

Surgeon Burnout: An Alarming Issue

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Burnout is described as an occupational phenomenon in the 11th Revision of the International Classification of Diseases (ICD-11) by World Health Organization. Burnout is a syndrome conceptualized as resulting from chronic workplace stress; characterized by 1) emotional exhaustion 2) depersonalization and 3) reduced professional efficacy.¹ Emotional exhaustion refers to a state where surgeons feel drained, overwhelmed, and emotionally depleted. They may lose interest or enthusiasm for their work, leading to a decline in the quality of patient care. Depersonalization is a cynical or detached attitude towards their patients and colleagues. They might start viewing patients as objects or cases rather than individuals, which can negatively impact the doctor-patient relationship. With reduced personal accomplishment, surgeons may feel a sense of ineffectiveness or incompetence, despite their knowledge and skills. They may become self-critical and experience a diminished sense of personal satisfaction or achievement. The Maslach Burnout Inventory (MBI) was the most commonly used tool to measure burnout. This is precise and reproducible questionnaire based tool focused on these three main domains of burnout.²

Practice of Surgery emphasizes on a near “perfectionism” under high-pressure environment requiring long work hours, intense patient care responsibilities, and dealing with critical situations. The constant need for precision, the weight of responsibility, and the significant workload can gradually take a toll on a surgeon's well-being and set up a trap for burnout.

Burnout among surgeons has been the subject of several studies. Studies have shown that burnout rates among surgeons are alarmingly high. A study conducted by Shanafelt et al revealed 40% of surgeons suffering from burnout.³ Another study by Balch et al reported a burnout rate of 52% among trauma surgeons, significantly higher than other healthcare professionals.⁴ In the 2015 Medscape Physician Lifestyle Report, burnout rates ranged from 37-53% with general surgeons nearly topping the list at 50%.⁵

Burnout will lead to severe adverse consequences like substance abuse, disruptive behavior, absenteeism, attrition, strained personal relationships, divorce, depression, suicidal ideation, and suicide.⁶⁻⁸ Hence awareness has been raised reporting on identification, prevention, or intervention for surgeons suffering from burnout.

The American College of Surgeons (ACS) has recognized the issue of surgeon burnout and has implemented programs and resources to address it. The ACS has published guidelines and recommendations for promoting surgeon well-being and reducing burnout. It requires a comprehensive approach that focuses on individual well-being, organizational support, and systemic changes within the medical field. Strategies such as mindfulness training, work-life balance initiatives, and fostering a culture of open communication and support can help mitigate the risk of burnout and support the well-being of surgeons.

There are several studies identifying commonly reported risk factors associated with burnout among surgeons.^{9,10} Difficulty with work-life balance is most common factor. Younger age, female surgeons, night on call, work hours were associated with likelihood of burnout.¹¹ The constant pressure to meet performance metrics and the need to make critical decisions quickly add to the stress levels. Due to the complexity of procedures, potential complications, and the responsibility for patient outcomes, surgeons are frequently tormented. The fear of litigation and the emotional burden associated with complications further contribute to burnout. Surgeons require appropriate support and resources to perform their duties effectively. However, inadequate staffing, limited access to necessary equipment, and administrative burdens can hinder their ability to deliver high-quality care. A lack of support and collaboration within healthcare teams can also contribute to feelings of isolation and burnout.

Burnout has far-reaching consequences, affecting both individual surgeons and the healthcare system as a whole.

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Medical errors, suicide, depression and absenteeism are potential adverse consequences. Hence, prevention and interventions are key factors to combat the situation early but this is very limited.

Scenario in our context is largely unknown. The health care policy makers like Nepal Medical Association (NMA), Society of Surgeons of Nepal (SSN) who look

after the well-being of surgeons don't have data to suggest anything to this issue. It warrants attention too. With view of demanding nature of surgical practice, high levels of stress and the impact of adverse events, there is no doubt that prevalence of surgeon burnout is likely underreported. Hence, identification and reporting is highly needed to implement preventive strategies in time.

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