

# What makes surgeons happy?

September 28 2012, by Leslie Shepherd

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Dr. Najma Ahmed

(Medical Xpress)—Lack of control over operating rooms and other resources as well as a lack of work-life balance are among the main reasons general surgeons may be dissatisfied with their jobs, a new study has found.

The study was led by Dr. Najma Ahmed, a [trauma surgeon](#) at St. Michael's Hospital, at a time when both the Association of American Medical Colleges and the Canadian Medical Association have reported a decline in the number of general surgeons due to low recruitment, poor retention and [early retirement](#).

Dr. Ahmed said that since the [general surgery workload](#) in North America is expected to increase over the next 20 years due to the [aging population](#), it's important to know why fewer physicians want to become general surgeons and why so many leave the field.

Her team's findings were published online in the journal [Academic Medicine](#).

Interviews conducted with members of the Canadian Association of General Surgeons in 2010 found that surgeons get satisfaction from resolving patient problems quickly and effectively and they enjoy the [social aspect](#) of their work, such as interacting with supportive colleagues, trainees and patients.

"Surgeons we surveyed had a passion for their work that made the long hours involved inconsequential," Dr. Ahmed said. "They described [gratification](#) in being able to take care of patients' problems expeditiously, fixing things quite quickly and seeing the immediate outcome of a procedure and its impact on the patient's quality of life."

Contributing to career dissatisfaction were such things as insufficient access to and control over resources and a perceived disconnect between hospital administration and clinical priorities. This negatively impacted their morale and ability to provide timely and high-[quality patient care](#), she said.

One participant in the study commented: "All that everybody wants to do is to cut operating time because it costs the system money to run the OR. Nobody looks and says, 'It's somebody's mother or somebody's daughter or husband or whatever.' They just look at the accounting side of it and that's it."

General surgeons in urban areas cited in particular frustration due to lack

of access to OR resources during daylight hours and the routine practice of delaying urgent operations. Rural general surgeons were frustrated by the large amount of time they were on call and the volume of patients due to the large geographic catchment areas their hospitals' served.

Dr. Ahmed said many surgeons wanted more control over their work-life balance.

"The current generation is more family-centric and team-oriented and, while still achievement-oriented, is less interested in personal sacrifices to achieve career success or financial rewards," she said. "These trends, combined with the sociologic realities related to the change in family structures such as single-parent families and two-professional-parent families, mean the protection of personal time and a more tangible way to achieve work-life balance is becoming an increasingly important pragmatic consideration for all professionals."

Dr. Ahmed said a potential solution to some of the issues raised in her study may be the evolving model of acute care surgery. This model separates emergency and elective surgical care, thereby eliminating the competition between the two services for institutional and human resources and decreasing the burden of work on any one general surgeon. Other solutions could include making better use of primary care physicians, nurse practitioners, physician extenders and patient care navigators.

Between 1981 and 2005, the number of general surgeons in the United States dropped from 7.68 per 100,000 people to 5.69. The Canadian Residency Matching Service reported a decline in the number of first-choice applicants to general surgery between 1996 and 2001, as well as an increasing number of general surgeons pursuing surgical specialty fellowships. An increasing number of Canadian general surgery residents were also failing to complete their training programs.

The greatest impact of the looming shortage of general surgeons will be felt in rural areas. In some areas of the United States, the survival of local hospitals is at risk, because without general surgeons, emergency departments cannot remain open and family physicians are left without a means to secure even basic surgical consultations. General surgeons can also generate as much as 40 per cent of hospital revenue in the U.S.

Provided by St. Michael's Hospital

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