

Stress in Anesthesiologists: A Review

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ABSTRACT

Anaesthesia has emerged as one of the most stressful branches owing to the work it involves like emergency, critical care and other difficult patient situations. This occupational stress leads to the development of burnout syndrome among the anesthesiologists. This is characterized by emotional exhaustion, depersonalization and lack of personal accomplishments resulting in medical errors and deterioration of performance. A vast amount of literature is available listing the various causes of this syndrome. Appropriate stress managing strategies are advocated to reduce the stress sources.

Keywords: Stress, Anesthesiologists, Anaesthesia

INTRODUCTION

There are several branches of medicine that are associated with a considerably high risk of psychological stress¹. Anaesthesia as a branch to practice is one of them. The work profile of anaesthetist includes areas such as delivering anaesthesia to patients in the operation theatre, emergency and critical care, management of acute and chronic pain. In the educational institutes there is an added responsibility of teaching, research and administration. Moreover in the recent times, the COVID- 19 pandemic has been a major contributing factor to the stress. The need of anesthesiologists has been greatly felt during these tough times and there has been an overburden of work, leading to stress.

A certain amount of stress when handled with a proper cognitive approach

can have beneficial effects and improve one's ability to face challenges². But an extreme level of stress will affect the physicians' physical and mental well being³ and can lead to a psychological syndrome called burnout⁴.

BURN OUT SYNDROME

Burnout syndrome is defined as emotional exhaustion, depersonalization and lack of personal accomplishments⁵ occurring in response to chronic occupational stress. It has a prevalence of about 50% in the medical population⁶. It occurs commonly in the anesthesiologists and is associated with adverse patient outcomes and increased medical errors affecting physician's professionalism⁷. Lack of appropriate support from the health care system is an important contributing factor. The presence of burnout leads to relationship impairment among the team members and this leads to decreased work quality. Further it also leads to the development of major depression and substance abuse among the physicians. Thus it is a serious matter concerning the performance and well being of the healthcare worker and affecting the patient care.

REVIEW OF LITERATURE

A study⁸ was conducted in which questionnaires were used to study the burnout syndrome and it showed low job satisfaction in 47.7% and depersonalization in 48.5%. The prevalence was found to be 10.4% and occurred mainly among men

(64.2%). There was no difference between married and unmarried doctors.

Kain et al⁹ reported that many anesthesiologists have symptoms of chronic stress, sources of which include competence related factors, production pressures, long and odd working hours, including night calls, fear of litigation, financial uncertainty and interpersonal relationships.

Lindfors et al¹⁰ found that one in four anesthesiologists seriously thought of committing suicide some time or the other with higher incidence in people with poor health, low social support, and family problems. Various factors are found to be held responsible for professional burnout in anesthesiologists. Sleep deficit, night on call duties, irregular working hours due to the emergency cases leads to irregular sleep patterns.

Hawton et al¹¹ in their study found that there was a higher rate of suicide in female doctors than males and that anesthesiologists along with psychiatrists, general practitioners had higher suicide rates than the other specialists. Anesthesiologists working in teaching hospitals have better working conditions, more OT room assistance and better academic environment resulting in better job satisfaction as compared to those working in community hospitals.

The Australian anesthetic incident monitoring study has shown that quality of anesthetic assistance is associated with both the development and resolution of critical incidents¹². From 5837 reports, adequate assistance contributed in 187 cases while skilled assistance in 808 cases minimized the incidents.

Jenkins and Wong¹³ in their study found that the senior Canadian respondents got higher regards from surgeons in comparison to the younger ones. In a Californian study, 96% anesthesiologists had great working relationships with surgeons, but slightly over half did not believe that surgeons understand the risk of anaesthesia. Surgeons pressurize to proceed

with cases despite high risk and this hastens anesthetic procedures leading to stress.

De Oliveira Jr et al¹⁴ conducted a study on US residents and found an association between burnout and low quality of care delivered (more medication errors and/or a lower rate of best practice in anesthesiology). They also reported that high workload (70 hours/week) is associated with a higher incidence of burnout and depression.

Nyssen et al¹⁵ reported that the main sources of stress described by anesthesiologists were the lack of control overtime management, their busy work plan, the complexity of clinical tasks, and the huge sense of clinical responsibility.

Portuguese anesthesiologists found that the main factors generating stress were strained professional relationships, unskilled leadership by superiors, work overload, indiscipline of surgeons, lack of adequate work conditions and technically challenging situations¹⁶.

Brazilian anesthesiologists reported that working night shifts was the most frequent feature of anesthesiologists classified with burnout syndrome¹⁷. The work related predisposing conditions in anesthesiology may be due to the reduced interaction with patients and their families.

There has been a relationship between the work pattern and the time management in the occurrence of burnout syndrome. Downey et al found lower risk of burnout in anesthesiologists with academic practice as compared to those working in the private setting¹⁸ and Rui et al showed a higher risk of burnout in those working in urban and large scale hospitals.

BEATING BURNOUT SYNDROME

The first step is to accept the fact that stress is not a sign of weakness. Stress can affect any human being and we as doctors are no exception. We have to recognize the nature and cause of stress and develop strategies to cope with it. Personal and family time is very important. Appropriate stress management skills

should be promoted like counseling in the training of all junior anesthesiologists to combat stress. Duty hours for both day and night shifts should be adequately defined. There should be vacations at regular intervals so that the anesthesiologist can de-stress. Workshops must be conducted at regular intervals educating about the strategies to beat stress.

CONCLUSION

There is a high prevalence of burnout syndrome in anesthesiologists. Mostly the factors involved are work overload, long erratic working hours, on call night duties, poor social life. Multiple studies have been conducted so far over the years and a significant amount of literature is available listing the possible causes of stress among anesthesiologists. However, the key is identifying the problem and accepting it. Stress coping strategies must be promoted and the health care officials must motivate each other and develop a friendly and healthy work environment.

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