Surgeon-Reported Frustrations in Providing Orthopaedic Trauma Care: An OTA Member Survey Study

Stephen A Doxey, DO; **Rebekah Kleinsmith, MD**; Elizabeth Anne Duckworth, MD; Michael Milshteyn, MD; Austin Daniel Hill, MD; Brian Cunningham, MD

Purpose: Our objective was to determine sources of frustration for surgeons within the orthopaedic trauma community and how they might affect job satisfaction. We hypothesized that operating room (OR) efficiency would be the most commonly reported frustration and would have the greatest reported effect on job satisfaction.

Methods: After approval by the OTA research committee, all active and associate North American OTA members were emailed a 25-question survey. OTA members could also access it from August-October 2023. The survey was developed with a focus group composed of senior orthopaedic faculty and experts in survey design. Questions consisted of demographics, training, experience, practice, as well as potential common causes of frustration, OR utilization, and career satisfaction.

Results: A total of 471 surgeons participated in the survey (response rate 27.5%). The highest ranked source of frustration was OR turnover time, followed by staff turnover, and OR scheduling. Almost all surgeons reported the issues that frustrated them to be out of their control (n = 449, 95.3%), while the majority reported they were very satisfied with their career (n = 240, 51.0%) (1-5 Likert scale from very dissatisfied to very satisfied). The top 3 strategies to increase career satisfaction were to improve compensation, reduce case delays, and decrease work hours. The majority of surgeons reported that if their number one cause of frustration was resolved, they would have a higher level of career satisfaction (very satisfied: n = 344, 73.1%). Most felt their cases did not start on time (n = 273, 58.0%), with the majority of cases being delayed between 15 and 60 minutes (n = 222, 81.9%). The number one ranked reason for case start delays was OR turnover and case setup, followed by the anesthesia team.

Conclusion: Surgeon well-being is critical, and the OTA membership operates within a frustrating work environment. Our survey identified OR turnover time and staff turnover as specific areas of concern. Addressing these sources of frustration is crucial to avoid burnout and optimize delivery of patient care. The next phase of this project will be to identify institutions that have successfully addressed these 2 areas and better understand how they created solutions.