Surgeon Burnout-Time to Heal the Healers

Mantu Jain¹, Harshal Sakale², Bhavna Sriramka³, Ashok Shyam⁴

"Burnout" could be understood by the Old Testament, in which Moses' father-in-law rebukes, "You will only wear yourselves out. The work is too heavy for you; you cannot handle it alone" (Exodus 18:17–18).

Burnout syndrome was first introduced by Freudenberger in 1974 [1]. It is now a global concern, though it is very much under-reported and discussed in our country. Shanafelt et al. reported it in about 40% of physicians and a slightly higher rate of 53% among surgeons, by comparison [2]. On top of this ladder, orthopedic surgeons are just behind trauma surgeons in ranking [3].

Occupational burnout syndrome is a feeling of emotional exhaustion, depersonalization, and low sense of personal accomplishment secondary to chronic occupational stress [4]. In the high-stakes world of surgery, the demanding nature of the profession can take a toll on surgeons' mental and physical wellbeing and disturb their healthy work-life balance.

The etiology is multifactorial, including personal, working environment, and career ambitions, and surgeons often have a combination of these [5]. Long working hours, intense pressure during surgeries, and the emotional burden of dealing with lifeand-death situations can lead to chronic stress [6]. Hierarchy in the workplace, over-demanding aggressive patients, and increasing medicolegal implications are additions to surgeon burnout. Due to the incorporation of new techniques and equipment, surgeons are compelled to be lifelong learners for their scientific and technical excellence in their practice. On top of these, the inclusion of administrative tasks takes away their time from patient care and contributes to stress. Limited emotional support, both within the workplace and personally, also contributes to feelings of isolation and burnout. All of these negatively impact personal well-being and threaten surgeons' longevity and the safety of patients to whom they provide care. Therefore, burnout affects the well-being of surgeons and can have severe implications for the quality of patient care. Fatigued surgeons may experience reduced job performance and develop an emotional milieu that contributes to medical errors [7]. On the personal front, they suffer from poor physical quality of life, psychosomatic issues, stress, depression, insomnia, fatigue, relationship issues, substance abuse, and suicide. Recently, Jennings et al. reported that burnout-induced suicides are highest among orthopedic surgeons [8].

Therefore, recognizing burnout among surgeons is crucial for medical professionals' well-being and the quality of patient care. Several tools have been devised to measure burnout, which include the Maslach Burnout Inventory, the Copenhagen Burnout Inventory, and the Mayo Clinic Physician Well-being Tool [2, 9, 10]. Addressing burnout needs social and institutional-level support. A few strategies are improving the workplace environment, promoting teamwork, and reducing the administrative workload. Darrell Cambell even suggested modifying the surgical curriculum to the extent of providing proper mentorship right from the trainees' time [11]. He said, "In the classic training program, we have taught how to perform surgery but not how to live as a surgeon." Organizations can

Access this article online Website: www.jocr.co.in DOI: https://doi.org/10.13107/jocr.2024.v14.i02.4196









¹Department of Orthopedics, AIIMS, Bhubaneswar, Odisha, India ²Department of Orthopedics, AIIMS, Raipur, Chhattisgarh, India,

³Department of Anesthesia, IMS and SUM Hospital, Bhubaneswar, Odisha, India,

⁴Department of Orthopedics, Sancheti Institute for Orthopedics and Rehabilitation, Pune, Maharashtra, India.

Address of Correspondence:

Department of Orthopedics, AIIMS, Bhubaneswar, Odisha, India.

 $\textbf{E-mail:} montu_jn@yahoo.com$

Submitted: 28/11/2023; Review: 03/12/2023; Accepted: January 2024; Published: February 2024

DOI: https://doi.org/10.13107/jocr.2024.v14.i02.4196

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License https://creativecommons.org/licenses/by-ncsa/4.0/, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms



lain M, et al www.jocr.co.in

conduct regular surveys for feedback and support, flexible working hours when required, and medicolegal support in adverse outcomes or major complication cases. Regular and timely physical and mental health checkups and training programs focused on resilience, stress management, and coping strategies can enhance surgeons' ability to navigate challenging situations [12]. At an individual level, one needs to chalk out a work—life balance. As rightly said, "If your compassion does not include yourself, it is incomplete." One needs to introspect, recognize one's own limits, and not set unrealistic goals. We need to understand that burnout is a "Choice" that we make, and once we understand and deal with the choices that lead to burnout, we would understand that the choices are completely avoidable. Although our organizations and society would have

us continuously work to our maximum capacity (as per their standards), we should define these work parameters for ourselves. Personal acceptance of burnout and insights into reasons for burnout with measures that will reduce these reasons are the main measures for dealing with burnout for professional reasons. In addition, inculcating some self-care practices such as exercise, yoga, meditation, sports, and music. would help too. Vacation and vocation should be an integral part of busy surgeons' lives. Finally, one should be bold enough to communicate and seek help when required because burnout is real and not a sign of personal failure. We should all strive to be resilient health-care providers in a conducive professional environment.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given the consent for his/ her images and other clinical information to be reported in the journal. The patient understands that his/ her names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Conflict of interest: Nil Source of support: None

References

- 1. Freudenberger H. Staff burn-out. J Soc Issues 1974;30:159-65.
- 2. Shanafelt T, Hasan O, Dyrbye L, Sinsky C, Satele D, Sloan J, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. Mayo Clin Proc 2015;90:1600-13.
- 3. Wang J, Hu B, Peng Z, Song H, Cai S, Rao X, et al. Prevalence of burnout among intensivists in mainland China: A nationwide cross-sectional survey. Crit Care 2021;25:8.
- 4. Maslach C, Jackson S. The measurement of experienced burnout. J Organ Behav 1981;2:99-113.
- 5. Wang S, Li L, Jin Y, Liao R, Chuang YC, Zhu Z. Identifying key factors for burnout among orthopedic surgeons using the analytic hierarchy process method. Int J Public Health 2023;68:1605719.
- 6. Zheng H, Shao H, Zhou Y. Burnout among Chinese adult reconstructive surgeons: Incidence, Risk factors, and relationship with intraoperative irritability. J Arthroplasty 2018;33:1253-7.
- 7. Marmon LM, Heiss K. Improving surgeon wellness: The

- second victim syndrome and quality of care. Semin Pediatr Surg 2015;24:315-8.
- 8. Jennings JM, Gold PA, Nellans K, Boraiah S. Orthopaedic surgeons have a high prevalence of burnout, depression, and suicide: Review of factors which contribute or reduce further harm. J Am Acad Orthop Surg 2022;30:e528-35.
- 9. Dyrbye LN, Satele D, Sloan J, Shanafelt TD. Utility of a Brief screening tool to identify physicians in distress. J Gen Intern Med 2013;28:421-7.
- 10. Barton MA, Lall MD, Johnston MM, Lu DW, Nelson LS, Bilimoria KY, et al. Reliability and validity support for an abbreviated Copenhagen burnout inventory using exploratory and confirmatory factor analysis. J Am Coll Emerg Physicians Open 2022;3:e12797.
- 11. Campbell DA, Sonnad SS, Eckhauser FE, Campbell KK, Greenfield LJ. Burnout among American surgeons. Surgery 2001;130:696-705.
- 12. Hamdan M, Haddad BI, Alshrouf MA, Al-Ani A, Alisi MS, Hammad Y, et al. Burnout, grit and resilience among Jordanian orthopedic surgeons: A cross-sectional study. BMC Med Educ 2023;23:593.

Conflict of Interest: Nil Source of Support: Nil

Consent: The authors confirm that informed consent was obtained from the patient for publication of this case report

How to Cite this Article

Jain M, Sakale H, Sriramka B, Shyam A. Surgeon Burnout-Time to Heal the Healers. Journal of Orthopaedic Case Reports 2024 February;14(2):5-6.

