Prevalence of Burnout in Anesthesiology Residents and Development of Formal Wellness Program

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Introduction: Physician burnout has been previously defined as emotional exhaustion, depersonalization and lack of sense of personal accomplishment. Previous studies have shown that burnout is prevalent in 25 â€“ 60% of physicians in all specialties. Among these, residents had an increased prevalence of burnout. Depersonalization and high fatigue were identified to be caused by excessive workloads, chronic work-related stress and restricted anatomy. Furthermore, serious adverse outcomes in both personal and professional life was noted. High rates of suicide, substance abuse, motor vehicle accidents, poor patient care and satisfaction and medical errors are some examples of the detrimental effects. Rates of burnout in physicians differed based on their specialties. In anesthesiology, burnout rate was estimated to be around 41%. Given this high prevalence, we wanted to evaluate the incidence of burnout and mental exhaustion in our residency program. We implemented a formal wellness program in Fall 2016 to alleviate these negative feelings.

Methods: Maslach burnout Inventory â€“ Human Services Survey (MBI-HSS) and Physician Well-Being Index Scale (PWBI) were used to identify mental burnout and risk of distress in our residents. MBI-HSS survey utilized a scale ranging from 0 - 6 to measure frequency of emotional exhaustion, depersonalization and personal accomplishment. Scores defined frequency as 0 = never, 1 = a few times a year or less, 3 = few times a month, 4 = once a week, 5 = few times a week, and 6 = every day. PWBI utilizes a scale ranging from 0 -7 and scores of 4 or higher have been shown to have higher mental distress. Surveys were initially sent to 12 CA-2 residents at the beginning of 2016-2017 academic year prior to establishment of a formal wellness program. Our wellness program included establishment of a resident wellness center and a wellness committee, mandatory appointments with wellness center for all residents, mentorship program and monthly resident-faculty social events. The residents were re-evaluated again at the end of their CA-2 year after participation in wellness program.

Results: Among 12 residents, 100% participation was noted for both surveys. Although no statistically significant difference was seen overall, more residents seemed to score lower for burnout. 2 out of 12 residents scored 0 to 1 on initial survey whereas 6 out of 12 residents scored 0-1 after participating in a formal wellness program. All but 2 residentsâ€™ scores were either the same or lower for depersonalization after the initiation of wellness program. 10 out of 12 residents all scored 3 or higher persistently for accomplishment. After participating in a formal wellness program, fewer residents scored 4 or higher on PWBI scale.
Discussion: Despite not having any statistically significant difference when overall scores were compared, lower burnout exhaustion and depersonalization were identified within residents. Fewer residents were at risk for mental distress as evaluated using a PWBI scale. Moreover, these results show a promising trend towards decrease in overall negative feelings of burnout after initiation of our wellness program. We anticipate that further data points will allow us to further assess the effectiveness of our wellness program.