

Burnout in surgery

BY ALICE HARTLEY

When I was pregnant with my first child, I went to a talk on how to achieve work-life balance and avoid burnout. It was given by a highly respected Australian surgeon and I was eager to hear the secrets that would help me juggle motherhood with a surgical career. Unfortunately, my enthusiasm quickly gave way to despair and feelings of underachievement when this motivated and very capable individual regaled schedules of 5.30am runs and post-work iron-man training, coupled with glittering clinical and academic accomplishments. Finishing an on-call and collapsing on the sofa in front of Netflix seemed so far from what was presented that I left feeling very deflated. Was I going to burn out trying to avoid burnout by setting myself some impossible extra-curricular targets?

Surgeons are a highly motivated group of people. We are naturally competitive and many of us thrive on juggling multiple ventures. There is also evidence to suggest that we are 'tough minded' [1] and score highly in stress immunity [2]. However, Dame Clare Gerada, Head of the Practitioner Health Programme (PHP), a support service aimed specifically at providing mental health support to doctors, has suggested that surgeons are a "hidden minority within a hidden minority". Surgeons represent only 4.3% of the clinicians seeking support from the PHP, yet make up 11% of doctors on the GMC register. This could be explained by a number of factors. It is possible that surgery only attracts those who have a high degree of psychological resilience, that we are taught how to cope with these pressures or that there are supportive mechanisms within the profession to help us [3]. However, with the incidence of burnout amongst hospital consultants estimated at approximately 40% [4], Dame Clare believes that there are high levels of burnout and serious mental illness amongst surgeons and that we just don't recognise it, or don't ask for help.

Persuading highly functioning professionals to admit they are over-working and burnt-out is not easy. But there is evidence that our performance at work is affected and this has an inevitable knock-on effect on our patients. A doctor who is burnt-out has more than twice the risk of being involved in a patient safety incident and is three times more likely to receive a low satisfaction score from patients [5]. Yet with increasing pressure on

our services, especially in the post-COVID era, we need a realistic way to manage our workloads. We have all been inundated with wellbeing modules, know that we need to exercise to keep ourselves healthy, and that we shouldn't check our work emails at home. But the reality is that there just aren't enough hours in the day. How do we realistically juggle everything that we need to?

We are all juggling different things and our ability to manage this will fluctuate depending on our support mechanisms, the level of stress in different areas of our life and the length of time that particular stressors go on for. What one person can tolerate will be vastly different from another, and for me this is still something I struggle to accept. Comparing ourselves to colleagues who seemingly balance multiple ventures is part of the surgical psyche but is also probably our undoing. Recognising our own limits, and that these limits will differ at different times in our lives is crucial if we are going to maintain a fast-paced surgical career over several decades.

I have never officially burnt-out, but I have been close on two occasions, and neither time recognised it for what it was. From the outside it would have been obvious – the combination of exams, a postgraduate course, living away from friends and family and a busy job is not sustainable for a long period. No one at work had any idea I was struggling because I did what we all do and kept up the façade until I came home. But I was very close to resigning from my job because I just didn't think I was cut out for surgery. I know I am not alone and that sadly many of you will have felt like this too.

Thankfully, the concept of wellbeing for NHS staff is now more recognised but we need to be mindful, as we tip-toe out of the COVID restrictions, that we may be about to see a huge number of colleagues struggling with the aftermath. Looking out for exhaustion, cynicism and inefficiency, in both ourselves and our colleagues, will help identify patterns of behaviour that could represent burnout. Working flat out and striving for excellence is laudable but we need to accept that overworking can ultimately have a detrimental effect, not only on ourselves, but also on our patients.

Surgery is an amazing career. We are a very privileged group but none of us are immune to the impact that work can have on us.

Admitting this and accepting that our way of recovering from work doesn't have to involve a podium or a personal best time will go a long way towards helping us avoid burnout, and the consequences for ourselves and our patients.

References

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