The well-being of Anaesthetists and Intensivists in Sri Lanka – It’s time for more attention.

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It is time to pay more attention and be conscious of the risks and occupational hazards that anesthesia and critical care practice increasingly pose, which diametrically impact the well-being of Anesthesiologists and Intensivists.

In the early 20th century, fires and explosions reported from operating theatres were blamed on inhalational agents, inclusive of oxygen, which posed an occupational hazard to the workforce in the theatres. With the advent of time, the chronic exposure of the gases to Anaesthetists was highlighted. A further plethora of risks also turned out to be from biological agents, such as viruses, Hepatitis B, C, HIV, bacteria, and Fungi. Exposure to ionising radiation, LASER, the electrical charge, improper ventilation facilities, temperature fluctuations, intense lights, and sound noise levels added the risks related to chemical agents, such as latex. The concept of occupational stress was quite appropriately coined to further encompass a wider purview of negative conditions relevant to the wanton abuse of opioids ¹.

However, attention to occupational stress and burnout has widened in scope to include a much broader range of vistas that affect the totality of occupational hazards that impact the well-being of anesthesiologists. In this context, burnout syndrome is a topic in vogue. Compared to other specialties, anaesthesia is on track for a highly rated speciality, and occupational threats are prevalent in the clinical sphere.

Facets relating to work norms, including the density of work, employment patterns, and shift duty organisation, seem to play a crucial
role. The resultant health hazards include the underpinning menace posed to the quality of life.

This concept of occupational stress received much publicity and awareness not so long ago. It's time to explore occupational stress and burnout syndrome in anaesthesiology and Critical Care in Sri Lanka since the current situation has commanded physical and emotional reactions, with the demands at work exceeding the capacity, tolerance, resources, and needs of the anesthesiologist. It's alarming to note that the incidents of occupational stress were found to be 28% among all doctors but comprised 50% in anaesthesiologists in Europe while 59% to 64% and 96%, respectively, in Latin America. Thus, a defined core group should work on this subject area to enhance the professional well-being of anesthesiologists, and in the background of this scenario, it is noteworthy that the Sri Lanka College of Anaesthesiologists and Intensivists has already begun to be aware of this and on track of paying proactive attention to this with the focus on implementing preemptive safeguards, and the correct mix of strategies and preventive measures to vitiate these adverse effects.

Based on global studies, the most stressful factor relating to occupational stress of Anaesthesiologists was found to be a lack of control over their workday (83%).

This is directly related to understaffing, and the authorities should design the workload carefully to avoid excessive workload, long shifts, and inflexible hours. The environment should flexibly augment the changes for positive salutary benefits that facilitate the capacity building of theatre staff. Out of all the factors studied, the important factors related to Sri Lanka could be medical and legal aspects, clinical problems or work standards, personal conflicts and conflicts in professional relationships.

The system must also be developed to obtain the support of colleagues while ensuring that no discrimination or harassment exists in any form. The promotion scheme has to be well in place. There should be programs to provide facilities for individuals to improve their skills. Ensuring adequate rest and satisfying accommodation are some of the additional factors that should be considered.

The effects of occupational stress could be of many diverse forms in different settings and vary according to individuals. The physical and emotional response to occupational stress surfaces as exhaustion and fatigue. It can bring negative health impacts by way of physical diseases such as chronic fatigue syndrome, gastroduodenal ulcer, gastritis, hypertension, arrhythmia, angina, musculoskeletal diseases, neurological disorders, decreased immunity, reproductive disorders and increased risk of spontaneous abortion, and psychological disorders like intellectual changes and mental and behavioural disorders.

Burnout syndrome is defined as a physical and emotional response to occupational stress, characterised by emotional exhaustion, depersonalisation, feelings of incompetence and failure to meet targets. It may pose a multiplicity of physical,
psychological, behavioural cum professional, and personal symptoms. 4-13

A closer watch on burnout syndrome is a must, as it can affect the quality of life and professional performance given the fact that anesthesiology is a profession that poses a high risk for burnout of staff. 1,4-5,13

The causes inherent herein converge with a multiplicity of work-related perspectives such as long years of employment of 7-10 years, enduring lengthened working hours, night shifts, high responsibility roles, lack of control over routine, personal and family relationships, and chronic fatigue with the newest trend of having to face litigation for the lapse of any patient related responsibilities. The lack of professional recognition and inability to showcase achievements have also been identified as a causative factor that has led to emotional exhaustion.

We should alleviate risk factors like work overload, injustice, lack of recognition, relationship conflicts with co-workers, conflicts of principles, and excessive bureaucracy. One of the most alarming results, even in the most energetic individuals experiencing burnout, can be frustration caused by facing substantial impediments and barriers that seem unsurmountable.

The diagnosing signs and symptoms could vary and, in different combinations, sometimes seem unrelated to the previous behavioural pattern, poses a dilemma. This appearance seems gradual. There could be sleep disorders, headaches, gastrointestinal problems, fatigue and irritability, depression or anxiety, sometimes aggression, trouble with sarcasm, suspicion and defensive behavior, reduced performance, poor concentration and feeling isolated, with lack of commitment. Denial of this situation has been experienced in many situations. The administrators, supervisors and co-workers, including all of us, should be aware of this and be educated to identify its symptoms.

This brings an important aspect and responsibility of the superior officers in charge to maintain a watchful eye on reduced work performance, intellectual cum temperamental mood changes, isolation, difficulty concentrating, impairment of attentiveness, lack of interest and quality in work, and absenteeism inclusive of social ostracism.

Co-workers are key to help in early identification of diagnosis and support. The work team should be responsible for preventing this situation at both institutional and personal levels.

We need to develop healthy working hours, with a daily and weekly limit. The world recommendations are 48-50 hours/week. Do not work more than 5-6 hours without breaks in between. Do not work more than 10 consecutive hours/day. Do not schedule more than two 12-hour overnight shifts /week. Do not allow two consecutive shifts. Establish a 30-minute break during 8-hour shifts. Avoid night shifts after 55 years of age.

Besides early diagnosis and prevention, we must have regular programs to share experiences, organise professional support, and develop mechanisms to improve interpersonal relationships and a pleasant working environment. The institutions
should have educational programs and counselling to provide much-needed psychological support. There should be a well-structured room for the anesthesiologists to rest in during breaks, dining, and rest places with no air pollution.

The alarming effect of anesthesiologists' fatigue can result in problems relating to patient safety as a result of medical errors.

The authorities' responsibility should be requested to fill adequate vacancies for the workload and match the working hours with the demand. provide opportunities to use their skills, involve anaesthesiologists in the decision-making process when changes to their routine are needed, optimize communication, have a clear career plan, provide opportunities for social networking, and improve precautionary safety measures and infrastructure.

It is very encouraging and harkening to note that the World Federation of Society of Anaesthesiologists has given major emphasis to the discussion of this priority area and initiated remedial strategies and measures via the WFSA professional well-being committee that augurs well for better and healthier work conditions for Anaesthetists which cumulatively translated to higher standards of safety, improved ICU care and better patient wellbeing.

References

1. Evaluation Of Anesthesiologists’ Occupational Well-Being Around The World Gustavo Calabrese Torchiaro President of Latin American Confederation of Anesthesiology Societies (CLASA), 2013.


