Wellness Needs in an Academic Anesthesiology Department

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Project objective/Background:
The University of Kansas Department of Anesthesiology has demonstrated that burnout is prevalent in its clinical providers. The department conducted two studies utilizing the Maslach Burnout Inventory (MBI) to evaluate burnout. The first study compared prevalence of burnout amongst anesthesia providers (faculty, residents and CRNAs). Resident anesthesiologists were the most affected by burnout, followed by faculty, and CRNAs had the lowest prevalence of burnout. Six months later, faculty repeated the MBI to determine whether an increase in clinical workload impacted the prevalence of burnout. Increase in emotional exhaustion over that time was captured which was primarily work-related (ie fatigue from the job and increased work hours).

Methods:
Based on this data, we assessed the wellness needs of faculty prior to instituting a wellness program. This survey was deemed exempt from IRB approval. The survey assessed institutional and departmental support of wellness, perceived individual wellness, educational topics of interest, preferred format for educational programs, and barriers to improving well-being.

Results:
44 of 71 faculty (62%) participated.
79.5% have experienced burnout in the past, 32.6% are currently experiencing burnout, and 88.4% believe some of their colleagues are currently burned out. 35.9% responded that lack of control and flexibility of schedule were the biggest contributing factors.

63.2% of those surveyed felt maintaining overall wellness was “very valuable” yet 46.6% responded they aren’t satisfied with their overall level of wellness. An overwhelming majority (95.4%) would like to see more emphasis on wellness in the workplace and 90.7% are willing to participate in wellness training. 86% would like to see wellness activities be part of working hours.

The most popular topics of interest include help with exercise (68.6%) and nutrition (45.7%).
The most preferred format is small group discussion (48.8%) but self-learning and workshops were also popular and large group discussions had a bimodal distribution (51.2% preferred while 41.9% did not prefer this method.

Barriers to seeking help included being “seen as weak” (65.5%), stereotypes (60%), and confidentiality issues (50%).

Conclusion:

Based on these results, we are developing programs and initiatives that address our needs.

Connecting with others has shown to increase wellness. We have begun a “girls night out” for the female faculty and residents. We are establishing a quarterly dinner group for faculty to network and develop relationships within the department. Other possibilities include workshops in yoga and mindfulness, exercise groups, and discussions with a nutritionist.