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EDITORIAL

Occupational wellbeing in anaesthesiologists: *its relationship with educational methodology*



Bem-estar ocupacional em anesthesiologistas: *sua relação com a metodologia educacional*

The time has come! It is time that anaesthesiologists wake up to the pressing need of work satisfaction and positive balance in life. Through various initiatives by WFSA (Professional Wellbeing Committee), ASA (Committee on Occupational Health) and SBA/CLASA, anesthesia societies all over the world are trying to create awareness on the Burning Issue of wellness at work.

“With present interest in Weingology, that is the science of studying well-being, a term coined by the authors in an earlier chapter on Occupational Wellbeing, the present editorial is an attempt by the Professional Wellbeing Committee at WFSA to identify with Occupational Wellbeing. In the second section of this editorial, we discuss the role of educational methodologies in reducing stress and promoting wellness at work.

Occupational wellbeing maybe defined as a state of high job satisfaction and fulfillment at work. It is characterized by a positive job engagement and availability of adequate resources to cope with stressful situations. A sweet integration of work with personal life that provides a good balance and personal satisfaction can lead to an enhanced overall wellbeing.

However, it is getting extremely difficult to provide a work environment that is completely free from physical and mental stress. Exposure to physical agents like radiation/lasers/theater noise/anesthetic gases, risk of exposure to infections/contaminations, working in hostile environments can all cause stress and affect the occupational wellbeing.

Some of the most stressful factors as perceived by anesthesiologists themselves are: lack of control over their workday, jeopardized family life, medical and legal aspects, communication problems and clinical problems. Other factors also reported are: work standards, management of critical patients, crisis management, dealing with death, problems related to work pattern (organizational), administrative responsibilities, personal conflicts, conflicts in

professional relationships and conflicts outside the work environment. Among anesthesiology residents, some of the main concerns are managing critical patients, dealing with patients’ deaths and balancing personal life with professional demands.

Lack of occupational wellbeing may manifest as lack of interest in work, absenteeism, dissatisfaction, low-quality work, possibility of medical malpractice (which may occur through negligence and result in legal problems). All these situations denigrate the professionals image and may sometimes result in career abandonment, premature retirement and, in extreme cases, civil or criminal issues that can even lead to suicide.

Failure in maintaining a healthy relationship with children, disruption of family life, substance abuse, depression, physical and mental impairment are some of the social consequences. Also, worth mentioning here is the fact that not only the external factors, but individual coping mechanisms and personality traits also determine the stress response from different individuals when faced with similar stressful situations. Primary personality traits like idealism, perfectionism, timidity, insecurity, emotional instability and inability to relax can all weaken the coping ability to stress. Negative factors like inadequate or lacking strategies to deal with stress, disappointed expectations/negative experiences, inadequate support due to a lack of social relationships/partnerships, lack of patient gratitude for medical care provided, risks of litigation can also affect our occupational wellbeing.

Hence, what we need at the individual level is the development of well functioning coping strategies. We have to train ourselves in identifying stressful factors at work. Next step can be to identify areas which we can modify to mitigate the stress effects. Development of positive job traits during anesthesiology training can also contribute toward a healthy, motivated anesthetist of tomorrow.

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As a result of many factors including the high stresses encountered in the typical operating room, the emotionally debilitating consequences of being involved in a perioperative catastrophe, the increased fatigue of long work hours, and a myriad of personality factors often found in physicians choosing anesthesiology as a specialty, anesthesiologists are at high risk for burnout. Without coping mechanisms of both a personal and institutional nature in place, the physician with unrecognized burnout is at risk of suicide and abuse of pharmaceutical agents as a form of self-medication. In spite of strong evidence that burnout takes a tremendous toll on anesthesiologists throughout the world, a previous WFSA survey of national anesthesia societies by the Committee on Physician Wellness indicated few had taken even minimal steps for developing methods for active intervention to break the un-wellness cycle in their at risk members.

The first step in promoting wellness among anesthesiologists is to gain recognition that a problem exists. Self-denial is a major problem in deferring individual physicians from seeking help, as well as the fear of being labeled as weak or unfit by colleagues. However, significant denial also exists in colleagues who are un-willing to recognize or report a fellow physician in trouble. In order for the medical community to effectively deal with the impaired physician, we need to leave judgmental attitudes behind and understand that active intervention will not only help the physician at risk but also the patients who are being treated by that impaired physician. Turning a blind eye to a physician in need is a direct violation of our oath to allow no harm to come to our patients. The medical literature abounds with reports of the erosion of patient safety and the increases in medical errors associated with the burned out and impaired physician. In order for the anesthesia community to embrace this need for non-judgmental reporting of the impaired physician, an attitude change is needed within our medical communities and structured protocols are needed within our institutions allowing confidential reporting, with rapid and effective intervention to promote wellness.

The other key step to prevent physicians from sliding down the steep slope to burnout, suicide and addiction is to make them self-aware and internally perceptive of the stresses that they are under. Teaching coping techniques to alleviate the impact of the stresses on their emotional well-being can be key in preventing an individual from sliding to the bottom of that slippery slope of depression and burnout. Life techniques of eating and drinking properly, getting physical exercise, having good sleep habits, and maintaining a social balance with family and friends will all contribute to preventing un-wellness from destroying an anesthesiologists life.

The great key feature needed in preventing an addicted anesthesiologist from being a mortality statistic, is an active rehabilitation process supported by the medical community. As physician healers, who better to be in charge of our own well-being? Once rehabilitation has occurred, depending of the form of addiction, the anesthesiologist may either re-enter the medical profession in anesthesiology or be retrained in some other area. The key point is that the training and expertise of the anesthesiologist need not be lost but rather utilized and perhaps redirected for the benefit of both the anesthesiologist and society.

In this way the American Joint Commission – “Sentinel Event Alert” urges greater attention to preventing fatigue and its consequences (Burnout Syndrome, Chemical Dependence, Suicidality, etc.) among health care workers and they suggest specific actions for health care organizations in order to mitigate these risks. The purpose of “Sentinel Event Alert” is to address the effects and risks of an extended work day as well as the cumulative effect of many days of extended work hours. The Joint Commission Alert makes a number of recommendations for health care organizations, such as medical schools, medical training centers, public and private hospitals, national and regional societies, insurance institutions and others. The specific recommendations include:

1. Assess fatigue-related risks such as off-shift hours, consecutive shift work and staffing levels;
2. Examine processes when patients are handed off or transitioned from one caregiver to another, a time of risk that is compounded by fatigue;
3. Seek staff input on how to design work schedules that minimize the potential for fatigue and provide opportunities for staff to express concerns about fatigue;
4. Create and implement a fatigue management plan that include scientific strategies for fighting fatigue such as engaging in conversation, physical activity, strategic caffeine consumption and short naps;
5. Educate staff about good sleep habits and the effects of fatigue on safety of surgical patients;
6. Determine fatigue-related risks such as off-shift hours, consecutive shift work and staffing levels;
7. Examine processes when patients are handed off or transitioned from one caregiver to another, a time of risk that is compounded when fatigue exists;
8. Seek staff input on how to design work schedules that minimize the potential for fatigue and provide opportunities for staff to express concerns about fatigue;
9. Create and implement a fatigue management plan that includes scientific strategies for fighting it such as engaging in conversation, physical activity, strategic caffeine, consumption and short naps;
10. Educate staff about good sleep and the effects of fatigue on patient safety.

The Professional Committee of WFSA strongly recommend the reading of the e-book “(free downloaded from de Home Pages of the World Federation of Anesthesiologists WFSA), of the Latin-American Confederation of Anesthesiologists Societies (CLASA) and Brazilian Society of Anesthesiology (SBA).

To conclude, we need to be more aggressive in formatting medical education regarding the occupational health risks of physicians, specifically in anesthesiologists, which can harm their health and wellbeing. Moreover, it has been well documented that these risks to anesthesiologists can represent serious consequences for the surgical patient safety.

National policies to prevent and handle the burnout syndrome and related pathologies in health care professional also must be developed through the Programs of Medical Continuing Education Programs.

Conflicts of interest

The authors declare no conflicts of interest.

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