



Burnout among Anaesthetists: Time to intervene

KEYWORDS

Burnout, Anaesthetists, prevention

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ABSTRACT

Burnout syndrome is a work related psychological syndrome characterized by emotional exhaustion, low personal accomplishment, depersonalization as a consequence of chronic stress. Researchers have reported that anaesthetist die at a younger age than doctors in other specialty. Potential stressors are lack of control over work, time constraints, family time, and difficult clinical situations. Burnout curve carries decrease work out put despite efforts to sense of emptiness and worthlessness. Living well at work has to encourage by implementing various coping strategies. Stress is a associated part of anaesthetists, its only way-outs of difficult situations management that helps .various training, coping, making it a part of pg teachings, colleague support can prevent some anaesthetist from professional suicide.

Text

Stress is an inevitable aspect of the anaesthetist's condition. It is coping that makes the big differences in outcome. Even if safety should always come first, anaesthetists are also affected by productivity demands. Lack of time can make anaesthetists feel stressed. Stress is caused by responsibility of providing - high quality medical care in challenging medical situations with ethically correct and therapeutically best decisions; the situations that anaesthetists face every day. Studies also reported that anaesthetists die at a younger age than doctors in other specialties.¹ Burnout is a work related psychological syndrome characterized by emotional exhaustion, low personal accomplishment, and depersonalization as a consequence of chronic stress. Burnout syndrome differs from depression because it is specific to the work environment, whereas depression extends to both one's professional and personal life.² To understand the title of frustrations and unhappiness it is important to know precise vocabulary that describes these terminologies.³

1. Emotional exhaustion: is the subjective sense of fatigue or stupor related to one's work.
2. Low personal accomplishment: is a feeling of frustration with work-related achievements.
3. Depersonalization: is a person's attempt to separate himself or herself from his or her work as a defense mechanism.

Burnout syndrome was first characterized in the early 1970s. Clinical manifestations are often nonspecific and include - fatigue, Sleep, Headache, Eating disorders, Emotional instability. Also observed was slighter high systolic and diastolic blood pressure and heart rate during days of clinical work when compared to off days and a decrease in TSH blood levels after a night on call.⁴ However, chronic stress, as can be experienced by trainees with low self-efficacy and with low degree of control, can lead to negative long-term effects such as burnout. Although data differs by country to country; it is estimated that around 25% of anaesthetists are in the burnout high risk group at a particular time.

The validated instrument most commonly used to study burnout is MBI-HSS (Burnout Inventory, Human services survey)³. It uses a composite score that takes into consideration the three subscales based on questions relating to emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout syndrome is considered present when the responder demonstrates high scores in emotional exhaustion and depersonalization and a low score in personal accomplishment.

Potential stressors in the anaesthetist's work environment -

One of the hallmarks of anaesthesia is the making of rapid decisions

in critical situations and swiftly and safely carrying through necessary actions. The anaesthetists expressed fear of harming patients and concerns about the great responsibility that they had to carry. As per Shidhaye et al the major sources of stress are⁵

1. The lack of control over work
2. Difficulties in communication with surgeons.
3. Time constraints: trying to manage time was especially stressful i.e. overtime
4. Difficulty in getting a break.
5. Inability to control work.
6. Combining being on call with family life.
7. And difficulty in getting time for non-clinical tasks.
8. Difficult clinical situation.
9. Economic issues. Etc.

Some of the other factors had also been identified as latent risk factors, such as - environmental (related to material and equipment), work place atmosphere (team work and Communication) and organizational factors (training, procedures and duties issues). Moreover, different group of anaesthetists with different risk factors⁶⁻⁹

- Academicians – problems with dept./hospital budget, accreditation issues, faculty retention, violence at workplace, sexual harassment, resident & faculty dismissal etc
- Private practitioners – procedure quality, material resources, access to information, team skills and hierarchy etc.
- Trainees - high demands, a difficult role to play, a feeling of insufficiency, lack of support, and feeling lonely and helpless etc.
- Critical care experts - bed allocation, being over-stretched at times, talking to distressed relatives, dealing with death etc.
- Female anaesthetists more often than male anaesthetists experience stress caused by lack of control. Moreover, they see intelligence and physical constitution as important attributes for coping with stress, whereas male anaesthetists rely more on their professional skills.

Problem solving in anaesthesia -

The anaesthetist's work has three main categories of difficulties¹⁰:

1. Medically difficult situations – Anaesthetists strategies for handling medically complex situations consist in simplifying- i.e. starting with the obvious and simple; asking for advice without prestige; and getting support from colleagues. (group practice)
2. Moments of work overload - are handled by prioritizing between work tasks; delegating work to nurses or other doctors; and getting help even in unconventional ways, for instance, by calling colleagues not on call in their home.

3. Ethically difficult situations – Ethical problems differ from most acute medical problems, in that they do not have a well-defined best solution. The most common ethical difficulties in anaesthesia and intensive care are about making decisions about the level of care, Such decisions are perceived as difficult even for experienced anaesthetists, Help can be sought from - Training from Clinical ethics committees and Conducting 'ethical rounds' i.e. where nurses and doctors reflect on experiences of difficult ethical situations have been shown to increase the understanding of the role of ethical principles and how to use them in clinical decision-making.

Avoiding undue stress¹¹ -

These doctors had no training in stress coping, they were not even familiar with the concept of coping. Still they had developed a few lines of thought, which they used to reduce the stress effect of difficult situations at work:

- seeing difficulties as inherent in the specialty;
- accepting limits of own competence;
- accepting limitations of what health care can do;
- seeing moments of high demands as part of work.
- By reframing the situation, the anaesthetists could reduce its stress content even if the problem at hand could not be successfully solved.

Living well at work is an important issue in anaesthesia training now a days. Even if the work is stressful, the effects on physical health and mental well-being can be buffered by effective coping strategies. What may lie behind the fact – is that anaesthetists must enjoy work without being victims of undue stress and burn-out. This should be one aspect of training in anaesthesia. Training should be targeted at -

- How a young doctor can learn to live well at work,
- Avoiding undue stress and the unwanted negative effects of work such as burnout.
- Inexperienced trainees may be tempted to avoid difficult clinical situations, which is illustrated by this quote from a young trainee.⁹⁻¹¹

Avoidance is, however, an inadequate coping strategy and is linked to bad outcome in terms of mental health. Trainees therefore must get the support they need to be able to stay and do their best in demanding situations. This kind of learning may be best achieved in supervision sessions where supervisors and trainees together reflect on recently experienced demanding situations.

Anaesthetists are engaged professionals who put much effort into their job and some are at risk of burnout. By taking control over work, using effective coping strategies, they can buffer the negative health effects of chronic stress. Programmes for anaesthesia training should, therefore, aim not only to make trainees expert professionals but should also facilitate their learning the successful coping strategies of experienced anaesthetists.

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