Burnout in Anesthesia Residency: A Quality Improvement Project
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Introduction

Burnout (BO) is a syndrome characterized by both physical and emotional exhaustion, along with a decreased sense of personal accomplishment. [1,2,3]

Wellness varies by individual, and is characterized by dynamic self-awareness and positive perspective on results in healthy adaptive choices. A combination of mental, physical, emotional, intellectual and social states that allow engagement with work. [1,2,3]

Many features of anesthesiology training and practice may make individuals prone to developing burnout [1,2,3].

Methods and Materials

A UNM anesthesia resident task force implemented a QI Project with the goal of improving departmental burnout using the PDSA (Plan Do Study Act) cycle model. Biannual Maslach Burnout Inventory (MBI) surveys were sent department-wide. The initial survey was used to assess Burnout (BO) and Risk of Burnout (ROB) within our department.

Survey #1: 61% participation (no sub-groups)

21% BO or ROB

• 6% high emotional exhaustion
• 48% high depersonalization

Survey #2 COVID ERA: 41% participation

25% BO or ROB

No difference between sub-groups (Attendings/Midlevels/Residents)

Survey #3 (post “interventions”)

30% BO or ROB within the department (55% participation)

Resident 52% | Attending 27% | Midlevel 0%

How has the Department’s policy change regarding breaks for residents and mid-levels improved your sense of wellness?

How has the resident led efforts to connect socially (secure text threads, social distanced meet ups etc.) improved your sense of wellness?

Survey #3, 6 months ago versus Now

Has COVID significantly increased your feelings of burnout?

Perceived level of burnout 6 months ago (left) and now (right)

Survey #3: BO or ROB

Conclusion

• Burnout is not only detrimental to physicians but also a patient safety issue [3]

• A National Survey in 2020 revealed 41% of anesthesiologist’s are experiencing BO [4] and up to 57% Anesthesiology residents by CA-3 year [3]

• Overcoming BO in Anesthesiology is challenging due to the inherent attributes of practice and systemic barriers [1,2,3]

• 62% of residents surveyed reported prioritizing earlier next day schedule release, marked improved their sense of wellness.

• To a lesser extent, break equity and social connectedness had some positive effect on residents’ perception of wellness

• COVID19 & Loss of residents leading to increased work burden likely contributing factors

References