

## Assessment of Impact of Anaesthesia Practices on Quality of Life of Anaesthesiologists Practicing in Rajasthan

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### Abstract

**Objective :** To assess the impact of anaesthesia practices on quality of life. Anaesthesiology is among the most stressful medical disciplines. Analysis of burnout is essential because it is associated with safety and quality of care. **Methods :** After approval from the institutional ethics committee, an online survey consisting of questionnaire comprising 20 questions was sent to 1000 practicing anaesthesiologists. The answers received were then categorized and analyzed. Demographic profile, job satisfaction and quality of life was assessed through the questionnaire. Quality of life was studied in terms of quality time spent with family, destressing methods used, workouts and exercise done, academic events attended, and ailments acquired. **Results:** Maximum of the anaesthesiologists were males (61.9%) and belonged to the age group of 25 to 40 years (45.2%). 54.8% were practicing in government hospitals while 33.3% worked in private hospitals and 11.9% were free lancers. Only 9.8% found their salary to be excellent. 50% of the anaesthesiologists worked approximately 6 to 10 hours a day. 46.3% anaesthesiologists did 5 – 10 emergency call duties a month. Only 42 percent had any of assistant or technician for helping them. 54.8% of the anaesthesiologists felt the work of anesthetist as stressful. 46.3% of the practicing anaesthesiologists acquired ailments as occupational hazard of their practice, out of which 12.2% suffered from backache, 7.3% hypertension, 14.6% acid peptic disease. 9.8% had acquired more than one disease. Only 26.2% practicing anaesthesiologist did regular exercise. Only 59.5% anaesthesiologists spent quality time with their family and this they found a stress buster. **Conclusion:** The prevalence of burnout syndrome among anaesthesiologists is relatively high, and it seems higher in younger physicians with lower experience.

**Keywords:** Anaesthesiologists, Emergency Call Duties, Acquired Ailments, Occupational Hazard Quality Time, Stress Buster.

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### Introduction

Anaesthesiology has emerged to be a very fast growing specialty branch over the last few decades. The work of anaesthesiologists is not just confined to the four walls of the operating room but has spread out to Intensive Care Unit, pain clinic, trauma, cardiopulmonary and airway management. Along with this; research work, academics, teaching and administrative work are also being carried by anaesthesiologists especially in government teaching hospitals and institutions.

Lack of recognition of the skill and knowledge not only from general public but also from the surgeons still remains a problem. Job dissatisfaction, poor work recognition, stress at work place and stress related to the anaesthesia practice has been affecting the quality of life of anaesthesiologists. Exposure to the stress of being responsible to ensure the safety of patient and to perform in critical conditions not only increases the stress level but also has adverse effects on the quality of life and health of anaesthesiologists. Therefore this study was carried out to access the impact of anesthesia practice on practicing anaesthesiologists[1-4]

#### Materials and Methods

**Design** Prospective cohort study.

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**Setting** anaesthesiologists in Rajasthan via email through google survey forms.

**Participants** 1000 practicing anaesthesiologists

**Main outcome measures** burnout

#### Methodology

After approval from the institutional ethics committee, an online survey consisting of questionnaire comprising 20 questions was sent to 1000 practicing anaesthesiologists in Rajasthan via email through google survey forms. Confidentiality and anonymity was maintained. Reminder was sent to those who did not reply to the first email.

The answers received were then categorised and analysed. Demographic profile, job satisfaction and quality of life was assessed through the questionnaire. Quality of life was studied in terms of quality time spent with family, destressing methods used, workouts and exercise done, academic events attended, and ailments acquired[5-8]

#### Results

1000 questionnaires were sent via emails to practicing anaesthesiologists in Rajasthan. People who did not respond and who are not practicing were excluded from the study. 36.2% (362) anaesthesiologists responded to the questionnaire. Demographically maximum of the anaesthesiologists were male (61.9%). Majority of the practicing anaesthesiologists belonged to the age group of 25 to 40 years (45.2%). Only 9.5% were more than 60 years in age, while 33.3% were between 40 to 50 years (figure 1). 54.8% were practicing in government hospitals while 33.3% worked in private hospitals and 11.9% were free lancers. A large number of anesthetists were working in a teaching institute (81%)

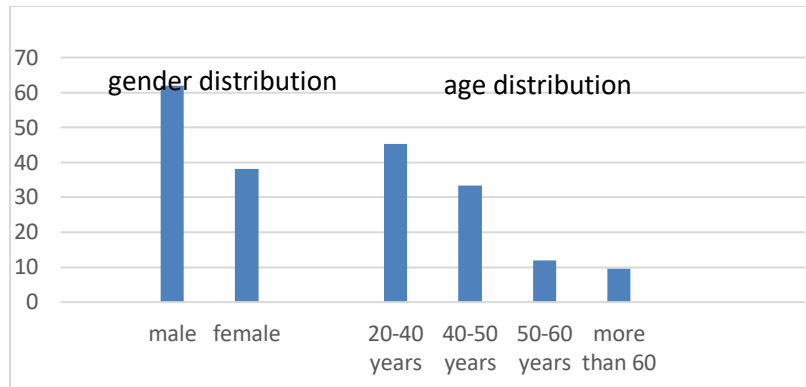


Fig 1: Demographic profile

**Job related questions** revealed that 31% of the anaesthesiologists were performing more than one task in their hospital apart from being a general anaesthesiologist (figure 2). 54.6 % of the anaesthesiologists were satisfied working as an anaesthesiologist. But only 9.8 % found their salary to be excellent while 75.6 % found it just satisfactory. Also 14.6 % of the anaesthesiologists found their salary poor. 50 % of the anaesthesiologists worked approximately 6

to 10 hours a day, 35.7 % worked less than 6 hours and 14.3 % anaesthesiologists worked more than 10 hours a day. 46.3% anaesthesiologists did 5 – 10 emergency call duties a month; while 12.2 % worked attended call duties more than 15 times a month, 9.8 % did 10 -15 days a month, 31.7 % did less than 4 duties a month (figure 6).

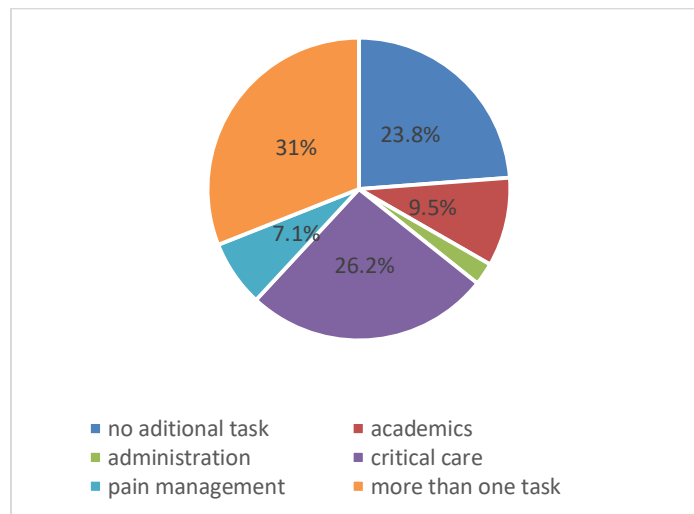


Fig 2: Professional roles performed by anaesthesiologists

Only 42 percent had any OT assistant or technician for helping them. Only 40.5% anaesthesiologists said that surgeons did not impose their choice of anesthesia while 26.6 % said the surgeon do try to have it their way. Only 38 % anesthetists called the attitude of their fellow surgeons to be respectful. Also only 35.7 % surgeons readily accepted the decisions regarding cancellations and postponement of case. 5 % anaesthesiologists have encountered legal suits pertaining to professional negligence.

**Quality of life:** 54.8 % of the anaesthesiologists felt the work of anesthetist as stressful. 64 % anaesthesiologist said that the work stress affected their family life too. 46.3 % of the practicing

anaesthesiologists acquired ailments as occupational hazard of their practice. out of which 12.2% suffered from backache, 7.3% hypertension, 14.6 % acid peptic disease. 9.8% had acquired more than one disease (figure 3) When questioned about the exercise and work out, while only 26.2% practicing anaesthesiologist did regular exercise and workouts 23.8% had actually never done exercise in any form. Only 59.5 % anaesthesiologists spent quality time with their family and this they found a stress buster (figure 4), (figure 5). Only 16.7 % anaesthesiologists attended academic events regularly or frequently. Approximately 71% attended academic sessions sometimes [9-12]

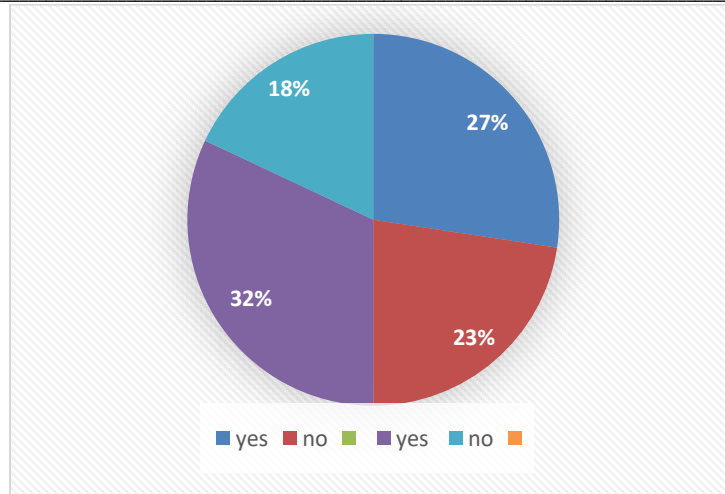


Fig 3:Ailments acquired

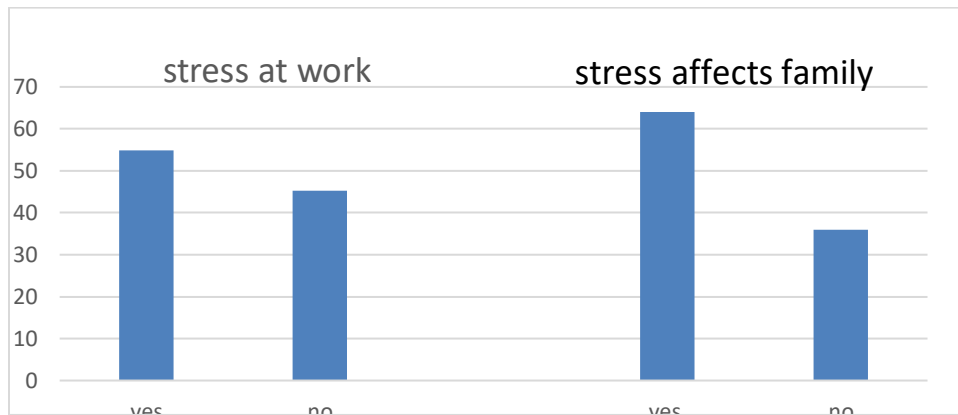


Fig 4:Stress affects

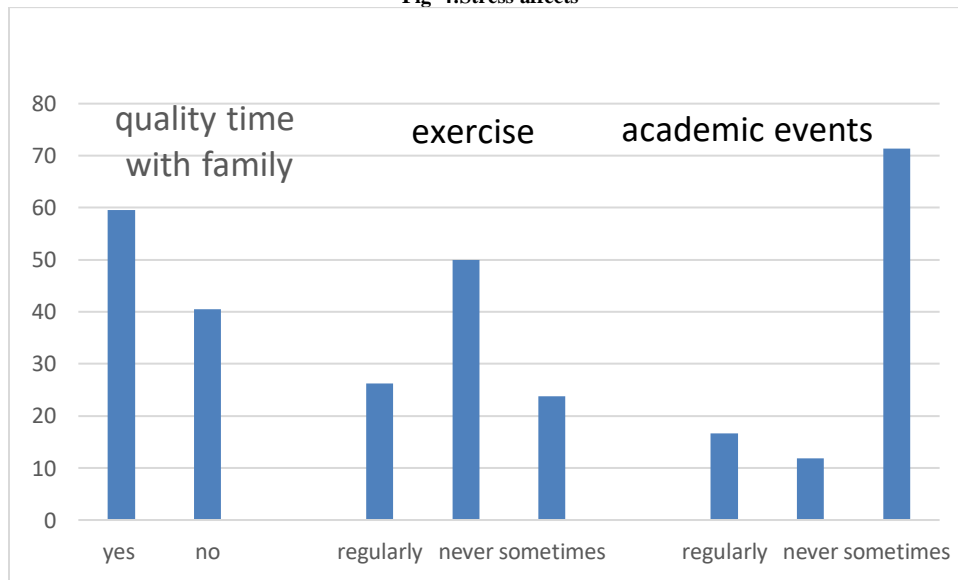


Fig 5:Factors related

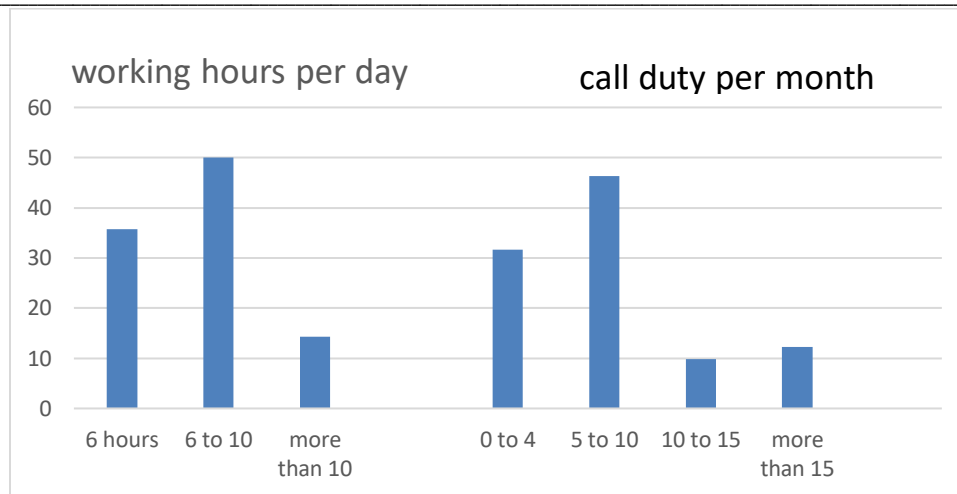


Fig 6: Working hours per day and call duty per month

#### Statistical Analysis

Data was compiled using MS excel 2007 and analysis was done with the help of Epi-Info 7 software. Frequency and percentage were calculated & statistical test (Chi Square) was applied wherever applicable;  $p < 0.05$  was taken as statistically significant.

#### Discussion

Burnout syndrome has reached epidemic levels among physicians (reported around 50%). Anesthesiology is among the most stressful medical disciplines but there is paucity of literature as compared with others. Analysis of burnout is essential because it is associated with safety and quality of care. We summarize evidence on burnout in anesthesiology. Anaesthesiologists are exposed to high levels of stress in the course of their profession and are particularly susceptible to experiencing burnout. Burnout has far-reaching implications on doctors; patients and the healthcare system. Anaesthesiologists experiencing burnout are reported to be at a higher risk of making poor decisions; display hostile attitude toward patients; make more medical errors; and have difficult relationships with co-workers. Burnout among them also increases risk of depression; anxiety; sleep disturbances; fatigue; alcohol and drug misuse; marital dysfunction; premature retirement and perhaps most seriously suicide. Sources of stress in medical practice may range from the emotions arising in the context of patient care to the environment in which anaesthesiologists practice. The extent of burnout may vary depending on the practice setting; speciality and changing work environment. Understanding dynamic risk factors associated with burnout may help us develop strategies for preventing and treating burnout. There is a lack of definitive evidence to guide the management of stress and burnout in medical professions in general and in anaesthesiology in particular. Longitudinal and interventional studies are needed to better determine ways of action.

#### Conclusion

The prevalence of burnout syndrome among anesthesiologists is relatively high, and it seems higher in younger physicians with lower experience. Other consistently described risk factors, associated with anesthesiologists' burnout, are occupational conditions (mostly work overload and/or being young consultant) as well as personal circumstances.

#### What This Study Add to Existing Knowledge

Large percent of anesthesiologists exhibit a high incidence/risk of burnout. Age, sex, time as a chair, hours worked, and perceived effectiveness were associated with high burnout; however, low job satisfaction and reduced self-reported spousal/significant other support significantly increased the risk. In addition to effects on the

health of anesthesiology trainees, burnout and depression may also affect patient care and safety. Improving overall health, increasing personal support, and improving work satisfaction may decrease the burnout. However, the small number of studies as well as the large differences in their methodology and in reporting approach warrants further research in this field [13-15]

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