

PREVELANCE AND RISK FACTORS FOR BURNOUT IN THE PERIANESTHESIA SETTING

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Introduction:

Burnout is a stress syndrome characterized by emotional exhaustion, depersonalization and diminished sense of personal accomplishment. Burnout is unhealthy and can be hazardous to patient safety. A single-site pilot survey was completed followed by a national survey with members of American Society of Anesthesiology (ASA) evaluating prevalence and risk-factors of burnout.

Identification of the problem:

Prior research in burnout of emergency room, intensive care and flight nurses is abundant, however little data exist on burnout in perioperative settings. This lack of data combined with higher volumes of surgical patients related to the affordable care act makes burnout a timely subject.

Study purpose:

To examine the prevalence and risk-factors for burnout in ASA webinar participants (anesthesiologists, CRNAs, nurses).

Methodology:

An anonymous electronic survey was used to collect data on key concepts of burnout with validated instruments. The 57 item survey included items from modified Maslach-Burnout-Inventory-Human-Services-Survey, SF-12 and Social-Support/Personal-Coping-Survey. The pilot survey was completed in perioperative services in single medical center and then offered nationally to ASA webinar participants.

Results:

All disciplines in perioperative services were invited to participate. 145 completed the pilot study. Global scores were calculated; higher scores reflected higher risk of burnout. Nurses and CRNAs had similar scores, indicative of low risk for burnout. Physicians had higher scores, consistent with burn-out. Males had more depersonalization.

In the national survey, 170/ 266 webinar attendees participated. Prevalence of burnout was 29-57%. Anesthesiologists scored high on risks for burnout, work satisfaction and professional support, lower in personal support and workload. SF-12 scores suggested increased risk for depression and emotional exhaustion across disciplines.

Discussion:

Burnout affects patient care and collaborative work efforts. With more than ¼ of the team at risk for burnout, team communication suffers and contagious poor attitudes may lead to a self-perpetuating spiral of additional burnout.

Conclusion:

There is a substantial number of perioperative staff at risk for burnout. Physicians scored higher for at risk or consistent with burnout than non-physicians.

Implications for perianesthesia nurses, future research

Awareness of risk factors for burnout allows for early identification/intervention. Perioperative staff demands good communication, vigilance and collaboration to maintain patient safety.