

Doctors interrupted at work give shorter and poorer care to patients

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Hospital doctors who are frequently interrupted while working in a clinical environment spend less time on tasks and fail to return to almost a fifth of their jobs in hand, reveals research published ahead of print in the journal *Quality and Safety in Health Care*.

Hospital environments are known for being busy areas with many interruptions and multi-tasking by staff and there are concerns that these can introduce potential for clinical errors to be made.

Previous research has not measured what impact interruptions have on [doctors](#) trying to work, so researchers from Australia carried out a time and motion study of an [emergency department](#) in a 400-bed teaching hospital, observing 40 doctors over different weekday sessions, totalling a period of 210 hours.

They found that, on average, doctors were interrupted 6.6 times an hour and 11% of all tasks were interrupted.

Doctors multi-tasked for 12.8% of the time and the average time spent on a task was 1.26 minutes.

These interruptions - such as a doctor being asked a question by a colleague while they were trying to write a prescription - meant that doctors, when they did return to the job in hand, tended to spend less time on it than if they had carried out the task with no pause.

For tasks with one interruption, doctors tended to complete the task in about half the time they would have spent if they had not been interrupted.

The authors speculated that one reason for the quicker completion of a task that had been interrupted was that doctors decided to work more quickly to compensate for the time spent dealing with the [interruption](#).

However, in almost a fifth of cases (18.5%), doctors failed to return to the task they had been working on before being interrupted.

Interruptions happened most often during documentation (around 43%) and direct and indirect care (17% and 19% respectively). Doctors were least likely to be interrupted when taking part in professional communication (5%) or social activities (2%).

The authors conclude: "Our results support the hypothesis that the highly interruptive nature of busy clinical environments may have a negative effect on patient safety.

"Task shortening may occur because interrupted tasks are truncated to 'catch up' for lost time, which may have significant implications for patient safety."

Provided by British Medical Journal

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