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LETTERS TO THE EDITOR

Work hour restrictions and internal medicine residents' health-related quality of life

Dear Sir

Work hour restrictions in medical training emerged because of safety concerns, and also were expected to enhance residents' health-related quality of life (HRQOL). Despite these expectations, there is little objective evidence. While there has been considerable evaluation of the effect of work hour restrictions, an evaluation of its impact on HRQOL among internal medicine residents has not been reported.

Internal medicine residents at a single training site were surveyed using a pre- and post- survey study design. Residents were asked about their training and HRQOL before and after the nationwide policy was implemented to reduce resident work hours to no more than 80 hours per week averaged over four weeks. We administered the SF-12 survey, a standardized survey measuring HRQOL with published nationally representative norms (1), one month before (June 2003) and one year after (June 2004) the institution of work hour restrictions. We also asked residents the number of hours that they slept and worked during each of the seven days prior to the administration of the survey. Demographic information such as gender and post-graduate education level were collected in the survey. IRB approval (#G03-05-077-01) was obtained and residents returned the survey on a voluntary basis.

Forty-seven residents (64% response) completed the survey before and 70 residents (74% response) after implementation of work hour restrictions. Age (overall mean 28.7 years) and gender (57% male) were similar between samples, but prerestriction respondents were assigned fewer inpatient rotations and included fewer interns. Work and sleep hours did not change after the work hour rule. SF-12 Physical Component Summary (PCS) scores were identical before and after (mean = 58) restrictions, and higher than the average score for the 20–29 year old general U.S. population. SF-12 Mental Component Summary (MCS) scores before (mean = 50) and after (mean = 49) restrictions were similar to the U.S. population. Multivariate analysis controlling for type of rotation, gender, age, and post-graduate year of training did not show improvements in the SF-12 MCS or PCS after work hour restrictions.

Although this evaluation is limited by small sample size and uneven pre and post samples, resident work hours did not decrease and HRQOL did not improve with work hour restrictions. HRQOL measurements are a useful way for monitoring resident function and well-being.

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Reference

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