

# Study says cut to junior doctors' hours does not compromise patients' safety

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Research led by a team at the University of Warwick's Warwick Medical School has found that reducing the hours of junior doctors does not compromise patients' safety and could even dramatically cut mistakes on wards but, there are some concerns about reduced educational opportunities for junior doctors which it affords.

The Research is presented today, Wednesday 2nd July 2008 , at the NHS National Workforce Projects Working Time Directive Exhibition 'The Final Countdown' at the ExCeL in London  
by Francesco P Cappuccio, Professor of Cardiovascular Medicine & Epidemiology at the University of Warwick's Warwick Medical School,.

The Warwick Medical School team observed nineteen junior doctors. Nine were studied while working an intervention schedule of less than 48 hours per week on average and 10 studied while working a more traditional schedule of an average of 56 scheduled hours a week.

Under the traditional 56 hour rota, scheduled weekly work hours ranged from 30 to 77 hours per week, with 25% of work weeks lasting longer than 58 hours. In contrast, the 48 hour rota ranged from just 26 to 60 hours a week (with only 2% of weeks with work lasting longer than 58 hours per week).

The study was carried out at the University Hospitals Coventry & Warwickshire NHS Trust,  
a 1,250-bed Hospital in Coventry, over a 12-week period in 2007. Out of

the total of 1,707 admissions in the study wards during the study period, 916 (54%) were randomly selected for detailed study.

The researchers found that one advantage of the shorter rotas was that the junior doctors' total sleep time per day tended to be longer - 7.26 hours a day on average for the shorter rotas versus 6.75 hours a day on average for the normal rota. In particular the shorter shift sequence permitted a more substantial recovery sleep after the evening shift of nearly nine hours (8.68 hours on average). Sleep duration was much shorter following the night shift on the traditional rota (5.69 hours on average).

The researchers found that the shorter work rotas delivered a significant improvement impact on patient care as the junior doctors on the shorter rotas made 32.7 percent fewer total medical errors than those on the normal rota. Patients were not put at significant risk by any medical errors made by any of the junior doctors during the study as such errors were noted and responded to by nurses and senior doctors working alongside the junior staff and by reviewing case notes at all times during the 12 weeks of observation.

However despite the obvious immediate benefits to patients the researchers' interviews with the junior doctors in the study flagged up possible long term disadvantages in having shorter rotas. Some doctors in the shorter rota group felt that their educational opportunities were compromised by the shorter hours as they had less opportunity to see a variety of medical situations and less time working alongside senior doctors, and thus less chance of feed-back on their performance. Furthermore there was a perceived reduction in overall junior medical staff cover which had the potential for delays in the investigation of patient health.

Source: University of Warwick

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