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Burned Out Anesthesiologist: Practice Competence and Colleagues

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Stem Case and Key Questions Content

Over the last few years Nicholas, one of our anesthesiology faculty, has been doing primarily high profile case assignments (mostly ASA III and above patients) and taking a significant amount of overnight call assignments. He has been extremely helpful and attentive to his colleagues, patients, needs of the Anesthesiology Department, and requests of the surgeons. Nicholas has been known as an outgoing person who is jovial and friendly with members of the department and OR staff. Over the last two months, however, he called out sick a few times. His passion for mountain skiing and spending time outdoors is well-known to the department, but he has almost stopped talking about these activities over the past six months. He has stopped teaching residents and there has been no further development in his research project. It was noted by several members of the OR team that Nicholas is becoming overly argumentative with surgeons and nurses. His rapport with recovery room staff is now far from perfect. Nicholas was overheard complaining that he is “working very long hours”, “surgeons have become more and more demanding and capricious”, and he “needs to get a good rest from all of it”. He even expressed that he is dissatisfied with his career choice, and that he is “considering quitting all this once and for all and looking for a place in healthcare administration”, complaining that sometimes he feels that his patients are like impersonal objects who only remember their surgeons.

1. What happened to Nicholas? What went wrong with Nicholas' career and his professional practice?
2. Do you see symptoms of substance abuse, depression or personality disorder? Or is he just simply tired and burned out?
3. What might be different in Nicholas' behavior if his problems were due to substance abuse, depression, or other psychiatric illness?
4. How we can help him? Is this fixable?
5. What is the role of the Department, either chief or colleagues or both? How is burnout managed and to what extent is Nicholas' situation the Department's responsibility? Can the department interfere?
6. What we can do to prevent burnout in ourselves?

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The Chairman Dr. Dee asks you, a member of Clinical Practice Committee, to look into Nicholas' problem. You find out that Nicholas' narcotic record-keeping is excellent and his patient narcotic usage is not out of the ordinary. You decide to approach Nicholas to ask him about his problems and offer your help. He is asked to meet with you today.

1. Is it appropriate to approach Nicholas regarding your concerns? Or should we just let him leave? If so, should we offer to let him resign, or offer him help before he leaves the practice?
2. If you decide to talk to him, how would you start the conversation?
3. Can you ask him about his personal life? Is it appropriate to ask personal questions and, if yes, to what extent?
4. Should you bring one of your colleague anesthesiologists with you to the meeting or meet with Nicholas alone?
5. Describe the setting for the meeting. Is it better to meet in an informal atmosphere? How about inviting him to a bar?

You decided to meet with Nicholas at the hospital cafeteria and your colleague anesthesiologist Dr. Viola kindly agrees to accompany you. Nicholas tells you that he has no specific stressors in his life, but he is concerned that he has not yet been able to meet that "special someone". Mountain skiing had become boring for him over the last couple of years so he lost interest. He says he is extremely tired, and despite his insistence that he still has a passion for anesthesiology and critical care, he complains that work has become a routine and he is "desperate for a change". At the end of the conversation you asked Nicholas if he has specific problems with any members of the anesthesia team. Nicholas takes a big sigh and admits that one of his colleagues constantly makes derogatory comments and has tried to bully him about case distribution, next day assignments, and scheduling time off.

1. What advice we can give to Nicholas? Should we just leave him alone to cope?
2. Is he at risk for clinical incompetency or substance abuse?
3. What if anything would you report to Dr. Dee? What would be your recommendations?
4. If Nicholas asks for advice, what will you say?
5. Should you find out who is allegedly bullying Nicholas or does he need to deal with it on his own? Would you report this problem to Dr. Dee?
6. If you were a Department Chair, how would you treat Nicholas?

Model Discussion Content

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and

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prolonged stress. It occurs when one feels overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place (1).

For many years, employers and entrepreneurs have realized that on-the-job factors significantly affect workers' ability to perform their duties appropriately and to be productive and successful. Burnout is a known concern for many large companies and corporations in terms of staff rotation and retention. The epidemic of burnout has spread around the world, and this epidemic did not leave healthcare, especially critical care specialties, untouched. A number of studies have been done regarding burnout in medical professionals. Significantly higher burnout rates have been found among Emergency Medicine physicians, anesthesia providers, and obstetricians (2, 3, and 6). The high incidence of burnout was recently reported among anesthesiology residents and academic chairpersons (4, 5, and 6), with burnout and job dissatisfaction on the rise. Individual factors, stress, family issues, separation from a significant other, and lack of supportive community are all reported, which can lead to depersonalization, exhaustion and finally to inefficacy, poor clinical and academic performance, and presenteeism.(4,6)

Burnout can be easily mistaken for substance abuse, depression or personality disorder. Key features of depression and substance abuse can include persistent sadness, anxious mood, hopelessness, quietness, aloofness, restless irritability, feelings of guilt and worthlessness, disinterest in work-related activities, sleep problems, and medical errors. The same signs and symptoms may be present in case of burnout (7). However, in the case of burnout the symptoms are job-site related and more about dissatisfaction, rather than hopelessness and withdrawal, as is in cases of substance abuse and/or depression. Burnout is about not enough. Being burned out means feeling empty and devoid of motivation, and beyond caring. Physicians experiencing burnout often don't see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is like being all dried up. There is one other difference between stress and burnout: while you are usually aware of being under a lot of stress, you don't always notice burnout when it happens (8, 9).

Many large corporations have established special programs to prevent burnout and to provide help to those who have fallen victim to it. This approach seems to be missing in the field of Anesthesiology. Every department needs to assume a certain responsibility for its members. In some departments a Clinical Practice Committee takes the lead. The department can help by establishing a fair system for case assignments, on-call schedules, and vacation distribution, and by enforcing mutual respect and a collegial environment.

Prevention of emotional exhaustion is probably the best way to prevent burnout. Utilizing recommendations initially developed for commercial pilots and flight attendants (1) and modified for Emergency Room physicians (10), we can make recommendations for Nicholas. To alleviate and to prevent further burnout we can advise him to:

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1. Balance stress and recovery to achieve best performance

When feeling emotionally exhausted, push yourself beyond your ordinary limits and regularly seek recovery, and you will grow. This is similar to lifting weights at the gym: when tired, push a little more every day.

2. Create a ritual of disconnecting

New technologies such as Blackberries and social networking tools (e.g. Facebook), make it easy for us to never truly disconnect. For many it is not unusual to bring work phones and laptops on vacation, and check e-mails and take phone calls the entire time. This is a socially-sanctioned but faulty “live life as a long distance runner” logic.

3. Create healthy breathing, eating, sleeping, and exercising habits

Breathing: This is an easy way to relax and prevent burnout throughout the day. Make a habit of breathing in to a count of three and out to a count of six, for several minutes.

Eating: Eat small meals at regular intervals (five to six times a day is recommended), in amounts that are satisfying (not over- or under-filling).

Sleeping: Get 7-8 hours of sleep per night.

Exercising: Work out, and add or keep some form of sports or training in your routine.

Simple things like exercise, a hobby, and availability of significant others would be the best advisable preventers of burnout (10). The Department's role is to enforce respectful, safe and fair environment at the work place, and to shield members of the department from those who are unfair and abusive. Every time there is a destructive force interfering with job performance, satisfaction, and personal safety, it is in the department's best interest and responsibility to interfere and protect its members.

A meeting with a burned out colleague anesthesiologist can begin with an informal one-on-one assessment of his/her needs, while also taking the needs of the Department into account. The individual's goals can be achieved through a carefully formulated series of questions in order to fully understand any issues that he or she is experiencing. Only then an initial assessment can be made as to what form of stress management help will take. Burned out physicians can be taught the essentials of stress management and shown techniques that will enable them to deal with stress, making it manageable and thereby increasing performance and value to the Department (11).

The importance of bullying and abuse as contributors to burnout cannot be understated. Bullying and abuse are characterized by lack of respect for coworkers. Bullying is sometimes obvious, but abuse can be disguised. More subtle forms of bullying often cause the most damage. Bullying and abuse are responsible for increased absenteeism; lack of workplace motivation and employee satisfaction; increased turnover; and a lack of trust and team building among anesthesia providers. Additionally, bullying can cause serious damage to self esteem and ability to contribute. Bullying can also be responsible for depression, physical illness, and severe emotional trauma (12, 13). It is the Department's duty to listen, to interfere and to be proactive in such cases (14)

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The most obvious tangible benefit of the Department's, Chairperson's and/or colleague's interference is an enhancement of the anesthesiologist's personal productivity, since he/she can then focus their attention on patient care and OR productivity to achieve results more quickly and effectively.

Burnout is a gradual process. It is not caused solely by stressful work or too many responsibilities. What you do in your downtime and how you look at the world can play just as big of a role in causing burnout as work demands. Engage in, develop, explore, or take up a new hobby, or revisit one from your past that you enjoyed. Take time each day to relax, even if it is only for a half an hour (4, 10). Encourage yourself and your colleagues to engage in things that bring joy and relieve stress.

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