**Background**

Resident duty hours and their impact on patient care and physician well-being remain a subject of intense debate in the field of surgical education. Though many studies have examined the impact of duty hour regulations on resident wellness, it is unknown whether the distribution of clinical and nonclinical work-related activities impacts resident well-being. In this study, we evaluate how general surgery residents spend clinical and non-clinical time, and how this impacts resident well-being. In addition, we explore how residents conceptualize duty hours.

**Methods**

A cross-sectional survey was sent to 1,098 general surgery residents (including those in integrated subspecialty programs) training at 27 programs across the United States. Information regarding work hours, demographics, and well-being (utilizing the Physician Wellbeing Index, PWI) were collected. Descriptive statistics were computed and multiple regression was used to examine the impact of clinical and non-clinical time as well as other life stressors on well-being.

**Results**

The survey response rate was 21.6%, with 238 residents completing at least one question on the survey. Of these, only 154 met inclusion criteria for analyses. Residents formally reported working a mean of 72.7 “duty hours” (SD 8.58) over the past month, and a mean of 100.5 hours per week (SD 29.1) on clinical/academic activities including those performed at home. Only a mean of 21.8 hours per week (SD 13.7) were spent on personal activities. The average PWI score was 3.85 (SD 1.97), with 42.8% of residents achieving an “at-risk” score for adverse outcomes including suicidal ideation. In regression analyses, neither number of hours spent clinically or personally per week had a significant effect on wellbeing (p = 0.19 and p = 0.22, respectively), though the presence of life stressors (positive and negative) had a significant impact on wellbeing (p < 0.01). Residents varied in their understanding of what activities were included in formal duty hour regulations and in their reasoning for misrepresenting duty hours or exceeding duty hour limits.

**Lessons Learned**

Residents completing this survey spent significantly more time engaged in clinical and academic-related tasks compared to home and self-care, and almost half of residents surveyed achieved an at-risk score for adverse outcomes such as suicidal ideation. The distribution of hours spent on clinical/academic tasks versus personal tasks did not impact well-being, though the presence of positive life events was protective. Residents did not have a unified operational definition of duty hours or reasons for misrepresenting duty hours or exceeding duty hour limits.

**Future Application/Next Steps**

Though the response rate of this survey was low, the results contribute to ongoing concern about burnout among surgical trainees, and highlight differences in resident perceptions of duty hours. Duty hour guidelines should continually be revisited with resident input in order to optimize surgical training and patient outcomes.