and are located relatively near. Through the personal sections of the two hospitals, a self-administered questionnaire not requiring a signature covering sex, age, body dimensions, occupational career, monthly workdays, workdays without overtime, days off and night duties, daily and weekly effective working hours, daily hours for lunch time, a break, etc., daily hours on call, daily total hours spent in the hospital, daily personal computer usage hours, weekly numbers of outpatients to examine, daily numbers of taking charge of inpatients, monthly surgical operation numbers, lifestyles (Morimoto's 8 items⁹ such as smoking, alcohol drinking and physical exercise), degree of stress (%) assessed by visual analogue scale, distributive justice (3 items)¹⁰, Brief Job Stress Questionnaire developed by the former Japan Ministry of Labour (17 items considered as the causes of the stress; 29 psychosomatic reactions caused by stress; and 10 other items that influence stress reactions (stress relieving items); total 56 items)¹¹, 21 items from the Japanese translation version of the Pines Burnout Measure¹², mental condition (3 items), and events during the last one month (18 items) was distributed and collected.

The responses for each item in the distributive justice questionnaire¹⁰ were obtained by using a 5-point Likert scale (1-5). According to the criteria, scores of distributive justice were calculated.

The responses for each item in the Brief Job Stress Questionnaire were obtained by using a 4-point Likert scale (1-4). According to the criteria, scores of 9 factors considered as the causes of the stress (psychological job demands (quantity), psychological job demands (quality), physical demands, human relations stress in the workplace, work environment stress, job control, skill application, job aptitude, and job worthwhileness), 6 factors concerning the psychosomatic reactions caused by stress (vitality, irritability, fatigue, anxiety, depressive mood, and physical complaints), and 5 factors concerning the stress relieving (supervisor support, coworker support, family and friend support, job satisfaction and family life satisfaction) were calculated. Total health risk among subjects in the A private hospital and the B public hospital were calculated using the scores of psychological job demands (quantity), job control, supervisor support and coworker support¹¹.

Concerning the Pines Burnout Measure, the responses for each item were obtained by using a 7-point Likert scale (1-7). According to the criteria, scores of burnout were calculated.

Forty eight subjects (39 males and 9 females) (71.6%) in the A private hospital and 69 subjects (52 males and 17 females) (58.5%) in the B public hospital replied to the questionnaire. In the present analysis, we used only the obtained data from male subjects because numbers of female subjects were very small.

The study was approved by the Ethical Committee of Gifu University Graduate School of Medicine.

Statistics

The significance of differences between two groups was tested using χ^2 test and t-test. When the frequency was low (below 5), Fisher's exact test was used. The significance level was set at $p < 0.05$. Statistical analysis was conducted with the SPSS software, version 12 (SPSS, Inc., Chicago, IL).

Results

Table 1 shows the characteristics of the two groups of subjects. Monthly workdays, monthly workdays without overtime, and daily hours on call among subjects in the A private hospital were significantly more or longer compared with those in the B public hospital ($p < 0.05$ or $p < 0.01$). Monthly days off, daily effective working hours, weekly effective working hours, daily total hours spent in the hospital and daily video display terminal (VDT) use hours among subjects in the A private hospital were significantly fewer or shorter than those in the B public hospital ($p < 0.05$ or $p < 0.01$). Scores of life style (Morimoto's 8 items) and distributive justice among subjects in the A private hospital were significantly higher than those in the B public hospital ($p < 0.05$).

Table 2 shows the burnout among two groups of subjects. Prevalence of burnout (subjects with burnout or clinically depressed state) among subjects in the A private hospital and the B public hospital were 20.5%

Table 1 Characteristics of the two groups of subjects

Group	A private general hospital (N = 39) Mean ± SD (Range)	B public general hospital (N = 52) Mean ± SD (Range)
Age (years)	43.8 ± 7.6 (29–58)	42.6 ± 9.5 (27–62)
Occupational career (years)	18.8 ± 8.3 (3.3–39)	16.9 ± 9.1 (2.5–37.3)
Monthly workdays *	25.8 ± 3.3 (10–31)	24.0 ± 4.6 (4–31)
Monthly workdays without overtime * *	9.6 ± 9.2 (0–30)	3.5 ± 5.6 (0–25)
Monthly night duties (times)	1.9 ± 2.7 (0–9)	2.1 ± 1.5 (0–6)
Monthly days off * *	3.8 ± 2.0 (0–9)	5.3 ± 3.2 (0–13)
Daily effective working hours * *	9.2 ± 1.7 (6–12)	10.9 ± 1.8 (7–14)
Weekly effective working hours *	56.0 ± 11.9 (33.9–81.3)	62.0 ± 13.6 (39.9–94.8)
Daily hours for lunch time, a break, etc.	0.9 ± 0.4 (0.3–2)	0.8 ± 0.3 (0–2)
Daily hours on call *	1.1 ± 1.4 (0–8)	0.5 ± 0.7 (0–3)
Daily hours spent in the hospital for self-study	0.6 ± 0.5 (0–2)	0.6 ± 0.7 (0–3)
Daily hours spent in the hospital due to the other reasons	0.6 ± 1.5 (0–7)	0.3 ± 0.6 (0–3)
Daily total hours spent in the hospital * *	11.6 ± 2.1 (8.8–18)	12.8 ± 1.8 (9–16.5)
Daily sleeping hours	6.2 ± 0.7 (5–7.5)	6.0 ± 0.8 (4.5–8)
Daily smoking numbers	2.4 ± 7.0 (0–30)	2.1 ± 5.8 (0–20)
Weekly drinking days	2.8 ± 2.8 (0–7)	2.5 ± 2.6 (0–7)
Drinking volume (Japanese Sake, gou/d) §	1.0 ± 1.1 (0–5)	1.1 ± 1.8 (0–11.3)
Daily alcohol intake (g)	27.0 ± 30.2 (0–135)	29.0 ± 47.6 (0–306)
Scores for lifestyle (Morimoto's 8 health practice) *	5.4 ± 1.3 (3–8)	4.8 ± 1.2 (3–7)
Daily video display terminal (VDT) use hours * *	2.7 ± 2.0 (0.3–8)	4.9 ± 2.4 (0–10)
Burnout score	3.0 ± 1.1 (1.2–6.6)	3.2 ± 1.3 (1.1–6.9)
Degree of stress (%)	47.7 ± 24.3 (10–100)	53.3 ± 26.2 (0–100)
Scores for distributive justice *	12.4 ± 3.2 (4–20)	10.5 ± 3.7 (4–19)
Weekly number of outpatients examined per physician	58.3 ± 56.8 (0–300)	43.2 ± 41.6 (0–200)
Daily number of taking charge of inpatients	6.9 ± 5.0 (0–20)	7.0 ± 11.1 (0–80)
Monthly number of surgical operation per physician	8.1 ± 11.3 (0–50)	5.5 ± 7.5 (0–30)

Significant differences between the two groups; * p<0.05, * * p<0.01.

§: one "gou" is about 180 ml.

Table 2 Burnout among two groups of subjects

	A private general hospital N (%)	B public general hospital N (%)
Subjects with healthy mind and body	19 (48.7)	25 (48.1)
Subjects with signs of burnout	12 (30.8)	12 (23.1)
Subjects with burnout	6 (15.4)	8 (15.4)
Subjects in clinically depressed state	2 (5.1)	7 (13.5)
Total	39 (100.0)	52 (100.0)

and 28.9%, respectively. There were no significant differences in the prevalence of burnout between subjects working in the A private hospital and the B public hospital.

Table 3 shows the mental conditions during the month preceding the investigation among two groups of subjects. Percentages of the subjects who desired to resign from working at the hospital among subjects in the A private hospital were significantly lower than those in the B public general hospital (p<0.05).

Table 4 shows the scores of factors considered as the causes of stress among two groups of subjects. Scores of psychological job demands (both quantity and quality) and physical demands among subjects in the A private hospital were significantly lower than those in the B public hospital (p<0.05 or p<0.01).

Concerning the scores of the psychosomatic reactions caused by stress such as vitality, irritability, fatigue, anxiety, depressive mood and physical complaints, there were no significant differences in any score of those between the A private hospital and the B public hospital subjects.

Table 5 shows the scores of the factors which relieve the stress among two groups of subjects. There were no significant differences in any score of the factors which relieve the stress between the two hospital groups.

Table 3 Mental state in the month preceding the investigation among two groups of subjects

	Group	Very frequently N (%)	Frequently N (%)	A little N (%)	Non N (%)	Total N (%)
Feeling difficulty communicating with nurses	A private general hospital	1 (2.6)	7 (17.9)	19 (48.7)	12 (30.8)	39 (100.0)
	B public general hospital	2 (3.8)	12 (23.1)	28 (53.8)	10 (19.2)	52 (100.0)
Indifference to changes in the condition of patients due to work-related fatigue	A private general hospital	1 (2.6)	5 (12.8)	18 (46.2)	15 (38.5)	39 (100.0)
	B public general hospital	0 (0.0)	4 (7.7)	26 (50.0)	22 (42.3)	52 (100.0)
Desire to resign from working in the hospital*	A private general hospital	0 (0.0)	8 (20.5)	22 (56.4)	9 (23.1)	39 (100.0)
	B public general hospital	5 (9.6)	10 (19.2)	15 (28.8)	22 (42.3)	52 (100.0)

Significant differences between the two groups; * $p < 0.05$.

Table 4 Scores of the factors considered to be the causes of stress among two groups of subjects

Group	A private general hospital (N = 39) Mean \pm SD (Range)	B public general hospital (N = 52) Mean \pm SD (Range)
Psychological job demands (quantity) *	8.8 \pm 1.7 (3-12)	9.7 \pm 1.9 (3-12)
Psychological job demands (quality) *	9.4 \pm 1.4 (5-12)	10.1 \pm 1.6 (7-12)
Physical demands* *	2.6 \pm 0.6 (1-4)	3.0 \pm 0.7 (1-4)
Human relations stress in the workplace	5.8 \pm 1.7 (3-12)	5.3 \pm 1.5 (3-9)
Work environment stress	2.3 \pm 0.9 (1-4)	2.5 \pm 1.0 (1-4)
Job control	7.7 \pm 1.7 (4-11)	7.5 \pm 1.8 (4-12)
Skill application	3.2 \pm 0.8 (1-4)	3.2 \pm 0.7 (1-4)
Job aptitude	3.2 \pm 0.6 (2-4)	3.2 \pm 0.6 (2-4)
Job worthwhileness	3.2 \pm 0.6 (2-4)	3.4 \pm 0.7 (2-4)

Significant differences between the two groups; * $p < 0.05$, * * $p < 0.01$

Table 5 Scores of the factors which relieve the stress among two groups of subjects

	A private general hospital (N = 39) Mean \pm SD (Range)	B public general hospital (N = 52) Mean \pm SD (Range)
Supervisor support	8.5 \pm 2.4 (3-12)	8.5 \pm 2.1 (3-12)
Coworker support	8.5 \pm 2.3 (4-12)	8.9 \pm 2.1 (4-12)
Family and friend support	9.8 \pm 2.3 (4-12)	9.4 \pm 2.4 (3-12)
Job satisfaction	3.0 \pm 0.7 (1-4)	3.0 \pm 0.7 (1-4)
Family life satisfaction	3.2 \pm 0.7 (1-4)	3.0 \pm 0.8 (1-4)

Total health risk among subjects in the A private hospital and the B public hospital were 91.5% and 96.1%, respectively.

Table 6 shows the scores of distributive justice among two groups of subjects. All of the scores of distributive justice among subjects in the A private hospital were significantly higher than those in the B public hospital ($p < 0.05$ or $p < 0.01$).

Table 7 shows the prevalence of work-related stressful events during the month preceding the investigation among two groups of subjects. There were no significant differences in the prevalence of any work-related events between the A private and the B public hospital subjects.

Discussion

Concerning the working conditions in the present study, there were no significant differences in weekly numbers of outpatients to examine, daily numbers of taking charge of inpatients or monthly surgical operation numbers between male physicians working in the A private hospital and the B public hospital. We observed that among male physicians in the A private general hospital, monthly workdays were significantly more, and monthly days off were significantly fewer, compared with those in the B public hospital. However, daily effective working hours, total hours spent in the hospital VDT use hours and weekly effective working hours

Table 6 Scores of distributive justice among two groups of subjects

Group	A private general hospital (N = 39) Mean \pm SD (Range)	B public general hospital (N = 52) Mean \pm SD (Range)
Does your salary reflect the effort you have put into your work? *	3.1 \pm 1.0 (1-5)	2.6 \pm 1.1 (1-5)
Is your salary appropriate for your age and position? **	3.1 \pm 0.9 (1-5)	2.5 \pm 1.1 (1-5)
Does your salary reflect what you have contributed to the hospital? *	3.1 \pm 0.9 (1-5)	2.7 \pm 1.0 (1-5)
Is your salary justified, compared to your colleagues? *	3.2 \pm 0.9 (1-5)	2.7 \pm 1.0 (1-4)
Total *	12.4 \pm 3.2 (4-20)	10.5 \pm 3.7 (4-19)

Significant differences between the two groups; * $p < 0.05$, ** $p < 0.01$

Table 7 Prevalence of work-related events in the month preceding the investigation among two groups of subjects

Group	A private general hospital (N = 39) N (%)	B public general hospital (N = 52) N (%)
Serious illness or injury	1 (2.6)	0 (0.0)
Traffic accident resulting in injury or death	0 (0.0)	0 (0.0)
Loss of things/traffic accident	1 (2.6)	1 (1.9)
Medical accident	0 (0.0)	0 (0.0)
Close to medical accident	11 (28.2)	15 (28.8)
Took responsibility for medical accident	1 (2.6)	1 (1.9)
Unachievement of the clinical duties	1 (2.6)	4 (7.7)
Trouble with patient	1 (2.6)	2 (3.8)
Trouble with coworker	2 (5.1)	0 (0.0)
Trouble with supervisor	1 (2.6)	1 (1.9)
Trouble with junior partner	1 (2.6)	0 (0.0)
Trouble with nurse	3 (7.7)	1 (1.9)
Trouble with clerk	0 (0.0)	2 (3.8)
Trouble with resident	0 (0.0)	0 (0.0)
Sexual harassment	0 (0.0)	0 (0.0)
Discrimination or disadvantageous handling at work	1 (2.6)	0 (0.0)
Change in the contents of work	0 (0.0)	4 (7.7)
Change of supervisor	0 (0.0)	1 (1.9)

among male physicians in the A private hospital were significantly shorter than those in the B public hospital. In addition, daily hours for on call and monthly workdays without overtime among male physicians in the A private hospital were significantly longer or more compared with those in the B public hospital. These results suggest that as for the working conditions among male physicians in the A private hospital, one-day work does not have so thick density although there are more workdays and fewer days off, compared with those in the B public hospital. Reflecting these results, scores of psychological job demands (both quantity and quality) and physical demands among male physicians in the A private hospital were significantly lower than those in the B public hospital. In addition, all of the scores of distributive justice among physicians in the B public hospital were significantly lower than those in the A private hospital. These results support the indication by the committee on the community medical service measures in the Japan Medical Association²⁾ described before that it is necessary to correct the difference of the pay between public and private hospital physicians.

Wada et al.³⁾ reported that income fairness was associated with job satisfaction for physicians. However, Motheny⁴⁾ reported that an informal survey of physician leaders found that most of their job satisfaction comes from relationships with others, personal growth and life/work balance, not money. In the present study, we also observed that there was no significant difference in the score of job satisfaction between male physicians working in the A private hospital and the B public hospital. Thus, it is necessary to study further the relationship between income fairness and job satisfaction.

Recently, Tokuda et al.⁵⁾ reported that job satisfaction was directly related to burnout among hospital physicians. It is accepted that burnout of health care workers is related to psychosocial work environmental factors such as overwork, lack of job control, low level of social support, etc., rather than an internal human prob-

lem^{13)~16)}. We⁷⁾ reported that no relationship was observed between distributive justice and burnout among male physicians. In the present study as described above, daily effective working hours and total staying hours in the hospital among male physicians in the A private hospital were significantly shorter than those in the B public hospital. On the other hand, there were no significant differences in the scores of job control, supervisor support, coworker support or family and friend support between the two groups. However, interestingly, there were no significant differences in the prevalence or the score of burnout between the two groups of physicians. In addition, total health risks¹¹⁾ among male physicians in the A private hospital and the B public hospital were almost the same (91.5% and 96.1%, respectively).

In the present study percentages of the physicians who desire to resign from working at the hospital among male physicians in the A private hospital were significantly lower than those in the B public hospital. Edwards¹⁷⁾ stated that pay and workload are obvious causes for unhappiness among physicians, however, these are not enough by themselves to ensure high morale among physicians. Burnout and poor mental health among hospital physicians are considered as important reasons for quitting a hospital work⁶⁾. However, there were no significant differences in the prevalence or the score of burnout, or score of irritability, fatigue, anxiety or depressive mood between the two physician groups. In addition, there were no significant differences in the prevalence of any work-related events during the one month preceding the investigation between subjects working in the A private hospital and the B public hospital. Recently, Rothrauff et al.¹⁸⁾ reported that occupational turnover intentions among substance abuse counselors were negatively related to the score of distributive justice. In this study, as described above, we observed also that all of the scores of distributive justice among male physicians in the A private hospital were significantly higher than those in the B public hospital. Thus, it is recommended to raise the salary as well as to reduce a hard workload for physicians working especially in the municipal general hospitals to prevent health care services collapse¹⁹⁾. In any case, more researches are required to solve this problem.

Score of lifestyle (Morimoto's 8 items) among male physicians in the A private hospital was significantly higher than that in the B public hospital. It is considered that this result was mainly caused by daily significantly shorter working hours and higher enforcement rate of regularly exercise among physicians in the A private general hospital (9.2 hours and 41.0%, respectively) compared with those in the B municipal general hospital (10.9 hours and 28.8%, respectively). Enforcement rate of regular exercise among male physicians in the A private hospital was higher than that (30.2%) among the subjects reported by Wada et al.²⁰⁾.

The main limitations of this study are as follows. We used a self-administered questionnaire and did not make any direct observations of the tasks performed at work. Secondly, numbers of hospitals were too small. The third limitation is that we used a cross-sectional design and had incomplete work place participation, producing possible bias and limited ability to draw any causal inferences. Further studies are needed to clarify the differences in working conditions and work-related stress between male physicians working in the private hospital and the public hospital. Despite these limitations, the present study indicates that there might be some differences in working conditions and work-related stress between the two hospital groups in Japan.

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References

- 1) Utsugi-Ozaki M, Bito S, Matsumura S, et al: Physician job satisfaction and quality of care among hospital employed physicians in Japan. *J Gen Intern Med* 24: 387—392, 2009.
- 2) Committee on community medical service measures of the Japan Medical association: Report of the Committee on community medical service measures. 2010, pp 1—41 (in Japanese).
- 3) Wada K, Arimatsu M, Higashi T, et al: Physician job satisfaction and working conditions in Japan. *J Occup Health* 51: 261—266, 2009.
- 4) Motheny GL: Money not key to happiness, survey finds. *Physician Exec* 34 (6): 14—15, 2008.

- 5) Tokuda Y, Hayano K, Ozaki M, et al: The interrelationship between working conditions, job satisfaction, burnout and mental health among hospital physicians in Japan: a path analysis. *Ind Health* 47: 166—172, 2009.
- 6) Williams B: Physician stress & burnout. *Tenn Med* 95: 445—451, 2002.
- 7) Inaba R, Inoue M, Hioki A: Study on the relationship between burnout and work-related stress as well as coping characteristic among male doctors except junior residents in a large scale municipal hospital. *Nippon Shokugyo Saigai Igakkai Kaishi* 58: 220—227, 2010 (in Japanese with English abstract).
- 8) Inaba R, Kurokawa J, Inoue M: Study on the working conditions, life-style and work-related stress among doctors in the large scale municipal hospital. *Nippon Shokugyo Saigai Igakkai Kaishi* 56: 239—245, 2008 (in Japanese with English abstract).
- 9) Morimoto K: Lifestyle and health. *Nippon Eiseigaku Zasshi* 54: 572—591, 2000 (in Japanese with English abstract).
- 10) Tanaka K: Do performance-based appraisal systems cause dysfunction in Japanese organizations? *Keiei Kodo Kagaku* 20: 355—362, 2007 (in Japanese with English abstract).
- 11) Shimomitsu T, Haratani T, Ohno Y: The final development of the Brief Job Stress Questionnaire mainly used for assessment of the individuals, The Ministry of Labour sponsored grant for the prevention of work-related illness: The 1999 report. Kato M, editor. Tokyo, Tokyo Medical College, 2000, pp 117—164 (in Japanese).
- 12) Inaoka F: Burnout. Commentary: burnout phenomena and burnout scales. *Kango Kenkyu* 21: 147—155, 1988 (in Japanese).
- 13) Stansfeld S, Fuhrer R, Shipley M, Marmot M: Work characteristics predict psychiatric disorder: prospective results from the Whitehall II Study. *Occup Environ Med* 56: 302—307, 1999.
- 14) Imai H, Nakao H, Tsuchiya M, et al: Burnout and work environments of public health nurses involved in mental health care. *Occup Environ Med* 61: 764—768, 2004.
- 15) Escriba-Aguir V, Martin-Baena D, Perez-Hoyos S: Psychosocial work environment and burnout among emergency medical and nursing staff. *Int Arch Occup Environ Health* 80: 127—133, 2006.
- 16) Takeda F, Yokoyama E, Miyake T, Nozaki S: Relationship between burnout and occupational factors in staff of facilities for mentally retarded children. *J Occup Health* 43: 173—179, 2001.
- 17) Edwards N, Kornacki MJ, Silversin J: Unhappy doctors: what are the causes and what can be done? *BMJ* 324: 835—838, 2002.
- 18) Rothrauff TC, Abraham AJ, Bride BE, Roman PM: Occupational turnover intentions among substance abuse counselors. *J Subst Abuse Treat* 40: 67—76, 2011.
- 19) Komatsu H: Iryo Hokai [Collapse of Japanese health care system]. Tokyo, Asahi News Press, 2006 (in Japanese).
- 20) Wada K, Yoshikawa T, Goto T, et al: Lifestyle among physicians working at hospitals in Japan. *Nippon Ishikai Zasshi* 139 (9): 1894—1899, 2010 (in Japanese).

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民間総合病院と公立総合病院の勤務医における 勤務状況と職業性ストレスの比較

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—キーワード—

民間病院, 公立病院, 勤務医, 勤務状況, 職業性ストレス

民間病院と公立病院における勤務医の勤務状況と職業性ストレスの相違を明らかにすることを目的として, A 民間総合病院男性 39 名と B 公立総合病院 52 名の男性勤務医 (初期研修医を除く) から, 勤務状況, 職業性ストレス, 日常生活習慣等に関する回答が得られた. 勤務状況については, 1 カ月の勤務日数および定時帰宅日数, 一日の待機時間は, A 民間病院勤務医が B 公立総合病院勤務医より有意に多かった ($p < 0.05$ または $p < 0.01$). 1 カ月の休日日数, 1 日および 1 週間の実労働時間, 1 日のパソコン使用時間は, A 民間病院勤務医で B 公立病院勤務医より有意に少なかった ($p < 0.05$ または $p < 0.01$). 職業性ストレスに関しては, 自覚的な仕事の負担度 (量および質共) 得点, および身体的負担度得点は, A 民間病院勤務医が B 公立病院勤務医より有意に低かった ($p < 0.05$ または $p < 0.01$). 日常生活習慣得点 (森本の 8 項目) は, A 民間病院勤務医で B 公立病院勤務医より有意に大きかった ($p < 0.05$). これらの結果は, 民間総合病院男性勤務医と公立総合病院男性勤務医の間で, 勤務状況と職業性ストレスに関する何らかの相違の存在を示唆している.

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