# Burnout and Medical Errors in Anesthesiology

Amy Vinson, MD, FAAP

### What is burnout?

 Merriam-Webster: exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration

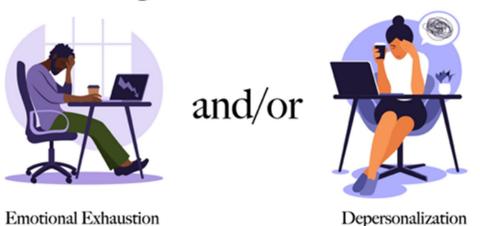


## Maslach burnout inventory

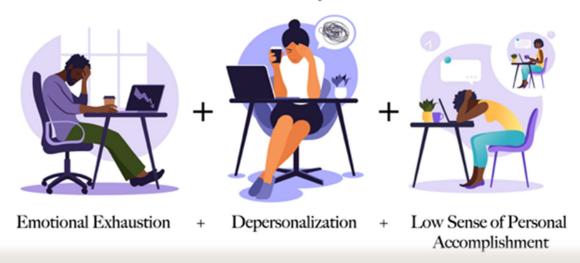
- Maslach (~1980)
  - 3 Major Metrics of Burnout
    - Emotional Exhaustion
    - Low Sense of Personal Accomplishment
    - Depersonalization

## 1980

#### High Risk for Burnout



#### **Burnout Syndrome**



#### ANESTHESIOLOGY

#### **Burnout Rate and Risk Factors among Anesthesiologists in the United States**

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; XXX:00-00

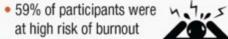
#### **Burnout Rate and Risk Factors among Anesthesiologists** in the United States

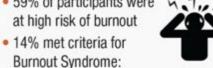
#### A national survey completed by 3,898 attending anesthesiologists

Assessed 3 dimensions with Maslach Burnout Inventory Human Services Survey:



- Emotional exhaustion
- Depersonalization
- Feelings of personal accomplishment





- High scores on emotional exhaustion and depersonalization
- Low personal accomplishment score

Perceived lack of support at work (odds ratio, 10.0 [95% CI, 5.4 - 18.3]) and home (odds ratio, 2.1 [95% CI, 1.7 - 2.7]) were most strongly associated with Burnout Syndrome

- The prevalence of high risk for burnout and Burnout Syndrome was high in a large, national, survey-based study of attending anesthesiologists.
- Burnout Syndrome was highly associated with workplace factors rather than personal factors.



Afonso AM, et al. ANESTHESIOLOGY, 2021.

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Figure 2: Symptoms Associated with Burnout SYMPTOMS Emotional 53.3% Exhaustion 37.2% Depersonalization Low Sense of 25.9% Personal Accomplishment Hign Risk for Burnout 59.2% 13.8% **Burnout Syndrome** 

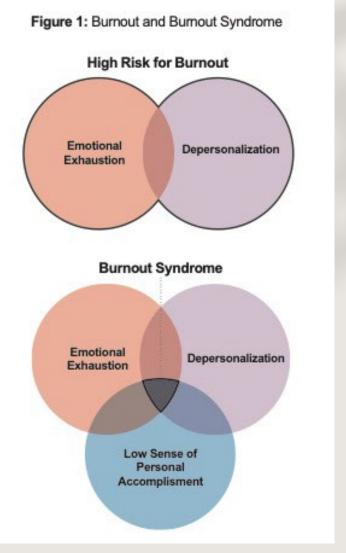
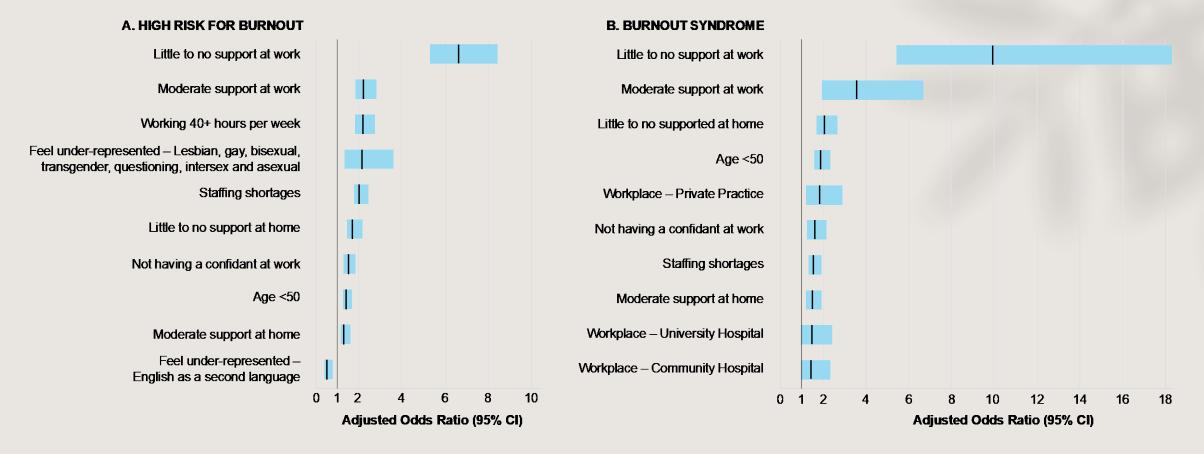


Figure 3: Risk Factors Associated with Burnout





#### 2022 Update

Figure 2: Change in burnout symptoms from 2020 to 2022

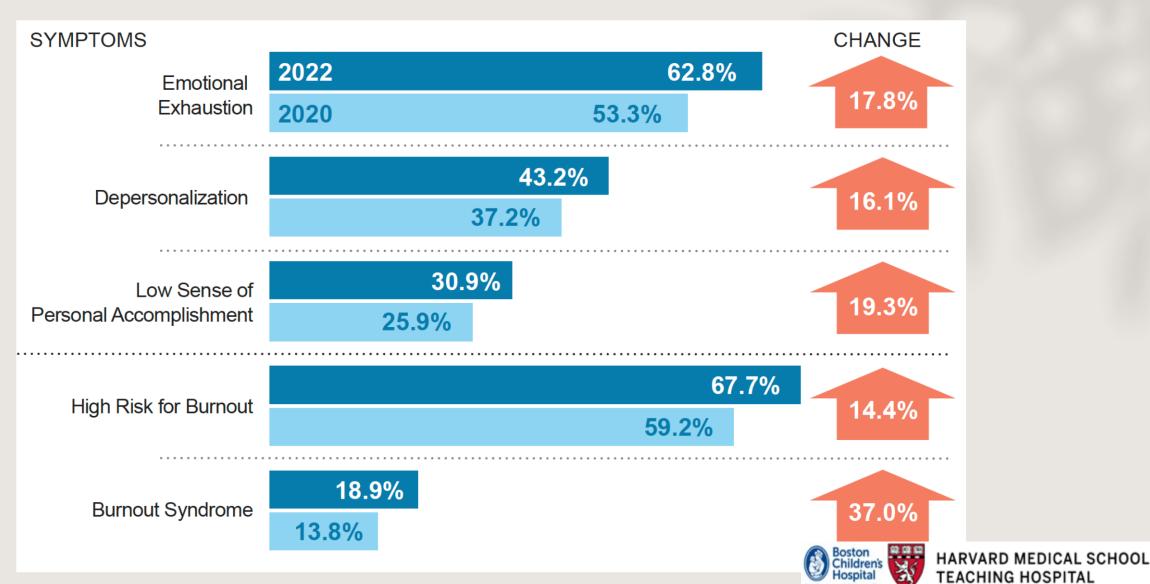


Figure 3: Geographic distribution of burnout and burnout syndrome across the United States

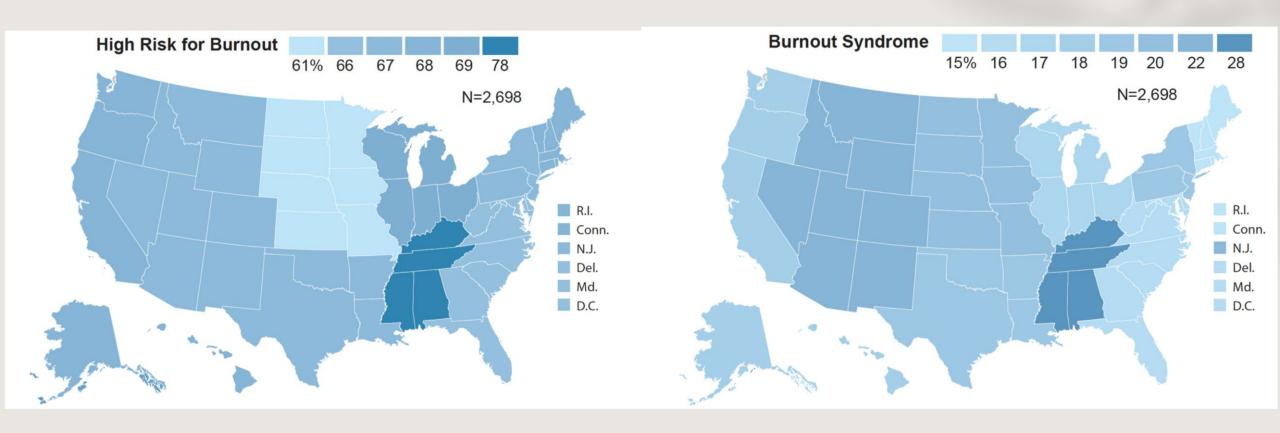
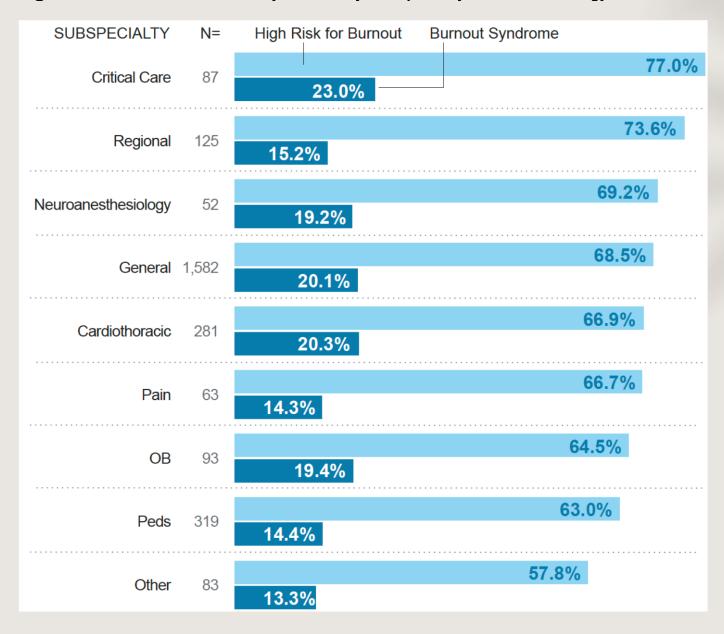


Figure 4: Burnout and burnout syndrome by subspecialty of anesthesiology

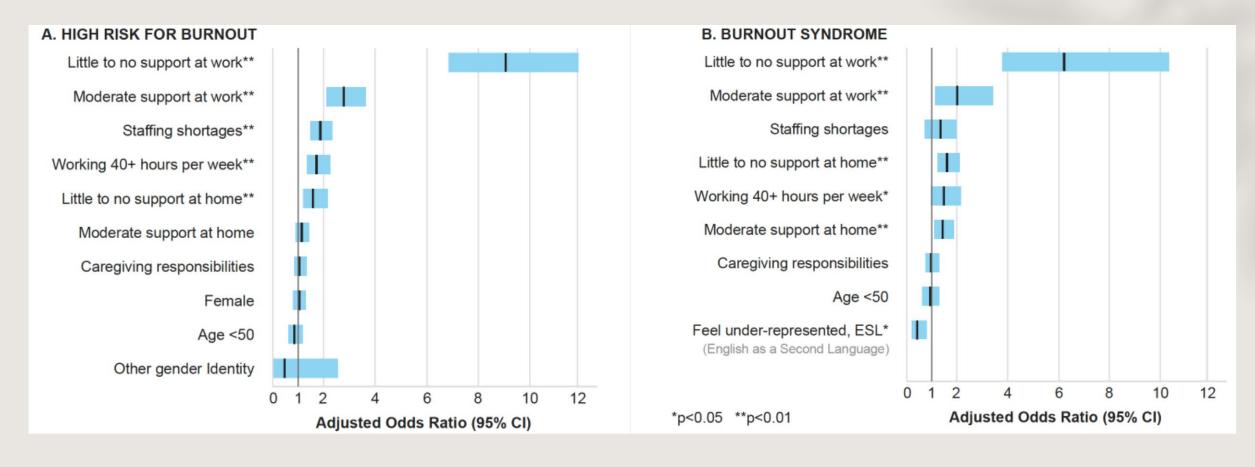


Variable	Analysis Sample (N = 2,698)	High Risk for Burnout	Burnout Syndrome
Has the COVID-19 pandemic accelerated your plans for retirement?			
No	1,676 (62.1%)	970/1,676 (57.9%)	228/1,676 (13.6%)
Yes	1022 (37.9%)	857/1,022 (83.9%)	282/1,022 (27.6%)
How likely are you to leave your current job within the next 2 years?			
Very unlikely	609 (22.6%)	305/609 (50.1%)	65/609 (10.7%)
Unlikely	560 (20.8%)	346/560 (61.8%)	91/560 (16.3%)
Neutral	559 (20.7%)	415/559 (74.2%)	118/559 (21.1%)
Likely	<mark>446 (16.5%)</mark>	343/446 (76.9%)	106/446 (23.8%)
Very likely	<mark>524 (19.4%)</mark>	418/524 (79.8%)	130/524 (24.8%)
Have you changed your full-time status since the beginning of 2020 or do you plan to do so in the next year?			
No	1869 (69.3%)	1,212/1,869 (64.9%)	326/1,869 (17.4%)
Yes - I have reduced my employment status	666 (24.7%)	499/666 (74.9%)	150/666 (22.5%)
Yes - I have increased my employment status	59 (2.2%)	42/59 (71.2%)	17/59 (28.8%)
Yes - I am no longer practicing	39 (1.5%)	29/39 (74.4%)	7/39 (18%)
Yes - I have returned to practice	28 (1%)	19/28 (67.9%)	5/28 (17.9%)
Other	37 (1.4%)	26/37 (70.3%)	5/37 (13.5%)
Data are presented as n (%).			

Figure 7: Perceived beneficial interventions to address burnout among anesthesiologists

Changes to workplace or work life that would make a significant benefit N=2,698				
Adequate anesthesia staffing		69.1%		
Improved workplace morale or culture	55.9%			
Increased compensation	53.5%			
Reduced weekly hours	52.8%			
Increased scheduling flexibility	51.7%			
Improved support from leadership	51.3%			
More vacation days	44.6%			
Improved electronic medical record efficiency	27.5%			
Disengaging from work while at home	26.3%			
Working from home when non-clinical	13.1%			
Wellness committee creation	9.7%			
Completing training in resilience, self-reflection, or mindfulness	6.2			
Assistance in finding caregivers	4.9			

Figure 6: Independent risk factors associated with burnout and burnout syndrome



Why is this job so hard?



## Miracles aren't always easy



## What I Learned About Adverse Events From Captain Sully It's Not What You Think

Marjorie Podraza Stiegler, MD Department of Anesthesiology, University of North Carolina at Chapel Hill. This is not a piece about how medicine should take a cue from aviation and incorporate simulations into training. It is not about how medicine should learn from aviation and develop emergency checklists and algorithms. It is not about how medicine should learn from aviation and promote blame-free error report-

ately afterward, and the total impact took some time to process. The flight crew also took time away, and one flight crew member with 38 years of experience never returned. I was surprised to know that after a hugely successful demonstration of teamwork and skill, and a landmark safety save, all of the parties

Table 4 Most commonly reported physical and psychosocial symptoms

Physical symptoms	n (%)	Psychosocial symptoms	n (%)
Extreme fatigue	16 (52)	Frustration	24 (77)
Sleep disturbances	14 (45)	Decreased job satisfaction	22 (71)
Rapid heart rate	13 (42)	Anger	21 (68)
Increased blood pressure	13 (42)	Extreme sadness	21 (68)
Muscle tension	12 (39)	Difficulty concentrating	20 (65)
Rapid breathing	11 (35)	Flashbacks	20 (65)
		Loss of confidence	20 (65)
		Grief	20 (65)
		Remorse	19 (61)
		Depression	17 (55)
		Repetitive/intrusive memories	16 (52)
		Self-doubt	16 (52)
		Return to work anxiety	15 (48)
		Second guessing career	12 (39)
		Fear of reputation damage	12 (39)
		Excessive excitability	11 (35)
		Avoidance of patient care area	10 (32)

## Impact on Anesthesiologists

#### Anesthesia Patient Safety Foundation

Section Editor: Sorin J. Brull

#### The Impact of Perioperative Catastrophes on Anesthesiologists: Results of a National Survey

Farnaz M. Gazoni, MD, Peter E. Amato, MD, Zahra M. Malik, MD, and Marcel E. Durieux, MD, PhD

- 88% needed time to recover 19% never did, 12% considered change in career
- 67% felt subsequent care compromised over next 4 hours
- 7% were given time off



## Support after adverse events

Assessing levels of support for residents following adverse outcomes: A national survey of anesthesia residency programs in the United States

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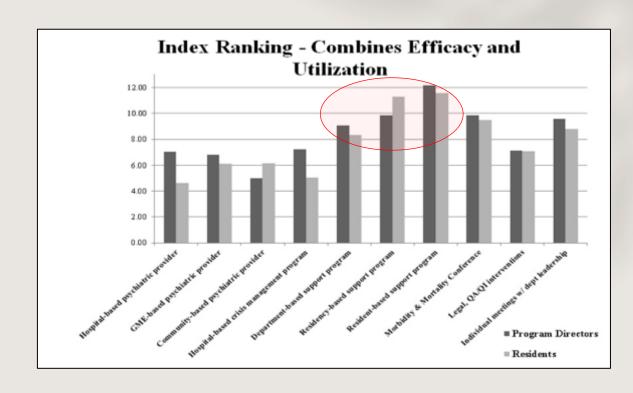
#### Abstract

Aim: The impact of physician burnout is becoming apparent in the medical community, especially among anesthesiologists and young physicians. Anesthesia residents will experience emotionally charged adverse events during their training. The objective



### Support After Adverse Outcomes

- Following adverse outcomes, peer support and meetings with departmental leadership are particularly helpful
- M&M conference are an opportunity
- Department-based support programs are highly utilized
- Resource Awareness = low hanging fruit



Whatever you are feeling...

However you are responding....

