RESEARCH, TRANSLATED · AFTER-HOURS WORK

The workday ends. *The charting does not.*

Three independent data sets on after-hours EHR work, translated for private medical practice.

WHAT THIS IS
A plain-language reading of three separate sources on "pajama time," the after-hours EHR work done at home: a 2016 time-and-motion study in Annals of Internal Medicine, the AMA Organizational Biopsy national data, and a 2026 industry report.

HOW TO USE IT
Read the three numbers together, not separately. Each has limits, noted honestly below. Together they say the same thing: after-hours EHR work is normal, measurable, and large enough to plan around.

The landmark observation study

Sinsky and colleagues observed 57 physicians in family medicine, internal medicine, cardiology, and orthopedics for 430 hours. During the office day, physicians spent **27.0% of their total time on direct clinical face time with patients and 49.2% on EHR and desk work**. A 21-physician diary subset reported an additional **1 to 2 hours of after-hours work each night**, mostly EHR tasks.

The national self-report data

57.8 hrs

For 2024, physicians reported a **57.8-hour workweek**, with **27.2 hours on direct patient care**. AMA Organizational Biopsy, 12,400+ physicians.

22.5%

In 2024, **22.5% of physicians reported spending more than eight hours on the EHR outside normal work hours** (5:30 p.m. to 7 a.m. on weekdays), up from 20.9% in 2023.

The industry survey

8.2 hrs

A 2026 commercial industry survey (252 mixed-role professionals, only 7% physicians) reported that 85% of healthcare professionals do after-hours charting, averaging 8.2 hours a week (roughly 53 eight-hour days if that weekly estimate held for 52 weeks). Treat that as an illustrative signal, not a physician benchmark.

Honesty note: that survey covered 252 healthcare professionals of all roles, and only 7% were physicians. It is a useful signal about the whole clinical team, not a physician statistic. The publisher is a software comparison site, not a journal.

WHAT IT MEANS FOR YOUR PRACTICE

Treat the 53-workday figure as an illustrative industry signal, not a validated physician benchmark: its sample was small, mixed-role, and only 7% physicians. The physician-grade data points the same direction, but the honest move is to measure your own after-hours time before adopting a tool (Stage 2 worksheet), then measure it again after. And time is not the only outcome that matters. A tool can ease cognitive load, note-closure delay, or documentation burden without moving that one number. If none of your intended outcomes improve, that is your signal.

SOURCES · CHECK OUR WORK

Sinsky C, Colligan L, Li L, et al. Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties. Ann Intern Med. 2016;165(11):753-760. doi:10.7326/M16-0961. acpjournals.org/doi/10.7326/M16-0961

American Medical Association. Doctors work fewer hours, but the EHR still follows them home. Aug 2025 (2024 AMA Organizational Biopsy data). ama-assn.org/practice-management/physician-health/doctors-work-fewer-hours-ehr-still-follows-them-home

Campigotto J. The Real Cost of Pajama Time. SoftwareFinder, updated Mar 2026. softwarefinder.com/resources/ehr-work-driving-clinican-burnout