

Long hours lead to personal and patient safety problems, study finds

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Yet a forced reduction in work hours may not be the solution for even the busiest surgeons, who could resent punching a time clock.

The study, published in the November issue of the [Journal of the American College of Surgeons](#), showed a strong connection between increasing hours and nights on call and a detrimental [psychological impact](#) on surgeons in almost every setting, both professionally and personally.

“Increasing hours and nights on call results in surgeon distress using every variable we have,” says Charles M. Balch, M.D., a professor of surgery at the Johns Hopkins University School of Medicine and the study’s lead author. “There’s a strong correlation between workload and distress, which comes out in the personal and professional lives of

surgeons.”

Researchers analyzed data from a 2008 survey completed by 7,905 surgeons from across the nation. Of surgeons working more than 80 hours a week, 50 percent met the survey’s criteria for [burnout](#), 39 percent were screen positive for depression and 11 percent reported they had made a significant medical error in the previous three months. One in five surgeons who worked more than 80 hours a week said they would not become a surgeon again if they had the choice today.

Despite the evidence linking a heavy workload with many types of distress, Balch and his colleagues do not advocate restrictions on work hours.

“While there is evidence that burnout can lead to problems, there is no evidence that reducing hours would make all doctors more satisfied or lead to better patient care,” Balch says. “If hours were regulated, the reality is that people would have to punch time clocks, and I don’t think surgeons necessarily want their workload monitored.”

The key, Balch suggests, is more attention to earlier identification of surgeons at higher risk for burnout problems

In the survey, two-thirds of surgeons said they did not want limits put on their hours, even those who worked more than 80 hours a week or were on call more than three nights a week. Surgeons who were salaried were more likely to favor restrictions than those whose pay was based entirely on billing.

Balch says he hopes his research draws attention to the issues facing surgeons who work long hours who are also at risk for personal consequences such as addiction, early retirement and even suicide.

“Part of it is just trying to get this issue of personal wellness on people’s radar screens,” he says.

Surgeons and their supervisors, he adds, should use the data to identify candidates for counseling or tailored schedules to address individual concerns. “Burnout has no single simple cause and therefore there’s not going to be a simple solution,” he says.

The American College of Surgeons recently began a second study of burnout and related issues. The new data, Balch says, should provide a clearer picture about these associations between workload and surgeon distress.

Julie A. Freischlag, director of the Department of Surgery at Johns Hopkins, was the senior investigator on the study.

Provided by Johns Hopkins University

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