

## NPS Primer, June, 2009: Work Hours

The NPS is Canada’s largest census survey, with nearly 20,000 family physicians and other specialists participating in the 2007 cycle. The ongoing research

project is produced by the Royal College, the College of Family Physicians of Canada and the Canadian Medical Association.

### Physician work hours per week

Medical workforce issues continue to be top of mind in many quarters. Recently, media attention has focused on insights derived from the 2007 NPS concerning physicians’ work hours.

habits of Canadian doctors. All physicians reported working an average of 51.7 hours per week excluding call (being on-call means being able to provide care if called upon). Notably, specialists worked, on average, 53.8 hours per week—four hours more than family physicians. In addition, 73% of specialists also report having to spend time on-call, compared to 68% of family physicians.

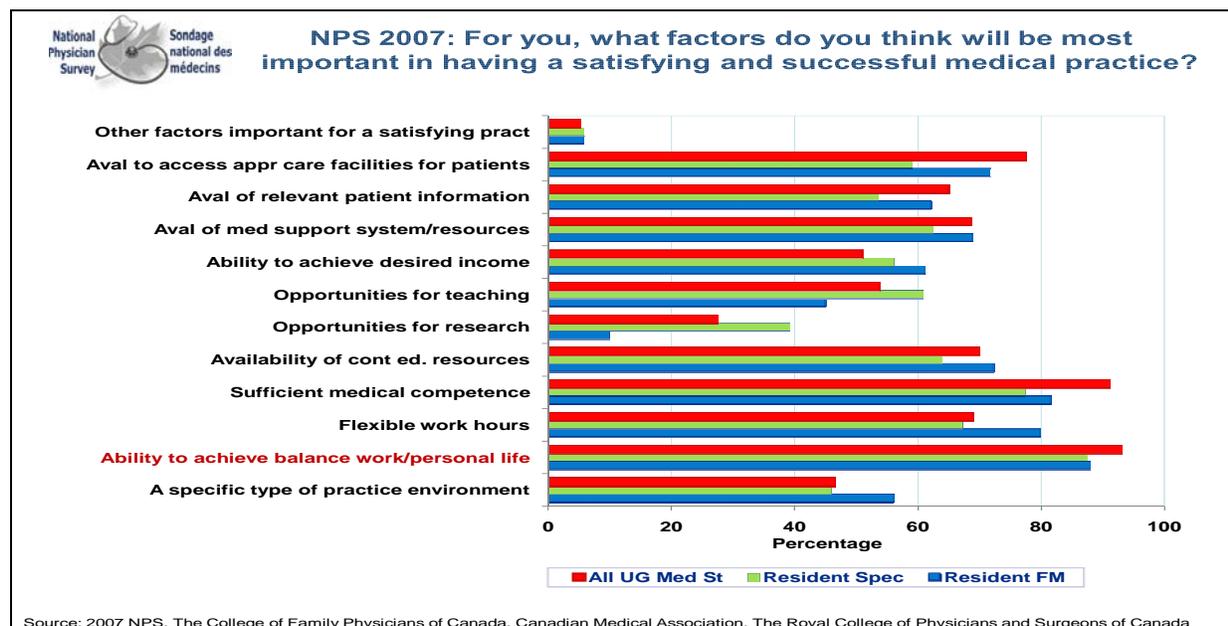
Physicians are engaged in a variety of different tasks throughout their work week, including patient care, teaching, research, administration, continuing professional development, and other activities. The 2007 NPS survey provides a crucial look at the work

### Important influences that affect hours of work

#### Generational differences

The 2007 NPS also suggest important generational variations may soon emerge in regard to work hours. Overall, some 9 out of 10 undergraduate medical

students and second year residents ranked work life balance as the most important factor underlying their professional satisfaction.



Yet, so far specialists’ weekly hours of work vary little across age groups. Specialists between <35 and 44 years old average 55 hours per week excluding call — only two hours less than those 45 to 55 years

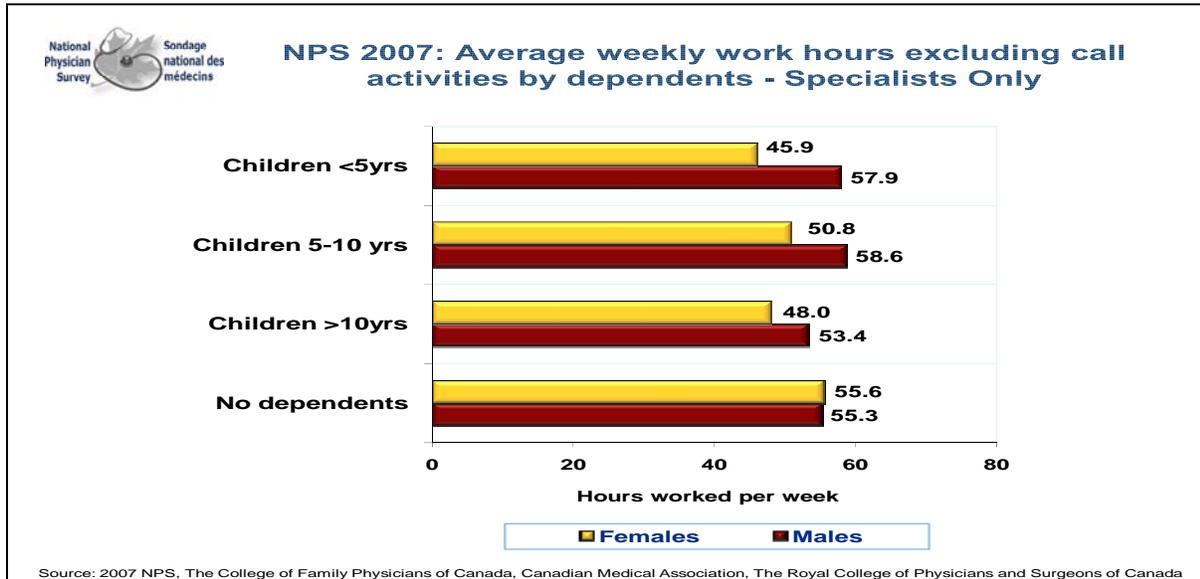
old, and one hour more than doctors 55 and older. This is somewhat similar to results for all physicians, with physicians between <35 and 44 years old reporting slightly fewer work hours on average per week, excluding call, than their older colleagues up

to age 65+. Given the importance placed by younger physicians, including specialists, on work-life balance, it will be important in coming years to keep a watchful eye on these practice patterns.

*Dependent responsibilities*

Parental responsibilities also significantly impact the average number of weekly hours worked, especially

among female physicians and surgeons. In the NPS, women with children younger than 5 years old worked an average of 12 hours less per week than their male colleagues, excluding call. This gap narrows for female specialists with children over 10 years old and disappears when specialists have no dependents, with women actually working 0.3 hours more each week.



*Changes in work hours*

In fact, changes in hours of work are extending throughout the physician population for both male and female practitioners. Over 16% of all physicians reported reducing their average weekly work hours, excluding call, during the 2002– 2004 period, with similar results for male and female practitioners. Over 15% of specialist physicians reported reducing their average weekly work hours during this period, with almost identical results for both sexes.

hours, and the 2007 NPS bears this out, with very similar results for both sexes. These results are an increase of over 10% from reductions in work hours during the 2002-2004 period. Given that over a third of respondents to the 2007 NPS (all physicians and specialists only) indicated that they plan to reduce their work hours from 2007-2009, these trends must be carefully monitored in terms of potential impacts.

CHANGES IN WEEKLY WORK HOUR, EXCLUDING CALL*						
	All MDs			Specialists Only		
	M	F	T	M	F	T
	%			%		
2004 NPS Results						
Reduced hrs	16.6	17.5	16.4	16.2	16.3	15.6
Plan/reduce hrs	28.4	23.1	25.7	29.1	25.7	26.9
2007 NPS Results						
Reduced hrs	26.7	26.6	26.7	25.7	25.3	25.6
Plan/reduce hrs	37.1	30.1	34.7	37.2	31.6	35.6

\*Custom tables derived from 2004 and 2007 NPS. No responses (NR) are not represented in the above table. For further information, see: [www.nationalphysiciansurvey.ca](http://www.nationalphysiciansurvey.ca)  
M = Male; F = Female; T = Total Population

Overall, the NPS reveals many complex changes, including the increasing number of women in specialty practice—up five per cent since 2000<sup>1</sup>—who also report working fewer hours, and the priority that younger doctors clearly place on a work-life balance. The nuanced interplay between various data sets is extremely important and caution must be taken not to draw simple conclusions, as is sometimes the case.

Planners and policy makers must keep a close eye on these findings and the changing face of Canada’s specialty medical workforce to meet the needs of Canadians for timely, high-quality care when and where they need it.

The 2004 NPS results were a good harbinger of future trends for all physicians and specialists. Just over a quarter of all physicians and specialists in 2004 stated they planned to reduce their work

<sup>1</sup> See Canadian Institute for Health Information, Supply, Distribution and Migration of Canadian Physicians, 2000 and 2007, available at: [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=AR\\_14\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_14_E).