

Letter to the Editor

An insight on career satisfaction level, mental distress and gender differences in working conditions among Japanese obstetricians and gynecologists

Dear Editor,

We read with much interest the article by Sugiura-Ogasawara *et al.*¹ We wish to share our scientific views on the published article. The results of the study give rise to a few interesting findings that need to be explained further.

In the study, it was observed that 7.7% of females and 8.9% of males were suffering from depression or anxiety. However, earlier studies in various parts of the world, including Japan, reported that females had a twofold increase in risk of depression compared to males.² The higher rate of depression or anxiety in male obstetricians and gynecologists needs further explanation.

Another interesting finding in the study was the percentage of subjects with single or divorced status, which was significantly higher in females than in males. This finding again was not in accordance with earlier studies that reported that individuals who were separated or divorced had significantly higher rates of depression than those who were currently married.^{2,3} There must be a reason why the female obstetricians and gynecologists in the present study were coping much better than their male counterparts, despite being single or divorced. The study also found that the childless rates of the female respondents were significantly higher. It has been noted in this study that childlessness was a risk factor for mental distress but the prevalence of mental distress was higher in males.

The authors mention in the introduction section that females were regarded to have low status in Japan. It is interesting to know that the Japan Society of Obstetrics and Gynecology (JSOG) has a mere 1.9% of its representatives as females. An important question asked is the level of stress that can be handled by the females. In this regard the hormonal level tests could throw more light on the topic. Stress may need to be controlled or it may result in complete burnout. Alarming, earlier research reports depict that stress without conflict resolution may lead to burnout, which may influence technical performance, cause unnecessary medical errors and affect physical and mental status, thereby

resulting in suicides.⁴ In this regard, it is very pertinent that adequate coping strategies are planned judiciously.

In the present study, female obstetricians and gynecologists had significantly better social support and working conditions during pregnancy, delivery and childbearing, which is praiseworthy. We appreciate the meticulous work by the authors and thank the editor for publishing articles on an important health-related issue.

Disclosure

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Conflict of Interest

The authors have no conflict of interest to declare.

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