

Restricted working hours have had little effect in US

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Reducing doctors' working hours from over 80 a week does not seem to have adversely affected patient safety and has had limited impact on postgraduate training in the United States, finds a study published in the British Medical Journal today.

Further work is now needed to assess the impact of reducing hours to 48 a week in Europe, say the authors.

There has been a progressive reduction in the working hours of doctors in training in both the US and Europe over the past 20 years. The maximum hours per week for trainees can range from 37 hours in Denmark to 80 hours in the US. The European Working Time Directive (EWTD) restricted the weekly hours for trainee doctors in Europe to 48 from August 2009.

While the aim of such legislation is to improve [working conditions](#) and safety, the medical profession has raised concern about the potentially [adverse effects](#) on postgraduate training for junior doctors and the provision of high quality care for patients.

So a team of UK-based researchers set out to evaluate the impact of a reduction in working hours on educational and [clinical outcomes](#).

They reviewed 72 published studies from the US and UK and found that a reduction in working hours to less than 80 a week does not seem to have adversely affected [patient safety](#) and has had a limited effect on

postgraduate training in the US.

However, studies on the impact of European legislation limiting working hours to 48 a week were of poor quality and had conflicting results, meaning that firm conclusions cannot be made, say the authors.

They believe that more high quality studies are urgently needed to evaluate the impact of restricting working hours on objective measures of medical training and patient safety, particularly in the European Union.

"Only then can both the public and the profession be reassured that the standard of medical training, and therefore the future care of patients, is of the highest possible quality and will be maintained or improved over time," they conclude.

Weak evidence, inadequate regulation, busier doctors, and discontinuity of care are all possible explanations for these results, says Leora Horwitz from Yale University School of Medicine in an accompanying editorial. For example, trainees are often asked to do the same amount of work in less time, while the decrease in hours worked has led to a substantial increase in discontinuity of care, handovers, and transfers.

"Without careful and continued attention to these matters, followed by adjustments to regulations and to practice as required, regulation of working hours is unlikely to have the beneficial effects for patients that regulators and the general public had hoped for," she concludes.

Provided by British Medical Journal

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