

Working Condition of Resident-in-training - A Taiwan National Survey after Imposing Working Hour Restriction

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Objective

To ensure the quality of education and to protect essential off-work rest for the residents (including PGY) in training, the Ministry of Health and Welfare of Taiwan practiced the "Guideline of Resident Working Hour Restriction" (GRWHR) in August 2017 that limit regular daytime, on-duty shift, and weekly total working hours. In this study we conducted a national survey, with aims to understand the status and difficulties in the execution of GRWHR.

Methods

In this cross-sectional, nation-wide questionnaire survey study, we collected data from 3,342 trainees (127 teaching hospitals) who worked in either medical center, regional hospitals, or local hospitals. The questionnaire surveys the working hours and the impacts of GRWHR on patient care, clinical training, and patient safety.



Results

The mean daytime work is 8.5±0.6 hrs (6.5~10 hrs/day, family medicine ~ orthopedic); All comply with GRWHR (10 hrs/day). The mean on-duty shift working time is 26.5±3.4hrs (16~32 hrs/day, anesthesia ~ radiation oncology). Finally, the weekly total working hours is 68.9±13.5 hrs(41~100 hrs/week, clinical pathology ~ rehabilitation).

working hour violation (>80 hrs/week) rate is 9.9%. The violation rates are different among specialties of on-duty

hour (highest: anatomical pathology, 33.3%, p<0.001) and hospital level (highest: local hospitals, 24.1%, p<0.001). The violation rates are different among specialties of the weekly total working hours (highest: plastic surgery, 33.3%, p<0.001) and hospital levels (highest: medical centers, 12.0%, p<0.001). The qualitative survey data shows that, the most common reasons for over-time are: "insufficient manpower", "scheduling operation", "writing medical record", or "handling emergency cases"... etc.



Conclusions

The effect GRWHR is largely satisfactory, the majority of education programs complied with regulations. However, residents of specific specialty working at local hospitals are at higher risk of overwork. Hospitals can use more supporting staffs or nurse practitioners to cope with manpower shortage problems.

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