

Opinion

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The Case for a 4-Day Workweek ... or a “Fore-Day” Workweek

When I was an intern in the 1980s, several attendings would conduct 7:00 a.m. hospital rounds on Wednesdays with the residents and then go golfing for the rest of day. I suspect Wednesday golf day was extinguished for physicians as health care became more complex, reimbursements decreased, and an aging demographic increased the number of patients who need care. Physician productivity, work hours, and work intensity have escalated over the past few decades. Now, ophthalmologists have some of the highest patient throughputs in clinic and in surgery. Many of us answer emails, write papers, prepare talks, and do committee work during our early morning and evening hours, and on weekends. As our health care community grapples with burnout, we are learning to prioritize mental health, which raises the question: could the four-day workweek make a comeback?

A few years ago, Monisha Vora—now a glaucoma specialist in private practice in Philadelphia—opted to launch her career with a four-day workweek after a mentor advised that it’s easier to protect time off than to scale back later. She and her physician spouse knew they wanted to start a family, so Monisha proactively planned for the life/work balance she wanted when negotiating her first contract.

Now with two young children, she spends Fridays walking her daughter to school, running errands, playing with her toddler son, cooking dinner, and fitting in a workout. “I have the quality of life I’ve always envisioned. The flexibility in my professional life allows me to be more present in my personal life,” Monisha says.

She’s quick to point out that a shorter workweek isn’t feasible for all practices but might attract well-qualified candidates. When she was considering a transition to a different practice, Monisha was adamant about a four-day work schedule—a big ask for a group that had never considered it before, but it set a new precedent. Not only did her future partners recognize the value of creating a work environment that fit the needs of a young glaucoma specialist, they offered the four-day schedule to any other physician who requested it.

In a six-month pilot program in the United Kingdom last year, 61 companies shortened the workweek to an average of 32 hours without decreasing pay. Revenues increased by an

average of 1.4% during the study period—a finding based on data reported by 23 of the organizations.¹ Most reported no decrease in productivity.

Of course, a health care organization is different from, say, a marketing firm. Our work requires a discussion, an examination, and sometimes a procedure. Ophthalmologists can increase efficiency, but there is a limit to the productivity that can be achieved while maintaining high-quality care—especially when most reimbursements are still tied to the individual patient encounter. For ophthalmologists, a shorter workweek is usually associated with lower pay, so not all ophthalmologists can consider it.

For practices that do offer a shortened workweek, a productivity-based salary structure may make sense. “Productivity-based pay keeps it fair,” Monisha says.

Critics of shorter weeks can point to aging demographics and the burgeoning number of patients with macular degeneration, glaucoma, and cataracts and suggest that if many ophthalmologists work less, we won’t meet the demand for eye care. Proponents of the four-day workweek are advocates for physician wellness and balance, and they suggest that healthy and happy physicians will have longer careers.

Because our physician workforce is increasingly diverse, there isn’t one work formula that fits everyone. The goal is to create work environments that maximize career satisfaction over many decades and allow physicians to craft a reasonable balance between work and personal pursuits.

Maybe I’ll take up golf.

¹ Lewis K et al. *The results are in: the UK’s four-day week pilot*. *Autonomy*; 2023. Accessed March 3, 2023. <https://autonomy.work/portfolio/uk4dwpilot/results/>.



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