The Night-float System: Wider Implications

Dear Editor,

Colón-de Martí et al have outlined an insightful account of the perceptions of a group of surgical and non-surgical residents at a Hispanic academic medical center of the impact of the night-float system (1). The residents clearly were positive about some aspects of the system and yet negative about other aspects. Residents from different specialties also clearly had different views on the system. The outcomes evaluated in the study were quite wide ranging and featured a range of professional, patient-focussed and personal outcomes.

As with all forms of research, the interested reader is left asking what conclusions can be drawn and what should resident programme directors do as a result. In this study and in other studies in this field the results are not so clear. What can be concluded from the different studies cited by the authors in their comprehensive conclusion is that almost any change to the system will have welcome and unwelcome effect on a number of different stakeholders – not least residents, residents' patients and residents' families. Making one stakeholder more satisfied will likely have adverse effects on another stakeholder. This is perhaps unsurprising considering that most reforms make tactical changes to the system and few look at transforming the system as a whole. Any current tactical changes are restrained by the fact that we have only so many residents or healthcare professionals to provide care and the fact that we seem to be wedded to current constructs of care and the fact that there are 168 hours in the week. Of these three facts only the first two are subject to change.

What if we were to increase the number of residents or healthcare professionals who provide care? They should be less tired; patients should have more professionals caring for them; and residents' family lives should be less disrupted. Would it be affordable and thus sustainable? If more tasks could be shifted to non-medical workers who command lower wages, costs could be controlled. Residents would work fewer hours and so salary costs could be controlled. Residents working fewer hours might require longer training programmes – but this in turn might mean that specialists are appointed at an older age and total specialist salary bills might be controlled as a result.

And what if we were to change the current construct of care? Much of the medical care and medical training that is carried out is carried out in hospitals and yet we know that many patients who are in hospital do not need to be there and do not benefit from being there. They could be cared for in intermediate care centres, rehabilitation units or in their own homes by means of hospital-at-home schemes (2). However all too often they spend unnecessary time in secondary or tertiary care hospitals and resident time is taken up looking after them. Patients need to move into the community and ultimately residents will need to follow them. However longer working hours might not necessarily be an inevitable result. Patients would ideally move into communities where a societal and support structure was in place to better care for them. Patients would get to spend more time with their families and residents might too.

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References

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Reply

We thank Dr. Walsh for the comments and interesting ideas about our article. We agree that almost any changes in the residents' duty system will have "welcome and unwelcome" effects, as Dr. Walsh pointed out in the letter. The "ideal 100% accepted duty system" might not be possible because of the many personal and specialty differences among the residents. In addition, there might be implications for the systems of care and financial concerns at both state and institutional levels. Nevertheless, as members of the academic community, we have the responsibility of complying with the accreditation requirements as well as contributing ideas about exploring and/or improving duty systems, meanwhile taking into consideration the particularities of the programs. These systems should facilitate a better balance between the professional and the personal/family roles of the residents since the residents' wellbeing is important to the provision of safe and effective patient care. If we encourage residents to learn how to balance these roles in the earliest years of their training, it will be easier for them to continue to do so when they become members of the professional community.

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