



ARTICLE OF THE MONTH

Burnout Rate and Risk Factors among Anesthesiologists in the United States

Anoushka M. Afonso, MD, Joshua B. Cadwell, MBA, MS, Steven J. Staffa, MS, David Zurakowski, PhD, Amy E. Vinson, MD

Anesthesiology 2021; 134:683-96

Welcome to another session of Article of the Month, October 2021. This month's featured article is "Burnout Rate and Risk Factors among Anesthesiologists in the United States" by Anoushka M. Afonso, M.D., Joshua B. Cadwell, M.B.A, M.S., Steven J. Staffa, M.S., David Zurakowski, Ph.D., Amy E. Vinson, M.D. *Anesthesiology* 2021; 134:683-96. The commentary is provided by Dr Mae Ling Chu Yap. As the pandemic rages on, multiple organizations, including the ASA, have made available resources for physicians well-being. Please follow the link to the ASA resource page <https://www.asahq.org/wellbeing>.

As always, we encourage our readers' input on this topic on the SNACC [Twitter](#) feed, or on [Facebook](#).

-

Oana Maties, MD, Shilpa Rao MD, Amie Hoefnagel, MD and Nina Schloemerkerper, MD..

Dr Mae Ling Chu Yap Biographical sketch

Dr Mae Ling Chu Yap is an assistant clinical professor in the Department of Anesthesiology and Perioperative Care at University of California San Francisco Medical Center. Dr Yap has completed her anesthesia training in Australia before relocating to San Francisco in late 2016. Her interests include neuroanesthesia, regional and airway anesthesia. She also serves on the departmental faculty well-being committee.

Commentary

Dr Mae Ling Chu Yap

Assistant Clinical Professor

Department of Anesthesiology and Perioperative Care

University of California San Francisco Medical Center

It has been recognized that burnout is more common in physicians than in the general population¹. Physician burnout has been associated with a decrease in quality of life, physician health, patient satisfaction and quality of care leading to unprofessional behavior and increased medical errors.² Anesthesiologists are particularly susceptible to having at least one symptom of burnout, possibly related to the intensity of their work. In addition, the COVID-19 pandemic has also had an impact by increasing the rate of burnout as anesthesiologists are often at the front lines of this pandemic.

Burnout is characterized by emotional exhaustion and depersonalization, and can lead to a higher risk of developing burnout syndrome. Burnout syndrome is a triad of emotional exhaustion, depersonalization, and low sense of personal accomplishment. This combination is debilitating and can lead to long term harm.

The authors of this study conducted a large, nationwide study of anesthesiologists in the United States to improve understanding and identification of specific risk factors for burnout and burnout syndrome, to potentially guide preventative strategies in the future.

Here is a summary of the independent factors associated with Burnout and Burnout Syndrome:

- Working more than 40 hours/week
- Perceived staffing shortages
- Perception of a low or moderate level of support at work
- Perception of a low or moderate level of support at home
- Not having someone to talk to about concerns at work
- Age younger than 50 years
- Identifying as underrepresented on the basis of LGBTQIA+ status
- Hospital-based private practice environment

Actionable Interventions to Ameliorate Burnout

The results of this study suggest that feelings of support (in mentorship, at work, and at home) are the most critical factors associated with well-being, with an odds ratio of 10 for developing burnout syndrome with low perceived levels of support at work. Therefore, intervening at the workplace would be an effective way to decrease burnout and burnout syndrome. The culture of a workplace is directly linked to leadership, and as physicians, we all assume leadership roles. "Put simply, leadership drives culture, culture drives burnout, and burnout affects patient care."

Therefore, by fostering a culture of support from the individual up, organizations can lower the risk of burnout, and prevent burnout syndrome. This requires transparency and repeated feedback from people at every organizational level. Care must be taken to ensure that providing feedback will not have any negative outcomes for the individual. Changes made should be assessed for effectiveness, and if deemed ineffective they should be modified to better fit the workplace.

These are some recommendations published by a recent study that describes interventions at the policy, institutional and personal level to help prevent burnout and burnout syndrome.³⁻⁵

Policy Level

- Systemic destigmatizing of mental health care/substance abuse
 - o Create a culture where anyone who needs help gets help with no barriers or fear of career impact, time constraints, or ability to pay
- Educational debt reform
- Legal protection for peer support from discoverability
- Expanded medical malpractice protection to reduce fear of litigation or medical liability

Institution Level

- Peer support programs
- Electronic health record optimization by acting with active clinicians to identify deficiencies

- Emphasis on mentorship
 - Mentorship meetings should incorporate both work and life factors of the individual
- Ensure free and anonymous access to mental health resources
- Promote a culture of equity across colleagues, physician wellness and advocate for physicians aspiring to hospital leadership
- Provide education and resources for methods proven to improve wellbeing (mindfulness training, coaching, conflict resolution training)
- Foster physical fitness by on-site availability of exercise equipment, stipends for fitness memberships and encouraging activity by community-building events and challenges

Personal Level

- Mindfulness
- Stress reduction training
- Optimum nutrition
- Physical activity

As anesthesiologists, we are at a high risk of burnout especially under the continued threat of the COVID-19 pandemic. Hopefully, the combination of policy, institution, and personal level interventions will lead to decreased burnout and increased engagement in anesthesiologists.

References

1. Shanafelt TD, West CP, Sinsky C, Trockel M, Tutty M, Satele DV, Carlasare LE, Dyrbye LN: Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2017. *Mayo Clin Proc* 2019; 94:1681–94
2. de Oliveira GS Jr, Chang R, Fitzgerald PC, Almeida MD, Castro-Alves LS, Ahmad S, McCarthy RJ: 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; 117:182–93
3. Khan A, Vinson AE: Physician well-being in practice. *Anesth Analg* 2020; 131:1359–69
4. Gafsou B, Becq MC, Michelet D, Julien-Marsollier F, Brasher C, Dahmani S. Determinants of Work-Related Quality of Life in French Anesthesiologists. *Anesth Analg*. 2021 Oct 1;133(4):863-872
5. National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. Washington (DC): National Academies Press (US); 2019 Oct 23. PMID: 31940160.