

Trends in Physician Workload Based on Survey Data

Introduction

The following analysis of workload trends among Canadian physicians utilizes results of the National Physician Surveys from 2004, 2007 and 2010; a collaborative study of the Canadian Medical Association (CMA), College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Further details are available at www.nationalphysiciansurvey.ca. Older data were taken from results of the CMA Physician Resource Questionnaires dating from 1986.

Hours worked per week

Overall, physicians worked on averaged 51.4 hours per week in 2010, excluding time spent on call. On-call is defined as time outside of regularly scheduled activity during which a physician is available to patients. When this is factored in, physicians are “on the job” approximately 83 hours per week, a heavy workload by any standard.

While the 2010 total average hours worked by physicians (excluding on-call time) is down very slightly from 2007 and actually a bit higher than 2004, the average time spent on direct patient care continues to decline, seeing a drop of 3.8% since 2004 National Physician Survey and 8.1% since 1997.¹ Conversely, time spent on indirect patient care such as filling out forms and charting, continues to increase. Physicians reported spending 4.5 hours per week on this task in 1997, 5.9 hours in 2007, and 6.1 hours in 2010, a 35% increase over this 14 year period (see Table 1).

Table 1: Average hours worked per week by physicians (excluding call)

	1997	1999	2001	2002	2003	2004	2007	2010
Activity	n=3350	n=3050	n=3123	n=2763	n=2173	n=20332	n=18061 N=54214 **	n=11069 N=60814 **
Direct patient care	35.6	35.9	35.0	35.6	35.4	34.0	33.3	32.7
Health facility committees	1.5	1.4	1.3	1.2	1.2	0.8	1.0	0.8
Managing practice	2.2	2.4	2.2	2.5	2.2	1.5	1.6	1.6
Other indirect patient care	4.5	4.9	4.8	5.0	5.2	5.3	5.9	6.1
Research	1.6	1.6	1.8	1.7	1.5	1.5	1.6	1.6
Administration	2.1	2.3	2.3	2.0	1.8	2.2	2.2	2.5
Teaching	1.6	1.4	1.6	1.6	1.4	1.2	1.5	1.6
Continuing medical education	2.9	3.0	3.1	3.2	3.0	3.1	3.2	3.2
Other	1.2	1.2	1.2	1.1	1.2	1.1	1.2	1.3
Total	53.2	54.1	53.4	53.8	52.9	50.7	51.7	51.4

Note: Includes only respondents who indicated greater than zero hours per week.

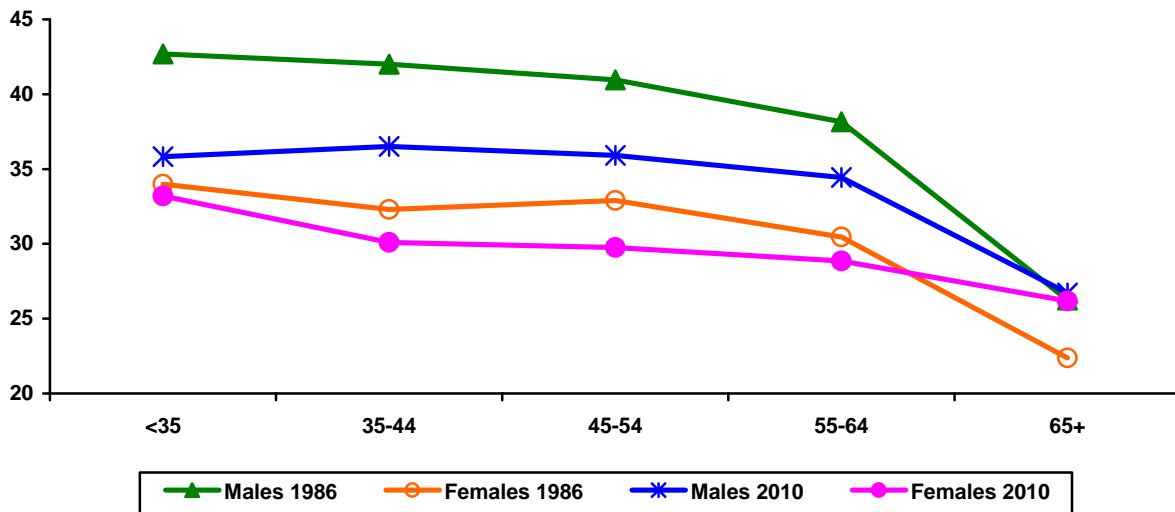
**The responding sample (size: n) has been weighted to represent the population (size: N).

¹ CMA 1997 PRQ

Physicians aged 45-54 report the greatest number of hours worked per week and those 65 or older report the least. However the youngest age group (<35) report the most amount of time spent providing direct patient care (34.3 hrs / wk) and those 65 plus the least (26.6 hrs /wk). There was little difference among the remaining age groups which ranged from 33.0 to 33.6 hours per week for direct patient care.

Graph 1 illustrates that the trend of decreasing time spent on direct patient care is apparent in both young and older age groups and among both male and female physicians.

Graph 1: Hours per week spent on direct patient care (excluding call)

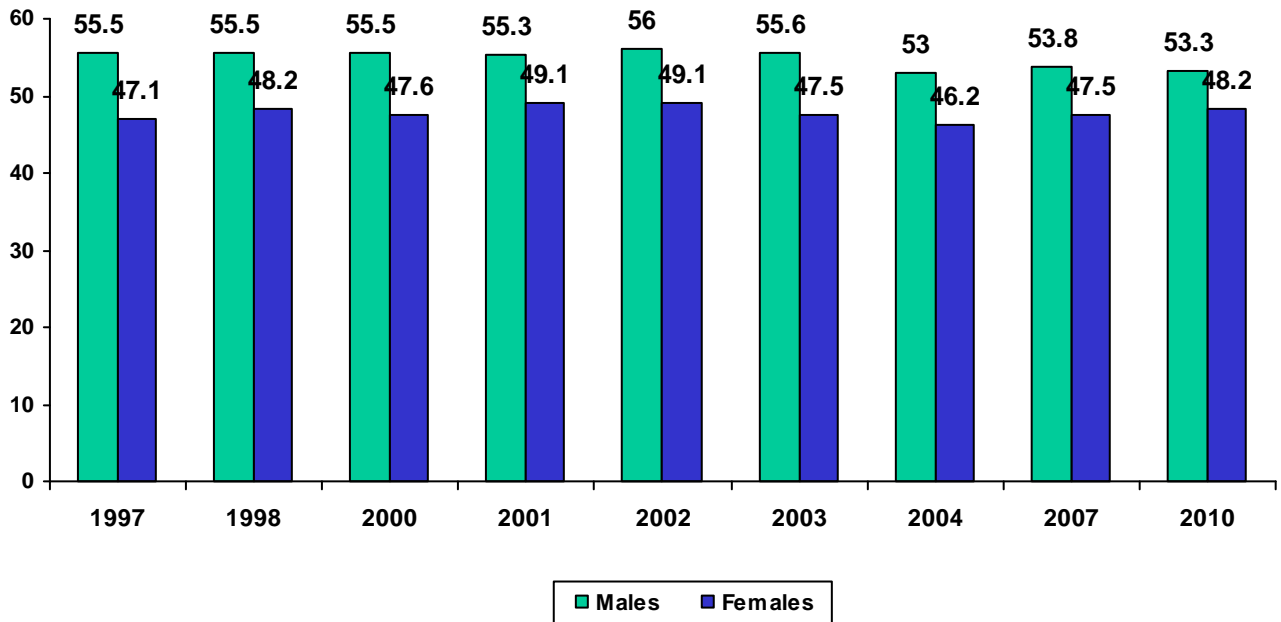


As was the pattern in 2007, family physicians spent more time each week on direct patient care in 2010 than did other specialists (28.4 vs. 23.5) but fewer hours in total (49.8 vs. 53.3). Other specialists indicated spending more time in all the non-patient care related activities such as research, administration and teaching than their primary care colleagues.

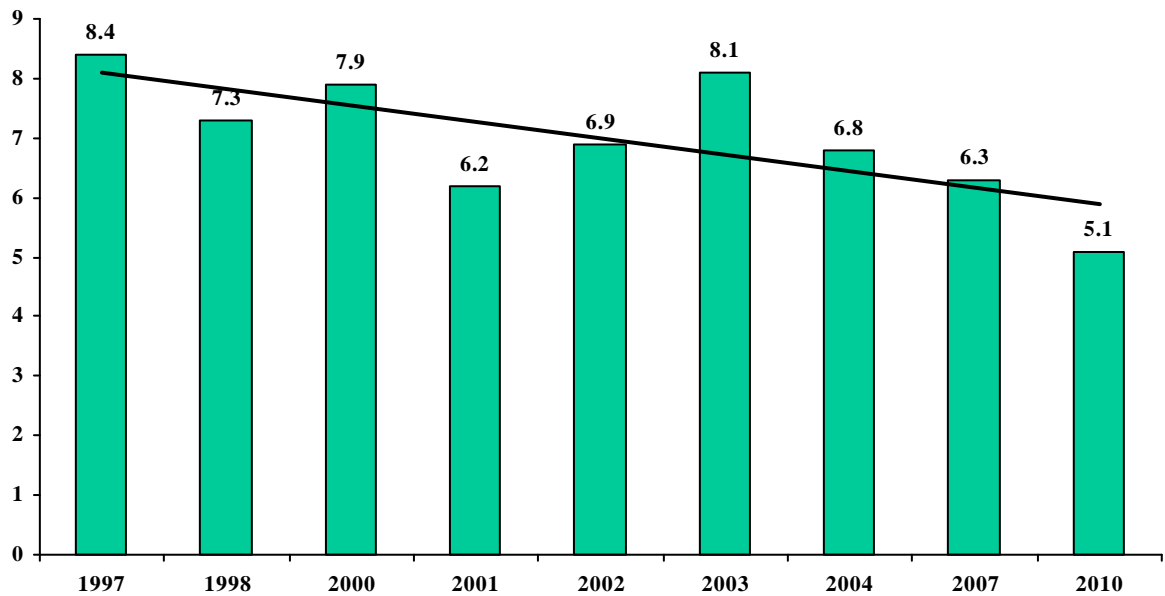
Gender gap is narrowing

In 2010, female physicians continued to report fewer hours worked per week than their male colleagues, 48.2 hours versus 53.3 hours, excluding on-call (see graph 2). The difference was greater between male and female family physicians (5.6 hours per week) than between the sexes of other specialists (3.8 hours per week). While the trend of females working fewer hours has been recorded for many years, the gap appears to be narrowing. In the 2010 survey, males indicated working 5.1 hours more than females compared to a difference of 8.4 hours in 1997 (see graph 3).

Graph 2: Average hours worked per week (excluding call) by gender



Graph 3: Difference in hours worked per week between male and female physicians

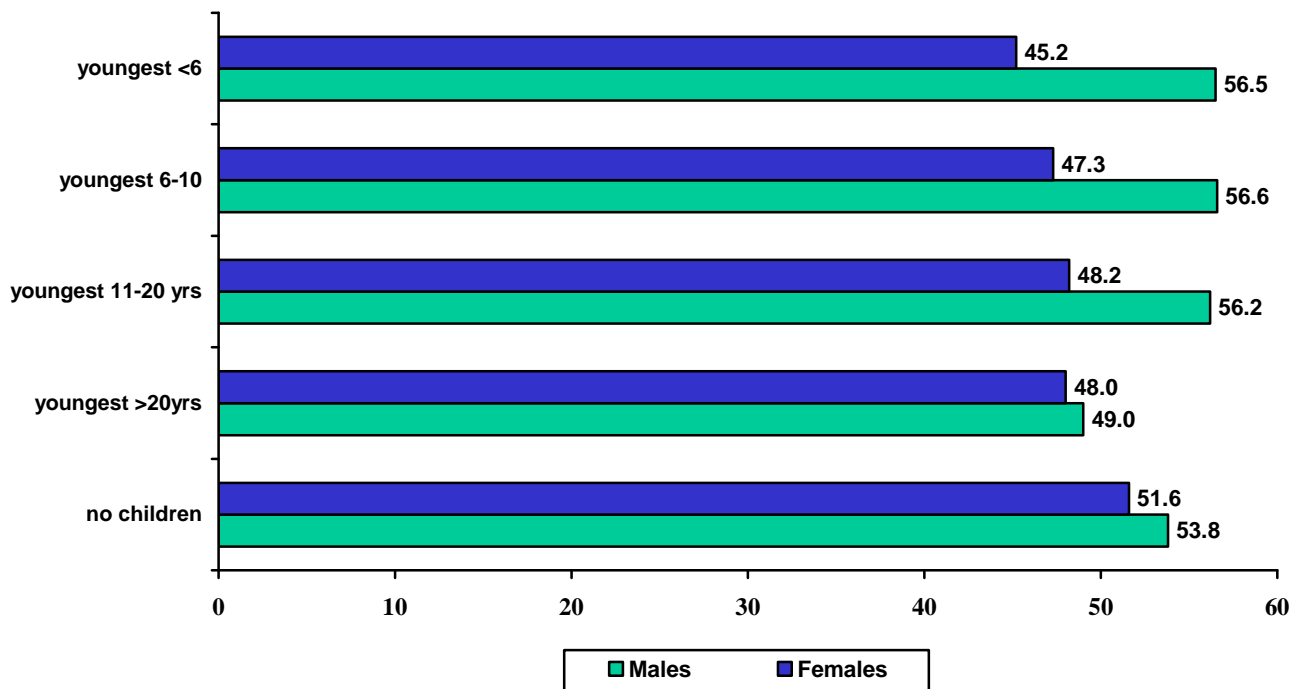


Effects of parenthood

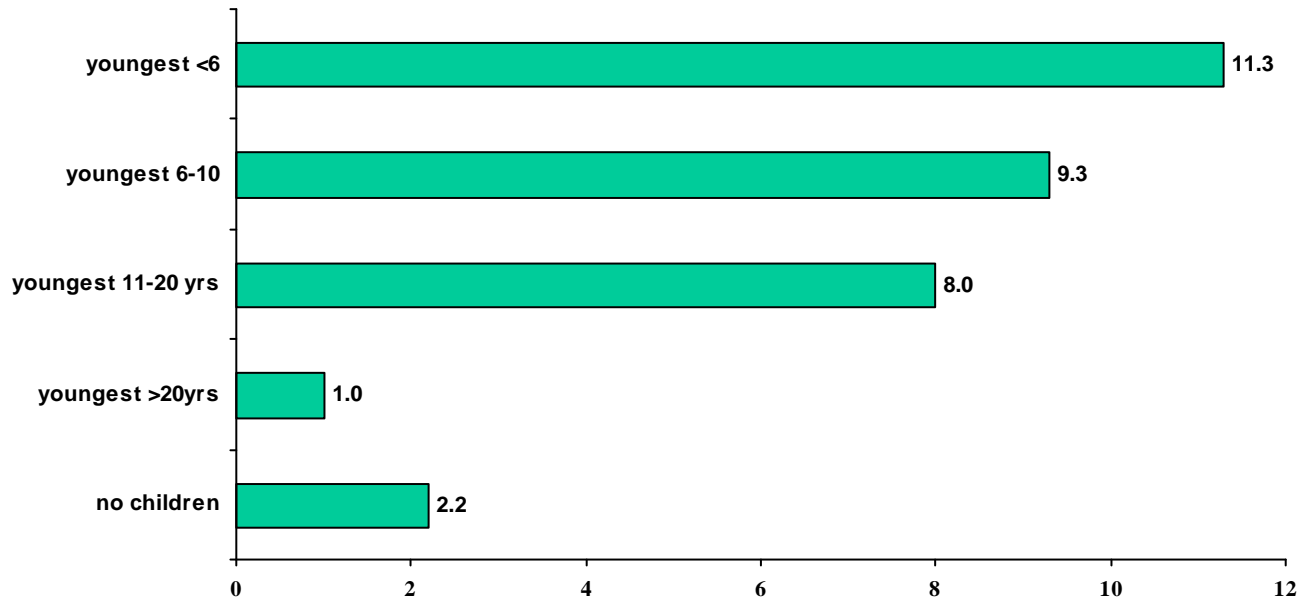
The presence or absence of children in a physician's life appears to have an effect on weekly work hours. As stated above, the overall difference between men and women is just over five hours per week. However, the difference between male and females with no children is only 2.2 hours per week. After combining the two largest age groups (35-44 and 45-54), the difference is only one hour per week. It should be noted, however, that women who work the least number of hours per week (those with children under 6) still are working over 45 hours plus on-call duties. See graph 4.

The figures change significantly when children are added to the picture. Overall, fathers work 6.2 hours per week more than mothers do and this gap widens depending on the age of the youngest child. Males with children under the age of six work 11 hours more per week than females and this same magnitude of difference between the sexes is observed when comparing both family physicians and other specialists. The differences lessen as the children get older and when they are over 20 the gap between all male and female parents is only one hour. See graph 5.

Graph 4: Professional hours worked per week (excluding call) by gender and age of youngest child, 2010



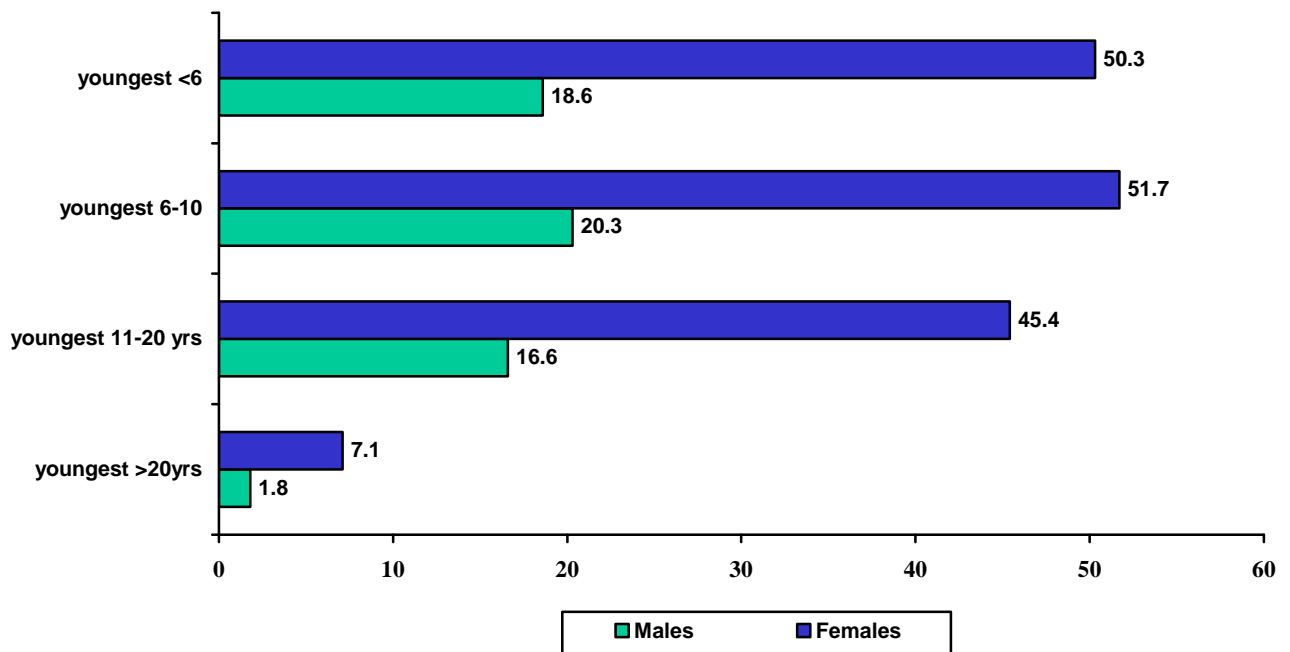
Graph 5: Difference in professional hours worked per week (excluding call) by gender and age of youngest child, 2010



Clearly for physicians who are also mothers, some of the time sacrificed at the office is being spent on child care. When asked to report on hours spent per week where they have primary responsibility for care/supervision of their children (excluding sleep hours), both male and females reported the highest number of hours when their youngest child was between the ages of 6 and 10. But differences between male and female physicians in the number of hours devoted each week to this activity are large. For all age groups of youngest child, women reported more than twice the number of hours as their male colleagues, e.g. 52 hours per week spent on child care where youngest is 6 to 10 years old versus 20 for men (see graph 5).

Ten percent of male physicians and 11% of female physicians report having other dependents such as grandchildren, elderly or the disabled. Here again females reported spending more time providing care than did males, 11.4 hours per week compared to 8.4 although the differences are not as large as is the case with young children.

Graph 5: Hours spent each week having primary responsibility for the care/supervision of your children (excluding sleep hours), 2010



On-call

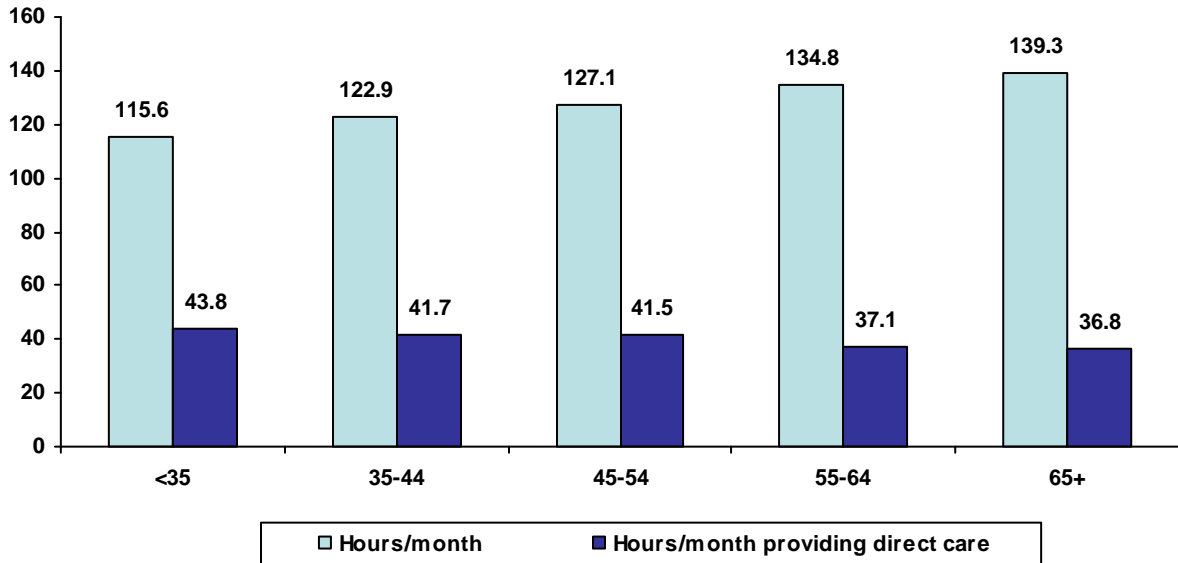
A particularly onerous part of a career in medicine is having to be available for patients outside of regularly scheduled activities. This can be very stressful for physicians in smaller communities where there are not enough doctors to share the load.

According to the 2010 National Physician Survey, 70% of respondents had on-call responsibilities, 67% of family physicians versus 74% of other specialists.

Male and female physicians are equally likely to take call. Almost four out of five physicians (79%) aged 35-44 take call and while the proportion decreases across all older age groups, 43% of the 65+ respondents are still doing on-call work.

For those who take call, FPs report more hours per month (134 hrs) than other specialties (124 hrs) and 12% are on call more than 240 hours per month compared to 8% of other specialists. Interestingly, the older the physician, the greater the time spent being on call each month. (e.g., 139 hours for 65+ age group compared to 115 for those under 35). However, the reverse trend is seen for actual hours spent providing patient care while on call. In this instance, the younger the physicians, the higher the hours of patient care provided. See graph 6.

Graph 6: Hours per month spent being on call and providing direct patient care while on call, 2010.



Almost half of all respondents (47%) spent continuous 24-hour periods of on-call time in direct patient care. Of this group, four out of five had been required to provide direct patient care immediately following these 24 hour periods.

Summary

While differences in hours worked between male and female physicians persist, the gap is narrowing. Female physicians who are also mothers clearly demonstrate they have a "second shift". For those physicians with no children, the difference in workload between men and women is minor.

On call duties is a part of most physician practices. A smaller percentage of FPs do call than other specialists but they do more hours per month. Younger physicians are more likely to do call but older physicians are on-call for a greater number of hours per month.

Time spent providing direct patient care continues to decline for both genders and most age groups. Indirect patient care such as filling out forms, however, continues to rise.

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