

# More operations are scheduled if doctor is well rested

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Researchers at Linköping University have investigated how orthopaedic surgeons make decisions regarding surgery, and how the decisions are related to how much of their work shift they have completed. The results

show that a patient who meets the surgeon at the end of his or her shift is less likely to be scheduled for surgery.

Previous studies have shown that when we get tired, we make decisions without engaging in cognitively demanding reasoning, and we postpone risky or uncertain choices. The researchers at Linköping University wanted to investigate how decision fatigue affects decision-making in healthcare. The results have been published in the journal *Health Economics*.

"Our study shows that medical decision-making is also affected when there are repeated decisions. If it's the case that [important decisions](#) on medical prioritisation are affected by what time of the day you meet the doctor, perhaps this should be looked at. We want society's resources to be used as efficiently and fairly as possible," says Gustav Tinghög, associate professor at Linköping University. He also works at the JEDI LAB, a behavioural and neuroeconomics research lab at Linköping University.

The study was conducted at a Swedish orthopaedic clinic, where eight surgeons work. The surgeons work either the [morning shift](#) (up to lunchtime), the afternoon shift, or double shifts, i.e. both before and after lunch.

The researchers studied hospital data for 133 shifts, which included 848 patient appointments for knee, hip and foot problems. At the appointments, the surgeon decides whether the patient requires an operation. If so, the surgeon must report this in a separate journal, and sometimes perform a preoperative examination, such as an ECG or a blood test.

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When the researchers looked across the surgeons' shifts, they saw that four of ten patients (40.2%) who met the surgeons early in the shift were scheduled for an operation, whereas when the surgeons were near the end of the shift, the figure was just two of ten (21.7%).

Thus the results concerning decision-making in medicine are in line with previous research on decision fatigue. Late in the surgeon's workday, he or she is more inclined to rely on simplistic decision-making processes, and to avoid big decisions.

The Linköping researchers' results indicate that when orthopaedic surgeons are rested, they make more decisions to schedule patients for surgery. But Gustav Tinghög says that more research is needed—e.g. regarding how decision-making works for other types of doctors than [orthopaedic surgeons](#).

**More information:** Emil Persson et al, The effect of decision fatigue on surgeons' clinical decision making, *Health Economics* (2019). [DOI: 10.1002/hec.3933](#)

Provided by Linköping University

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