Statement on Burnout

Committee of Origin: Quality Management and Departmental Administration

(Approved by the ASA House of Delegates on October 13, 2021)

Prevention of burnout is important for maintenance of physical and mental health. It has many sources, including production pressure, workplace culture, and limited autonomy in the workplace. This results in poor job satisfaction and increases the rates of employee turnover, translating to higher costs for employers and reducing patient access to healthcare. Burnout leads to increased cardiac disease among physicians, including hypertension and coronary disease. A prospective study of more than 90,000 people concluded that those who reported work-related job strain had a 16% increase in relative risk of symptomatic coronary disease while those who reported both job strain as well as effort-reward imbalance had a 41% increase in coronary artery disease relative to those who did not report either. Additionally, markers of abnormal glucose metabolism were found in physicians reporting symptoms of burnout. The risk of burnout is greatest during residency training particularly in the early years with an average rate of 50% significantly increasing risk of both substance abuse and suicide.

Recommendations

1. Physician anesthesiologists and members of the care team should receive training in burnout recognition and countermeasures to minimize its effects.
2. Anesthesiology residency training programs and fellowship training programs should educate, evaluate, and respond to residents in matters of wellness and suspected burnout.
3. Individual physician anesthesiologists must be able to report burnout in themselves or others without fear of disciplinary action by their employer, residency or fellowship program, or healthcare system.
4. Anesthesia and surgical practices, in partnership with hospitals, should identify sources of clinician and staff burnout and institute mitigation efforts.

Background summary of literature

Definition

1. The ICD-11 defines burnout as an occupational “syndrome… resulting from chronic workplace stress that has not been successfully managed." It is characterized by feelings of “energy depletion or exhaustion,” "feelings of negativism or cynicism related to one’s job,” and “reduced professional efficacy." Approximately 45% of physicians across all specialties report at least one symptom of burnout.

Anesthesiologists may experience higher rates of burnout and depression compared to other physician groups: Two-thirds of respondents report at least one element of burnout and demonstrate increased likelihood for depression. Burnout and depression are disproportionately associated with high rates of suicide rates among physicians, residents and even medical students, as compared to the general population.
Clinician burnout impacts patient care, lowers patient satisfaction and increases healthcare costs.\textsuperscript{9} The Federation of State Medical Boards’ Report on Wellness cites a study of 210,000-400,000 deaths associated with preventable errors, a number of which were attributed to burnout and its drivers.\textsuperscript{10,11}

Anesthesiologists are more likely to have personality traits such as perfectionism and self-denial which may make them more susceptible to experience burnout. Overall a number of common underlying causes of burnout include:

1. High expectations in term of quality of care from physicians by patients and the public.
2. High clinician workload and work hours
3. Challenging and traumatic events, including second victim experiences.
4. Situations where an individual may feel their personal safety is at risk, such as experienced in the COVID-19 pandemic.
5. Reduced physician autonomy through indiscriminate application of policies and protocols

**Special Considerations for Residents and Fellows:**

Anesthesiology Residents and Fellows are at greater risk of burnout. The unique rigor s of postgraduate training exacerbate feelings of loneliness and isolation. The high-risk nature of anesthesiology practice, particularly in emergency situations, is a significant source of stress. Resident wellness is directly connected to their practice competence, professionalism, career satisfaction and their quality of care. Junior residents are more susceptible to stress.\textsuperscript{12}

**Measuring burnout:**

Accurate measurement of the extent of burnout is needed to conduct needs assessment, develop appropriate interventions, and establish suitable ongoing monitoring.\textsuperscript{13} Physician wellbeing has the potential to affect workforce stability as well as the quality of care provided.\textsuperscript{14}

There are many tools for assessing burnout. The Maslach Burnout Inventory Human Services Survey for Medical Personnel (MBI-HSS [MP]) and the Wellbeing Index (WBI) are commonly used. While each of these assessment tools have strengths and limitations, the 22-item MBI [MP] and the 9-item WBI are most widely used since they are the most pragmatic.\textsuperscript{15}

**Mitigation strategies**

Few studies have examined the effectiveness of burnout mitigation strategies for anesthesiologists. Most published studies have focused on emergency room physicians and critical care physicians.

**Suggested mitigation strategies include:**\textsuperscript{16}

1. Education about burnout recognition and wellbeing.
2. Regular assessments for early identification, intervention with the provision of a supportive and accepting culture for affected clinicians.
3. Providing counseling, support networks, and resiliency training to affected clinicians.
4. Access to appropriate resources and confidential treatment for those at risk for substance abuse.
5. Limiting work hours to allow clinicians to care for their personal health and provide for work-life balance.
6. Workplace safety, both physical and psychological.
7. Promotion of interdisciplinary teamwork, good communication skills, and shared decision making.
8. Adequate staffing and support for clinicians.
9. Development of peer support groups (PSG).

Targeted mitigation strategies for trainees should be a priority given the higher rates of burnout among junior colleagues, but support for clinicians should also be addressed. The creation and implementation of peer support groups (PSG) has been utilized in Canadian anesthesiology training programs to address each of these unique stressors and others in hopes of preventing, identifying, and mitigating burnout among trainees.17

**Conclusion**
Burnout reduces physicians' quality of life, decreases productivity, worsens patient outcomes, increases physician turnover and is associated with higher employment costs. Fundamentally, burnout should be treated as both an individual and a systems problem.

---
