

Auswirkungen der Arbeitszeitbeschränkung

Eine Umfrage unter Assistenz- und Fachärzten zeigt eine negative Resonanz auf die im Jahr 2005 erfolgte Einführung der 50-Stunden-Woche.

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Seit das amerikanische Accreditation Council for Graduate Medical Education per 1. Juli 2003 USA-weit die Einführung der 80h-Woche für Assistenzärzte festgelegt hat, ist eine emotionsgeladene Diskussion über die Sicherung der Qualität chirurgischer Behandlungen¹, den Bedarf an chirurgischem Nachwuchs², dessen Weiterbildung³ und die dadurch verursachten Kosten⁴, die Lebensqualität von Ärzten⁵ und den Nutzen von Arbeitszeitbeschränkungen für den Patienten⁶ ausgebrochen; dies schlägt sich in mehreren Hundert wissenschaftlichen Publikationen nieder.

In der Schweiz ist nach der Einführung der 50h-Woche für Assistenz- und Oberärzte per 1. Januar 2005 zwar ebenfalls eine ähnliche Diskussion wie in den USA entstanden, es sind im Gegensatz dazu aber kaum Publikationen zu den Arbeitszeitbeschränkungen erschienen. Wir stellen hier die Ergebnisse einer Befragung vor, bei der wir chirurgische Assistenz- und Fachärzte zu den Auswirkungen der Arbeitszeitbeschränkungen in der Schweiz befragt haben. Die Arbeit wurde unlängst zur Publikation in den Archives of Surgery akzeptiert. Eine 5-Jahres-Follow-up-Studie ist aktuell in Bearbeitung.

Abstract

Background

On January 1, 2005, the Swiss government implemented work-hour limitations for all residency programs in Switzerland. Patient safety and improved work-life balance were among the arguments for implementation of a 50-hour work-week for residents and surgical consultants in Switzerland. In summary, the new requirements mandate a weekly maximum working time of 50 hours. Daily day- and night-work time has to be limited to 14 hours, including all breaks. Daily rest time must equal or exceed 11 consecutive hours. Overtime shall not exceed 2 hours per day per employee except for emergencies or work-free business days. Overtime may not exceed 140 hours per year. Within any 4-week period, the residents or consultants may perform on-call duty only for a maximum of 7 days.

The objective of our study was to assess the impact of this work-hour limitation as perceived by surgical residents and consultants.

Methods

In autumn 2005, all directors of surgical departments in Switzerland were asked to participate in this study. The surveys were mailed in 2006 and were completely anonymous. The questionnaire consisted of socio-demographic data and of 34 and 29 Likert-style questions for surgical residents and consultants, respectively, concerning the impact of the new work-hour limitation on quality of residents' surgical education, residents' quality of life, and quality of patient care. Additional questions addressed residents' current work hours, and overall satisfaction with life in medicine. Data were analysed using Student's t test, were appropriate. A 2-sided $P < 0.050$ was considered statistically significant.

Results

A total of 52 of 93 (55.9%) directors of surgical departments in Switzerland agreed to participate and 405 of 618 (65.5%) residents and consultants responded to the survey. The average number of weekly work hours were 55 (range 44-83) for residents. Residents were more likely than consultants to „slightly-to-strongly agree“ with the implemented work-hour limitations (47% versus 38%; $P = 0.034$). Seventy-seven per cent of consultants and 63% of residents indicated that the work-hour limitation negatively impacted the surgical training ($P < 0.001$). Only 8.1% (18/221) of residents and 4.9% (9/184) of consultants perceived a benefit to surgical training.

Most residents and consultants reported that the operative time (76.9% and 73.4%, respectively) and overall operative room experience (73.8% and 84.8%, respectively) were negatively impacted by the work-hour limitation. Sixty per cent (111/184) of the consultants „slightly-to-strongly agreed“ that surgical residencies should be longer because of the work-hour limitation. Residents of all postgraduate levels and consultants reported that the work-hour limitation did not benefit patient care, with consultants having a more negative perception than residents (70% versus 43%; $P < 0.001$). Only 23.5% of the residents and 8.7% of the consultants stated that patient-care errors decreased after the implementation of the work-hour limitation, ($P < 0.001$). Conversely, the majority of residents and of consultants „slightly-to-strongly agreed“ that the work-hour limitation improved the residents' quality of life (58.4% versus 81.5%, respectively; $P < 0.001$).

Conclusions

The vast majority of surgical residents and surgical consultants perceive the work hour limitation as having a clearly negative impact on surgical training and patient care. Although the residents' quality of life slightly improved, the work-hour limitation for surgical residencies as instituted in Switzerland represents a failure. To optimize the current situation it will be crucial to reduce or reassign paperwork to physicians extenders and/or administrative staff. Also, it is imperative that surgical residents read and study during their time off.

References

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