Editorial

Burnout syndrome – A professional hazards of Anaesthesiologists

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Anaesthesiologists are constantly working in a high-fidelity, high-stakes environment.[1]It is due to long working hours, sustained vigilance, the unpredictability of stressful situations, fear of litigation, team work and production pressure.[2] Chronic exposure to these stressors can lead to burnout syndrome.[3]

The most widely accepted model that defines the syndrome of burnout isMaslach Multidimensional Theory of Burnout. According to the theory burnout has three dimensions: exhaustion, distancing or depersonalisation, and reduced personal accomplishment.[4]

Burnout has been identified as an occupational hazardin the medical field.[3,7,8] Embriaco et al[9] found a high level of burnout in 46.5% physicians working in intensive care units. Fields et al[10] reported that 36% of paediatricintensivists were at risk of burnout, while 14% had burnt out.Burnout has been well documented in anaesthesiology.[2,3,11-16] Morais et al[12] assessed stress and burnout in Portuguese anaesthesiologists and found that 57.9% experienced emotional exhaustion, 44.8% a lack of personal accomplishment and 90.9% depersonalisation. Kluger etal[17]measured burnout in Australian anaesthesiologists and found 20% experienced high levels of emotional exhaustion, 20% high levels of depersonalisation and 36% low levels of personal accomplishment.

Most of the researches revealed that younger employeesare more prone to high levels of burnout. Nyssen et al[18] studied 151 doctors working in anaesthesia and found the highest rate of burnout was in young trainees under 30 years of age. Gender has not been shown to be a strong predictor of burnout.[4]

Burnout has been associated with work overload, in other words, increased job demand in the available time in which to produce results.[16] The interaction between the individual and his or her set of surroundings has been found to play an important role in burnout.[4]Conflicts between supervisors and colleagues have also been seen as a cause of burnout.[4] Kluger et al[17] found that improving interpersonal relationships decreased burnout levels in Australian anaesthetists. Several studies noted lack of job resources, most notably social support, is linked to increased levels of burnout.[4,8,9,11,13]It has also been found that burnout levels are higher among employees having little participation in decision-making.[4]

Burnout and stress have physical, psychological and behavioural effects. The fight-or-flight response is activated each time a person is stressed.13 The effects of long termincreases in cortisol and disturbances in other hormonalpath ways (hypothalamic-pituitary-adrenal axis and reninangiotensin-aldosterone system) have been linked to most of the clinical symptoms seen in burnout.19Increased risk of cardiovascular disease (hypertension and atherosclerosis), sleep disorders, immune compromise, gastrointestinal tract disturbances, fatigue and acceleratedageing all correlate with increases levels of stress andburnout.[13,14,20] Consequences of burnout are legion, including, but not restricted to, reduced productivity, absenteeism, poor turnover and reduced patient safety.[3,4,13,17]

Rate of suicide, twice as high as that of the general public, 21 and the elevated incidence of chemical-dependence[13,22] among anaesthesiologists, is a major cause of concern. The Professional Wellbeing Work Party (PWWP) of the World Federation of Societies of Anaesthesiologists (WFSA)found that 90% of its members considered burnout to be a significant problem, but only 14% had developed any kind of coping strategy with which to manage it.[23] Maslach

et al6 noted that stress results from workload, control, reward, community, fairness and values. Some of these areas are not under the physician's direct control, e.g. workload. This emphasises the involvement of management in alleviating stress and burnout in the workplace, as a reduction in case loads and after-hour calls can positively affect the situation.[9]

Changing working conditions, managing interpersonal conflict, improving work organisation (e.g. the presence of skilled assistance in theatre) can reduce burn out scores in anaesthetists.9,24Most studies have focused on educational interventions to enhance individuals' capacity to cope and thus improveburnout.4Isaksson et al25 carried out a cohort study on185 doctors, followed by a self-reported assessment one year later, and found that short-term counselling could contribute to a reduction in emotional exhaustion. Peterson et al26 conducted a randomised controlled trial, with peer-support groups on 151 healthcare workers using a problem-based method, and found peer-support groups to be a useful and inexpensive way of decreasing stress and burnout in the workplace. Time away from work has also been identified as acontributor to burnout reduction. 27 Jackson13 discussed the benefits of "self-care" which comprises physical activity, nutrition and meditation, which enhance well-being and resilience as away of promoting longevity and stress relief. A population based survey on 474 physicians working in paediatriccritical care, showed that routine exercise was associatedwith lower burnout scores.10

Job environment or organisation must be seen as a modifiable factor. It has been found that organisational factors play a greater role than individual factors in causing burnout. Individual strategies fall short of their goal because in the workplace, a person has much less control over stressors, compared to other aspects of his or her life. Effective change occurs when both individual and organisational factors areaddressed.[4]

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