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PROFESSION

Long shifts, nights on call lead to depression and burnout in surgeons

One in 10 logging 80-plus hours a week reports making a "major medical error" in the previous three months, a new study says.

By KEVIN B. O'REILLY, *amednews* staff. Posted Nov. 19, 2010.

The more hours surgeons work each week, the more depressed and burned out they are, according to newly published survey data.

Surgeons working 80 hours or more a week had the most problems. Nearly 40% reported being depressed, and more than 10% said they made a major medical error in the last three months, said the study, published in the November *Journal of the American College of Surgeons*. Nearly two-thirds of the surgeons who worked 80 hours a week said they had conflicts between work and personal obligations in the last three weeks.

"There was a highly significant correlation with increasing hours and increasing nights on call associated with a detrimental impact on surgeons in almost every setting, both professionally and personally," said the study, based on a 2008 survey of 7,905 U.S. surgeons. "These trends were statistically significant in virtually every parameter surveyed: increased burnout rate, decreased quality of life, decreased career satisfaction, and increased work and home conflict."

Trauma, cardiovascular and transplant surgeons worked the most hours, while transplant, cardiovascular and urological surgeons reported the most nights on call. About a third of surgeons worked fewer than 60 hours a week, compared with 45% who worked between 60 and 80 hours, and 17% who logged more than 80 hours weekly.

Despite the connection between hours worked, burnout and medical mistakes, two-thirds of the surgeons surveyed objected to outside regulations on work hours. Accreditation Council for Graduate Medical Education standards set to take effect July 2011 restrict first-year residents to 16-hour shifts, while other residents can still log 28 consecutive hours of work, down from 30 under the 2003 limits.

"Complications will happen whether a physician is depressed or burned out or not," said Julie A. Freischlag, MD, senior investigator of the study (www.ncbi.nlm.nih.gov/pubmed/20851643/). "But burnout makes you treat patients less like people and more like objects. If you're not depressed or burned out, you will take better care of people and be a more sensitive and caring doctor."

A key to preventing burnout is to better train physicians on how to manage work-home conflicts and take the time they need to restore themselves after long workweeks and nights on call, said Dr. Freischlag, a vascular surgeon who chairs the Dept. of Surgery at Johns Hopkins Hospital in Baltimore.

"We need to teach people at a younger age how to integrate their lifestyle -- we all need to be reminded to do that," she said. "When we trained back in the '80s, people didn't talk about this. Now it's perfectly appropriate to talk about this so people can put it in their repertoire for the rest of their lives, to get the freedom of how to set up your life and how to make it work."

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