Review article

Battling Burnout: A Comprehensive Exploration of The Impact on Anaesthesiologists and Strategies for Resilience.

Dr. Akshaya N Shetti 1*

1. Professor and HOD, Department of Anaesthesiology and Critical Care, DBVPPRH, PIMS(DU), Loni, Maharashtra, India

*Corresponding Address:

Dr. Akshaya N Shetti, Professor and HOD, Department of Anaesthesiology and Critical Care, DBVPPRH, PIMS(DU), Loni, Maharashtra, India. **E mail:** aksnsdr@gmail.com

Abstract:

Burnout among anaesthesiologists is a critical concern that demands thorough exploration to understand its implications and identify effective strategies for resilience. This article delves into the multifaceted nature of burnout, examining its impact on anaesthesiologists and the broader healthcare system. The unique stressors and demands of the anaesthesia profession contribute to elevated burnout rates, affecting both individual well-being and patient care.

The exploration of burnout encompasses its manifestations, ranging from emotional exhaustion to depersonalization and reduced personal accomplishment. Understanding these facets is crucial for developing targeted interventions and support systems. Drawing insights from studies and real-world experiences, this article sheds light on the intricate relationship between burnout and anaesthesiologists, recognizing the inherent challenges and stressors that contribute to this phenomenon.

Moreover, the article provides a comprehensive analysis of resilience strategies tailored to the needs of anaesthesiologists. Recognizing the importance of proactive measures, it outlines practical approaches to mitigate burnout risks, enhance well-being, and foster a resilient mindset. Strategies encompass self-care practices, organizational support mechanisms, and the cultivation of a positive work culture.

Key words: Anaesthesiologists, Burnout, Healthcare Professionals, Resilience

Introduction:

The realm of healthcare, particularly within the demanding field of anaesthesiology, is increasingly confronted by a pervasive and concerning issue – burnout among its professionals. As the complexities and pressures of modern medical practice intensify, anaesthesiologists find themselves grappling with a unique set of challenges that significantly impact their well-being and, consequently, the quality of patient care.^[1,2] Burnout, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, has emerged as a critical issue within the healthcare community.^[3-5]

The incidence of burnout among anaesthesiologists is a growing concern within the medical community. While specific incidence rates may vary, research consistently highlights the prevalence of burnout within the field of anaesthesiology. Burnout is characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, and its impact on healthcare professionals, including anaesthesiologists, has significant implications for both individual well-being and patient care.

Several studies have investigated the prevalence of burnout among anaesthesiologists, and findings suggest that they experience burnout at rates higher than many other medical specialties. Factors contributing to this heightened susceptibility include the high-stress nature

of the profession, demanding work environments, exposure to traumatic events, and long working hours. [7,8]

Research has indicated that the prevalence of burnout among anaesthesiologists is influenced by various factors, such as workload, the complexity of patient cases, interpersonal challenges, and the broader healthcare system's organizational and administrative aspects. Additionally, the incidence of burnout may vary across different career stages, with early-career anaesthesiologists and those with more experience facing unique challenges. [9-11]

Efforts to address burnout in anaesthesiologists often involve a combination of individual and organizational interventions. These may include wellness programs, mental health support, workload management strategies, and initiatives aimed at fostering a positive work culture.

It's essential to recognize the dynamic nature of burnout, and ongoing research is crucial for understanding its incidence, identifying risk factors, and developing effective prevention and intervention strategies. By acknowledging and addressing burnout in anaesthesiologists, the medical community can work towards creating healthier and more sustainable work environments for these essential healthcare professionals. [12-15]

This article aims to delve deeper into the intricate dynamics surrounding burnout among anaesthesiologists, acknowledging the distinctive stressors inherent in their profession. By examining the multifaceted nature of burnout, we seek to uncover its specific manifestations and unravel its consequences not only on individual practitioners but also on the broader healthcare system. Understanding the unique stressors faced by anaesthesiologists is pivotal for developing targeted interventions and support systems that can effectively mitigate burnout. Furthermore, our exploration extends beyond the identification of challenges to focus on the proactive cultivation of resilience strategies. Recognizing the importance of resilience in combating burnout, we aim to provide practical insights and evidence-based approaches tailored to the needs of anaesthesiologists. This holistic perspective aims to contribute not only to the well-being of these healthcare professionals but also to the overall resilience of the healthcare system, ensuring the delivery of optimal patient care in the face of challenging circumstances. [16-20]

Burnout is a complex phenomenon that results from chronic workplace stress that has not been successfully managed. It typically manifests in three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The mechanisms contributing to burnout are multifaceted and involve a combination of individual, interpersonal, and organizational factors.

Factors affecting burnout among anaesthesiologists:

Factors affecting burnout among anaesthesiologists are intricate and interconnected, originating from the unique challenges inherent in their demanding profession. Burnout, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, has multifaceted influences that necessitate a comprehensive examination. By identifying and understanding these factors, healthcare institutions and professionals can work collaboratively to develop targeted interventions and support systems aimed at mitigating burnout.^[2,3] Here is an organized exploration of these factors:

Workload and stressful environment: High-stakes environments, long working hours, and exposure to critical situations contribute to elevated stress levels among anaesthesiologists. With the improvement in the patient care and the technologies the complicated cases are being faced by the anaesthesiologists especially in a tertiary care units. The stressful environment is also created whenever there is a lack of facilities in the operative set up like rural areas. In certain scenarios where limited number of anaesthesiologists are available but lot many patients are undergoing surgeries the work load contributes to burn out. Anaesthesiologist looks after not only the operation theatre but also in the outside operation theatre like radiological suit, psychiatry, part of the code blue team etc.

Patient complexity and acuity: The complexity and acuity of patients undergoing surgery add to the stress experienced by anaesthesiologists, impacting their emotional well-being. It is important to note that now a days the elderly age group patients are undergoing elective surgeries. Even though the minimal access surgeries are done the type of anaesthesia may not actually decrease the morbidity and mortality with the exception of some cases.

Interpersonal challenges: Interactions within the healthcare team, including surgeons, nurses, and staff, may lead to communication challenges, conflicts, and contribute to burnout. It is not uncommon to see the behaviour of healthcare staff may contribute to the mental impact on anaesthesiologists especially when anaesthesiologist is facing multiple surgeons and of different branches.

Lack of control and autonomy: Limited autonomy in decision-making and a perceived lack of control over the work environment can result in feelings of frustration and powerlessness.

Administrative burden: Increasing administrative tasks, documentation requirements, and regulatory demands add to the workload of anaesthesiologists, diverting time from patient care.

Balancing professional and personal life: Difficulty in achieving a work-life balance due to long working hours and irregular schedules contributes to burnout among anaesthesiologists.

Lack of recognition and support: Feeling undervalued or underappreciated, coupled with a lack of support from colleagues and supervisors, can contribute to feelings of isolation and burnout.

Ethical dilemmas: Anaesthesiologists frequently encounter ethical challenges, and the emotional toll of making difficult decisions can contribute to burnout.

Fear of litigation: The fear of medical malpractice lawsuits is a significant stressor, creating a constant undercurrent of anxiety among anaesthesiologists.

Limited opportunities for recovery: High-intensity environments with limited breaks contribute to physical and emotional exhaustion, impacting anaesthesiologists' well-being.

Uncertainty and unpredictability: Dealing with the unpredictability of surgeries and patient responses can contribute to heightened stress and anxiety.

Shift work and irregular hours: Irregular working hours, including night shifts, disrupt circadian rhythms, leading to sleep disturbances and increased emotional exhaustion.

Exposure to traumatic events: Witnessing traumatic events during surgeries can lead to emotional trauma, contributing to burnout among anaesthesiologists.

Inadequate Staffing Levels: Staff shortages increase workload, compromising the quality of patient care and contributing to burnout.

Technological challenges: Managing complex medical technologies and adapting to new equipment can be a source of frustration for anaesthesiologists.

Training and educational demands: Balancing continuous medical education with clinical responsibilities poses challenges, contributing to burnout.

Isolation and lack of collegial interaction: Professional isolation due to independent work or smaller teams can contribute to feelings of isolation and burnout.

Financial Pressures: Economic challenges, including reimbursement issues, add financial stress, contributing to burnout.

Cultural and organizational factors: Organizational culture, lack of emphasis on well-being, and insufficient resources for mental health support impact burnout among anaesthesiologists.

Personal coping mechanisms: Adopting unsustainable coping mechanisms, such as overworking or neglecting self-care, can contribute to burnout over time.

Understanding and addressing these factors collectively will contribute to the development of effective strategies aimed at preventing and mitigating burnout among anaesthesiologists. This organized approach provides a comprehensive framework for targeted interventions and support mechanisms to foster a healthier work environment in the field of anaesthesiology.

Prevention of the burnout among anaesthesiologists:

Preventing burnout among anaesthesiologists is crucial for maintaining both individual well-being and the overall quality of patient care. Implementing effective strategies can create a resilient work environment that mitigates stress and fosters professional satisfaction.

Workload management:

Establish reasonable workload expectations and promote realistic scheduling to prevent excessive hours and burnout. Encourage breaks and downtime between demanding cases.

Team collaboration and communication:

Foster a culture of open communication and collaboration within the healthcare team. Enhance interpersonal relationships to create a supportive work environment that reduces feelings of isolation.

Professional development and training:

Provide ongoing professional development opportunities and training to keep anaesthesiologists updated on the latest practices. This can enhance confidence and competence, reducing stress associated with evolving medical techniques.

Wellness programs:

Implement wellness programs that focus on physical health, mental well-being, and stress management. Include resources for counselling and support services to address emotional challenges.

Recognition and appreciation:

Acknowledge and appreciate the contributions of anaesthesiologists. Recognize achievements and provide feedback regularly to reinforce their value within the healthcare team.

Enhanced control and autonomy:

Empower anaesthesiologists by allowing them more control and autonomy in decision-making regarding patient care. This can increase job satisfaction and reduce feelings of frustration.

Streamlined administrative processes:

Simplify administrative tasks and streamline documentation processes to minimize bureaucratic burdens. Invest in technology to automate routine tasks, allowing more focus on patient care.

Mentorship programs:

Establish mentorship programs where experienced anaesthesiologists can guide and support those newer to the profession. This promotes a sense of community and facilitates the exchange of knowledge.

Regular feedback and evaluation:

Provide regular constructive feedback and evaluations. This can help anaesthesiologists identify areas of improvement, fostering a growth mindset and reducing the fear of unexpected negative evaluations.

Flexible scheduling:

Introduce flexible scheduling options to accommodate individual preferences and promote work-life balance. Consider the impact of shift work on circadian rhythms and provide adequate rest periods.

Addressing ethical dilemmas:

Establish ethical committees and support systems to help anaesthesiologists navigate challenging ethical dilemmas. Open dialogue and guidance can contribute to ethical decision-making and reduce moral distress.

Stress-reduction techniques:

Integrate stress-reduction techniques, such as mindfulness and relaxation exercises, into the workplace. Encourage the practice of these techniques during breaks or as part of wellness programs.

Peer support networks:

Foster peer support networks where anaesthesiologists can share experiences and seek advice from colleagues. This sense of camaraderie can provide emotional support and reduce feelings of isolation.

Clear communication of expectations:

Clearly communicate expectations regarding performance, responsibilities, and any changes in policies. This clarity reduces uncertainty and aids in creating a more predictable work environment.

Investment in resources:

Ensure that the necessary resources, including staffing levels, equipment, and technology, are adequate to support the demands of the anaesthesiology department.

Regular health check-ups:

Encourage anaesthesiologists to prioritize their physical health by promoting regular health check-ups. Early detection of health issues can prevent long-term consequences and reduce stress.

Promoting a culture of learning:

Cultivate a culture of continuous learning and improvement. Encourage anaesthesiologists to engage in educational opportunities and research, fostering intellectual stimulation.

Conflict resolution mechanisms:

Establish effective conflict resolution mechanisms to address interpersonal issues within the healthcare team promptly. Prompt resolution prevents lingering tensions that contribute to burnout.

Financial well-being support:

Provide financial counselling and support to address economic stressors. This may include assistance with debt management, investment planning, or financial education.

Regular assessments and surveys:

Conduct regular assessments and surveys to gauge the well-being of anaesthesiologists. Solicit feedback on workplace conditions and use the data to inform ongoing improvements.

Addressing burnout among anaesthesiologists requires a comprehensive approach encompassing both individual and organizational dimensions. Here are detailed strategies for treating burnout:

Individual counselling and mental health support:

Offer confidential access to mental health professionals for individual counselling. This allows anaesthesiologists to discuss their feelings, stressors, and coping strategies in a supportive environment. As per the government policy both under and post graduate institution must have positive mental health clinic. This should be extended to faculties not only to the anaesthesiologists but also to other faculties.

Peer support groups:

Facilitate peer support groups, encouraging anaesthesiologists to share experiences and challenges. Peer connections provide valuable mutual support and help reduce feelings of professional isolation. The senior faculty must share the experience, the mistakes done and how they improved their mistakes and success stories should be shared to junior faculties.

Resilience training:

Implement resilience training programs focused on building coping mechanisms, stress reduction techniques, and mindfulness practices. These skills empower anaesthesiologists to navigate the challenges of their profession more effectively. During the postgraduation period the anaesthesiology residents must face the stress so that they will cope up in future practice.

Flexible work arrangements:

Explore flexible work arrangements, such as part-time schedules or reduced hours, to help anaesthesiologists achieve a better work-life balance. It is not uncommon the surgeries may go beyond expected time duration. Hence necessary compensatory off or reward system should be made available to anaesthesiologists.

Job redesign:

Collaborate with anaesthesiologists to redesign job roles and responsibilities, considering factors such as task allocation, autonomy enhancement, and administrative duty streamlining. One should make proper job distribution irrespective of seniority, which will help reducing the burnout.

Educational interventions:

Conduct educational interventions to increase awareness about burnout, its symptoms, and available resources. This helps reduce stigma, encourages early identification, and fosters a culture of seeking help. Regular conduct of guest lecture or continued medical education will help to improve the knowledge of the anaesthesiologists.

Regular feedback and recognition:

Implement regular performance feedback sessions, emphasizing positive aspects of anaesthesiologists' work. Recognition for their contributions fosters a sense of accomplishment and professional fulfilment. The chief anaesthesiologist must give a free access for the

healthcare workers who are working in operation theatre for the feedback. One should identify the problems and rectify the issues.

Encouraging hobbies and interests:

Support anaesthesiologists in pursuing hobbies and interests outside of work, promoting a healthy work-life balance. Identifying the hobbies of residents and faculties and promoting will help a positive culture and bonding between inter personnel.

Conflict resolution mechanisms:

Establish effective conflict resolution mechanisms to address interpersonal issues within the healthcare team promptly. Resolving conflicts helps alleviate stress and creates a more supportive work environment. Involvement of administrative officers and having standard operating protocols will help to resolve conflicts.

Mindfulness and relaxation programs:

Introduce mindfulness and relaxation programs within the workplace, such as meditation sessions or yoga classes, to promote mental and physical well-being. Yoga is one powerful aspects which can easily help individual's mental health strong and the trainings are easily available.

Wellness initiatives:

Develop comprehensive wellness initiatives addressing physical, mental, and emotional well-being, including fitness programs, nutritional support, and access to wellness resources. Since the operation theatre is the place where maximum time is spent, the refreshing activities must be considered. It is always ideal that anaesthesiologists along with surgeons should make team and practice healthy workouts.

Financial counselling:

Provide financial counselling services to address economic stressors, supporting anaesthesiologists in managing their financial well-being. It is important that one should get financial freedom. Proper financial goal is important. The stress contributing for this is to high fees in medical education especially for the postgraduation and super speciality. [21-24]

Leadership training:

Offer leadership training to managers and supervisors, enhancing their ability to support and manage their teams effectively. Leadership plays a critical role in creating a positive work culture. The anaesthesiologist has a major role in administrative aspect in operation theatre. Unfortunately, such leadership training is not given or included as a part of curriculum. The national bodies must consider this part as part of masters in anaesthesiology.

Promoting a positive work culture:

Foster a positive work culture that emphasizes collaboration, communication, and support. Addressing issues promptly and promoting teamwork contributes to an overall healthier work environment. It is not uncommon that the conflicts between surgeons and anaesthesiologists.

Making the surgeons to understand and team approach is the best way to make positive work culture at the operation theatre.

Conclusion:

Burnout among anaesthesiologists is a complex issue arising from a combination of factors such as high workload, lack of control, and challenges in achieving a work-life balance. The demanding nature of the profession contributes to emotional exhaustion and depersonalization, affecting individual well-being. Individual-focused interventions, including resilience training and mental health support, are crucial, but organizational changes such as workload management and promoting a positive work culture are equally vital. Recognizing the interconnected mechanisms, healthcare institutions and policymakers must collaborate to create environments that prioritize the well-being of anaesthesiologists. The high incidence of burnout underscores the need for ongoing research, awareness, and proactive interventions to ensure the sustained health and job satisfaction of these indispensable healthcare professionals.

References:

- 1. Shetti AN, Karigar SL, Mustilwar RG. Assessment of Job Satisfaction and Quality of Life among Practicing Indian Anesthesiologists. Anesth Essays Res. 2018 Apr-Jun;12(2):302-308.
- 2. Sousa ARC, Mourão JIB. Burnout em anestesiologia [Burnout in anesthesiology]. Braz J Anesthesiol. 2018 Sep-Oct;68(5):507-517. doi: 10.1016/j.bjan.2018.04.002. Epub 2018 Jul 17
- 3. Romito BT, Okoro EN, Ringqvist JRB, Goff KL. Burnout and Wellness: The Anesthesiologist's Perspective. Am J Lifestyle Med. 2020 Mar 15;15(2):118-125.
- 4. DeZee KJ, Byars LA, Magee CD, Rickards G, Durning SJ, Maurer D. The R.O.A.D. confirmed: ratings of specialties' lifestyles by fourth-year US medical students with a military service obligation. Fam Med. 2013;45:240-246.
- 5. Maslach C, Jackson SE, Leiter MP. Maslach Burnout Inventory Manual. 3rd ed. Palo Alto, CA: Consulting Psychologists Press; 1996.
- 6. Wong AVK, Olusanya O. Burnout and resilience in anaesthesia and intensive care medicine. BJA Educ. 2017;17:334-340.
- 7. Afonso AM, Cadwell JB, Staffa SJ, Zurakowski D, Vinson AE. Burnout Rate and Risk Factors among Anesthesiologists in the United States. Anesthesiology. 2021 May 1;134(5):683-696.
- 8. Moss M, Good VS, Gozal D, Kleinpell R, Sessler CN: A Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Health-care Professionals. A Call for Action. Am J Respir Crit Care Med. 2016;194(1):106–113.
- 9. van der Wal RA, Bucx MJ, Hendriks JC, Scheffer GJ, Prins JB: Psychological distress, burnout and personality traits in Dutch anaesthesiologists: A survey. Eur J Anaesthesiol. 2016;33(3):179–186.
- 10. Shams T, El-Masry R: Job Stress and Burnout among Academic Career Anaesthesiologists at an Egyptian University Hospital. Sultan Qaboos Univ Med J. 2013;13(2):287–295.
- 11. Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, Mata DA: Prevalence of Burnout Among Physicians: A Systematic Review. JAMA. 2018;320(11):1131–1150.

- 12. Lapa TA, Madeira FM, Viana JS, Pinto-Gouveia J. Burnout syndrome and wellbeing in anesthesiologists: the importance of emotion regulation strategies. Minerva Anestesiol. 2017 Feb;83(2):191-199.
- 13. Sousa ARC, Mourão JIB. Burnout em anestesiologia [Burnout in anesthesiology]. Braz J Anesthesiol. 2018 Sep-Oct;68(5):507-517. doi: 10.1016/j.bjan.2018.04.002. Epub 2018 Jul 17
- 14. van der Wal RAB, Wallage J, Bucx MJL. Occupational stress, burnout and personality in anesthesiologists. Curr Opin Anaesthesiol. 2018 Jun;31(3):351-356.
- 15. van der Wal RA, Bucx MJ, Hendriks JC, Scheffer GJ, Prins JB. Psychological distress, burnout and personality traits in Dutch anaesthesiologists: A survey. Eur J Anaesthesiol. 2016 Mar;33(3):179-86.
- 16. Prins DJ, van Vendeloo SN, Brand PLP, Van der Velpen I, de Jong K, van den Heijkant F, Van der Heijden FMMA, Prins JT. The relationship between burnout, personality traits, and medical specialty. A national study among Dutch residents. Med Teach. 2019 May;41(5):584-590.
- 17. van Vendeloo SN, Prins DJ, Verheyen CCPM, Prins JT, van den Heijkant F, van der Heijden FMMA, Brand PLP. The learning environment and resident burnout: a national study. Perspect Med Educ. 2018 Apr;7(2):120-125.
- 18. Meretoja O.A. We should work less at night. Acta Anaesthesiol Scand. 2009;53:277–279.
- 19. Kinzl J.F., Traweger C., Trefalt E., et al. Work stress and gender-dependent coping strategies in anesthesiologists at a university hospital. J Clin Anesth. 2007;19:334–338.
- 20. Afonso A.M., Diaz J.H., Scher C.S., et al. Measuring determinants of career satisfaction of anesthesiologists: validation of a survey instrument. J Clin Anesth. 2013;25:289–295.
- 21. Berger B, Cungi PJ, Arzalier S, Lieutaud T, Velly L, Simeone P, Bruder N. Incidence of Burnout Syndrome among Anesthesiologists and Intensivists in France: The REPAR Study. Int J Environ Res Public Health. 2023 Jan 18;20(3):1771.
- 22. De Oliveira G.S., Chang R., Fitzgerald P.C., Almeida M.D., Castro-Alves L.S., Ahmad S., McCarthy R.J. The Prevalence of Burnout and Depression and Their Association with Adherence to Safety and Practice Standards: A Survey of United States Anesthesiology Trainees. Anesth. Analg. 2013;117:182–193.
- 23. Vargas M, Spinelli G, Buonanno P, Iacovazzo C, Servillo G, De Simone S. Burnout Among Anesthesiologists and Intensive Care Physicians: Results From an Italian National Survey. Inquiry. 2020 Jan-Dec;57:46958020919263.
- 24. Yetneberk T, Firde M, Eshetie D, Tiruneh A, Moore J. The prevalence of burnout syndrome and its association with adherence to safety and practice standards among anesthetists working in Ethiopia. Ann Med Surg (Lond). 2021 Sep 3;69:102777.
- 25. Greenwell S.K. Stress in trainee anaesthetists. Anaesthesia. 2000;55:203–205.

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