



World Federation of Societies of Anaesthesiologists ©

*Uniting anaesthesiologists around the world for the betterment of patient care*

## PROFESSIONAL WELLBEING IN ANESTHESIOLOGISTS

Epidemiologic Analysis of the Results of the Questionnaire on Professional Wellbeing In The Societies of WFSA - Duval Neto, Gastão, (BRASIL)

Suicidality Among Anesthesiologists - Lindfors, Pirjo, (FINLAND)

Factors of Importance in the Development of Chemical Dependence by Anesthesiologists – Moore, Roger, (USA)

Ageing Anesthesiologists Work Changes - Gupta, Pratyush, (INDIA)

Burnout in Anesthesiologists and the Safety in Anesthesia - Sahin, Sükran , (TURKEY)



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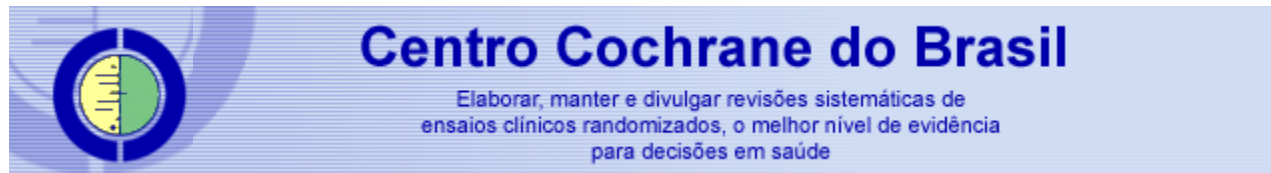
*Fadiga, Burnout, Drogadição :  
quais as implicações em anestesia?*

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# Occupational stress among anaesthesiologists:

*What is the epidemiological evidence?*

# Scientific Bases of this Presentation





***CONSISTENT MEDICAL CONCLUSIONS :***

***NEED TO BE BASED IN PROSPECTIVE  
CONTROLLED RANDOMIZED CLINICAL TRIALS***

***in Human Beings***

# LEVEL OF EVIDENCE x GRADE OF RECOMMENDATION

Medscape®		www.medscape.com
Level of Evidence	Grading Criteria	Grade of Recommendation
1a	Systematic review of RCTs including meta-analysis	A
1b	Individual RCT with narrow confidence interval	A
1c	All and none studies	B
2a	Systematic review of cohort studies	B
2b	Individual cohort study and low quality RCT	B
2c	Outcome research study	C
3a	Systematic review of case-control studies	C
3b	Individual case-control study	C
4	Case-series, poor quality cohort and case-control studies	C
5	Expert opinion	D

Source: Ann Surg © 2004 Lippincott Williams & Wilkins



## STRESS and FATIGUE IN ANESTHESIOLOGISTS

**HOW WILL BE THE SPECIFICALLY PSYCHOLOGICAL  
BRAIN RESPONSE TO THIS OCCUPATIONAL  
STRESSFUL SITUATION**

**?**

# ANESTHESIOLOGY:

## CONSEQUENCES

FATIGUE

TABAGISM  
ALCOHOL  
OPIOIDS  
COCAINE

BURNOUT





*BMJ*

## Editorials

### Promoting wellbeing among doctors

*We should move away from a disease model and focus on positive functioning*



*BMJ*

## Editorial

*Doctors, their wellbeing, and their stress  
It's time to be proactive about stress---and  
prevent it*



## THE COMPETENT NOVICE

# How to handle stress and look after your mental health

Amy Iversen,<sup>1</sup> Bruno Rushforth,<sup>2</sup> Kirsty Forrest<sup>3</sup>

Junior doctors can take action to avoid stress and depression associated with their workload. This article explains how, and gives advice on who to seek help from if the need arises

### KEY POINTS

Stress is common among junior doctors

A proportion of stressed doctors will develop mental health problems

Fa

**THIS IS THE GREAT FACT**

Many confidential and free sources of help are available for doctors



BURNOUT

Burnout syndrome refers to a type of occupational stress and greater institutional focus on professionals who have a direct and constant relationship with others (PATIENTS)



## Categorized burnout

Age (yr)	Low	Moderate	High
<30	4	34	34
30–35	8	21	12
>35	11	12	15

**Level of burnout according to age.**

Data are numbers of anaesthetists

*IN ANESTHESIOLOGY TRAINING PROGRAMS IN BRAZIL*

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President of Occupational Health Committee of Brazilian Society of Anesthesiology

**Isabelle Hansez, PhD**

Professor  
Department of Work Psychology, University of Liège, Belgium

## *IN ANESTHESIOLOGY TRAINING PROGRAMS IN BRAZIL*

### Main Objective



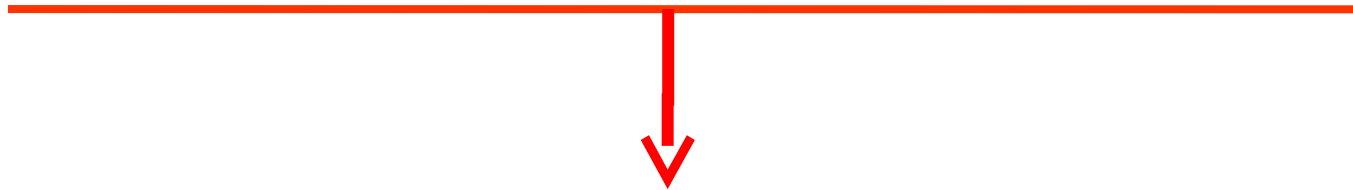
## *IN ANESTHESIOLOGY TRAINING PROGRAMS IN BRAZIL*

### Methodology





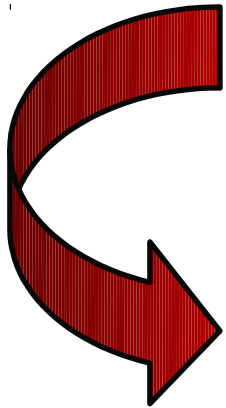
*IN ANESTHESIOLOGY TRAINING PROGRAMS IN BRAZIL*



*0,78 for job engagement*  
*0,85 for job strain*

## *IN ANESTHESIOLOGY TRAINING PROGRAMS IN BRAZIL*

### SAMPLE DESCRIPTION



*according to the age categories*

<b>Age</b>	<b>N</b>	<b>Job strain level (median (range))</b>		<b>Job engagement level (median (range))</b>	
<b>25-30</b>	<b>553</b>	<b>1.82</b>	<b>2.82</b>	<b>3.00</b>	<b>2.37</b>
<b>31-35</b>	<b>97</b>	<b>1.82</b>	<b>2.73</b>	<b>3.13</b>	<b>2.00</b>
<b>36-40</b>	<b>56</b>	<b>1.73</b>	<b>2.18</b>	<b>3.00</b>	<b>2.50</b>
<b>41-45</b>	<b>57</b>	<b>1.72</b>	<b>2.18</b>	<b>3.00</b>	<b>2.00</b>
<b>46-50</b>	<b>28</b>	<b>1.77</b>	<b>1.27</b>	<b>3.19</b>	<b>2.25</b>
<b>51-55</b>	<b>35</b>	<b>1.60</b>	<b>1.71</b>	<b>3.13</b>	<b>2.12</b>
<b>56-60</b>	<b>25</b>	<b>1.73</b>	<b>1.45</b>	<b>3.38</b>	<b>1.62</b>
<b>+ 60</b>	<b>22</b>	<b>1.55</b>	<b>1.00</b>	<b>2.88</b>	<b>2.00</b>



*according to the*

Level of training	<i>N</i>	Job strain level (median (range))		Job engagement level (median (range))	
1st yr	209	1,73	2,55	3,13	2,37
2nd yr	192	1,91	2,37	3,00	2,37
3rd yr	174	1,82	2,82	2,94	2,25
Preceptor/ Instructor	293	1,73	2,36	3,13	2,50

*level of training*



	<b>Brazilian anaesthetists (n=876)</b>	<b>Belgian anaesthetists (n=151)</b>	<b>Adj. Z</b>	<b>P Value</b>
<b>Resources control</b>	2.78 (1.3-3.7)	2.78 (1.7-3.5)	-.30	.76
<b>Task management control</b>	2.94 (1.2-4.0)	2.93 (2.0-3.9)	-.88	.38
<b>Risks control</b>	2.71 (1.1-4.0)	2.71 (1.7-3.5)	-.13	.90
<b>Planning control</b>	2.58 (1.0 – 3.8)	2.50 (1.5-3.3)	-4.43	<.0001
<b>Time management control</b>	2.57 (1.0-3.9)	2.21 (1.3-3.3)	-7.23	<.0001

**Note : There is a significant difference between all job control dimensions (p<.0001)**

# Median job strain level in all Group in Study

		n	Percent	Valid percent	Cumulative percent
Valid	Low level of job strain	23	2,6	2,6	2,6
	Medium level of job train	667	76,1	76,5	79,1
	<b>High level of job strain</b>	<b>182</b>	<b>20,8</b>	<b>20,9</b>	<b>100,0</b>
	Total	872	99,5	100,0	
Missing	System missing	4	,5		
	Total	876	100,0		

## QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY

The main objective of this line of research is to alert about real professional wellbeing state in different Societies of Anesthesiologists and to indicate some options of better working conditions for anaesthesiologists in the World.



## QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY

E-mail Questionnaire (*Survey Monkey Program*)

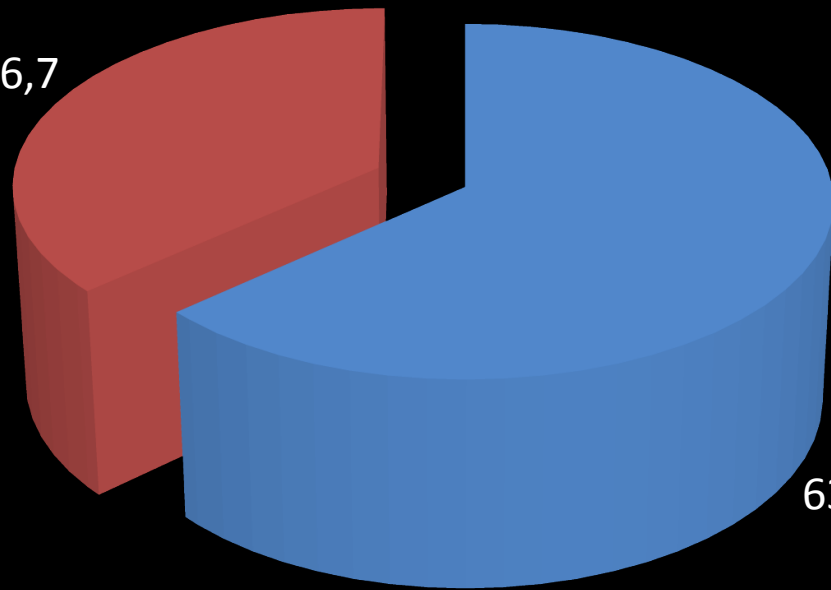
87 distributed - 50 returned

All regions of WFSA were represented



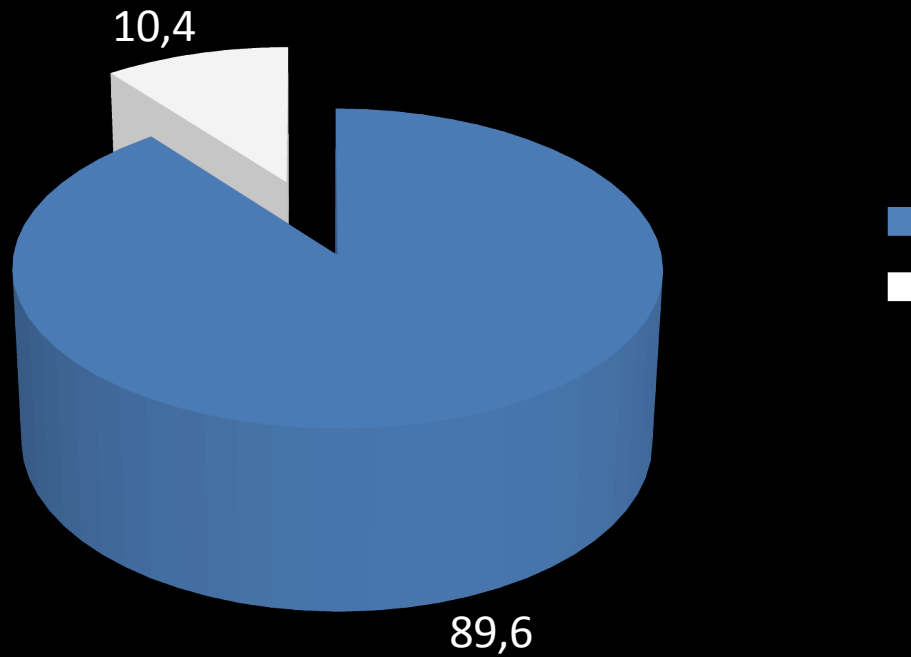


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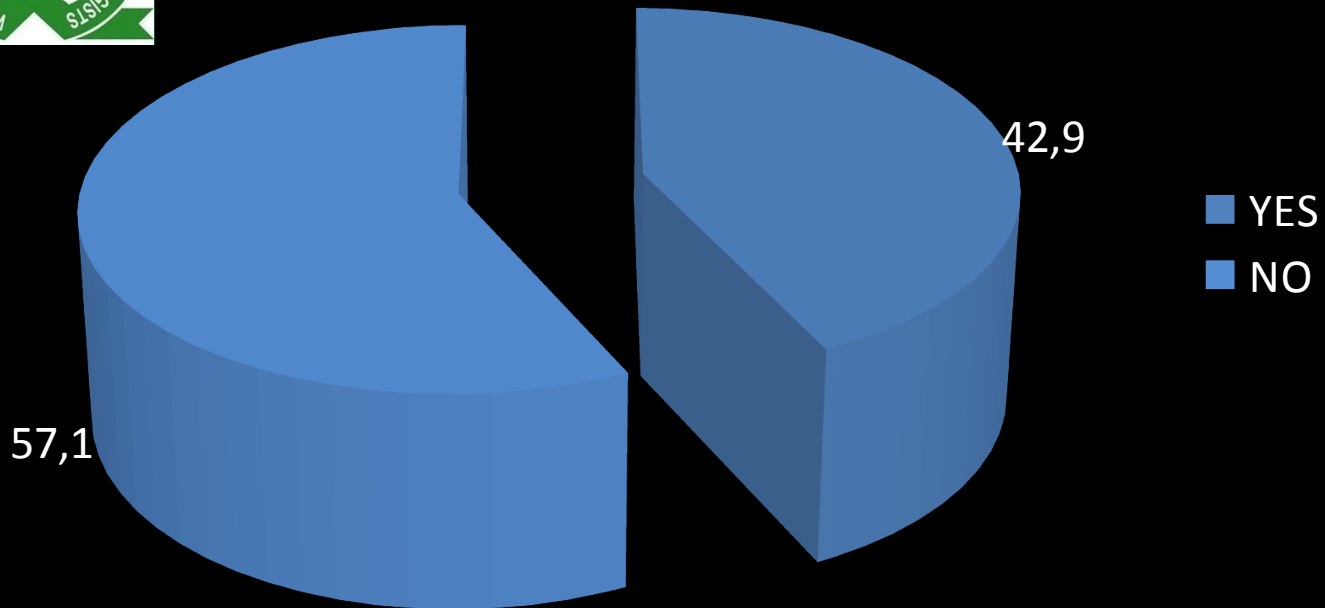


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QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY/WFSA

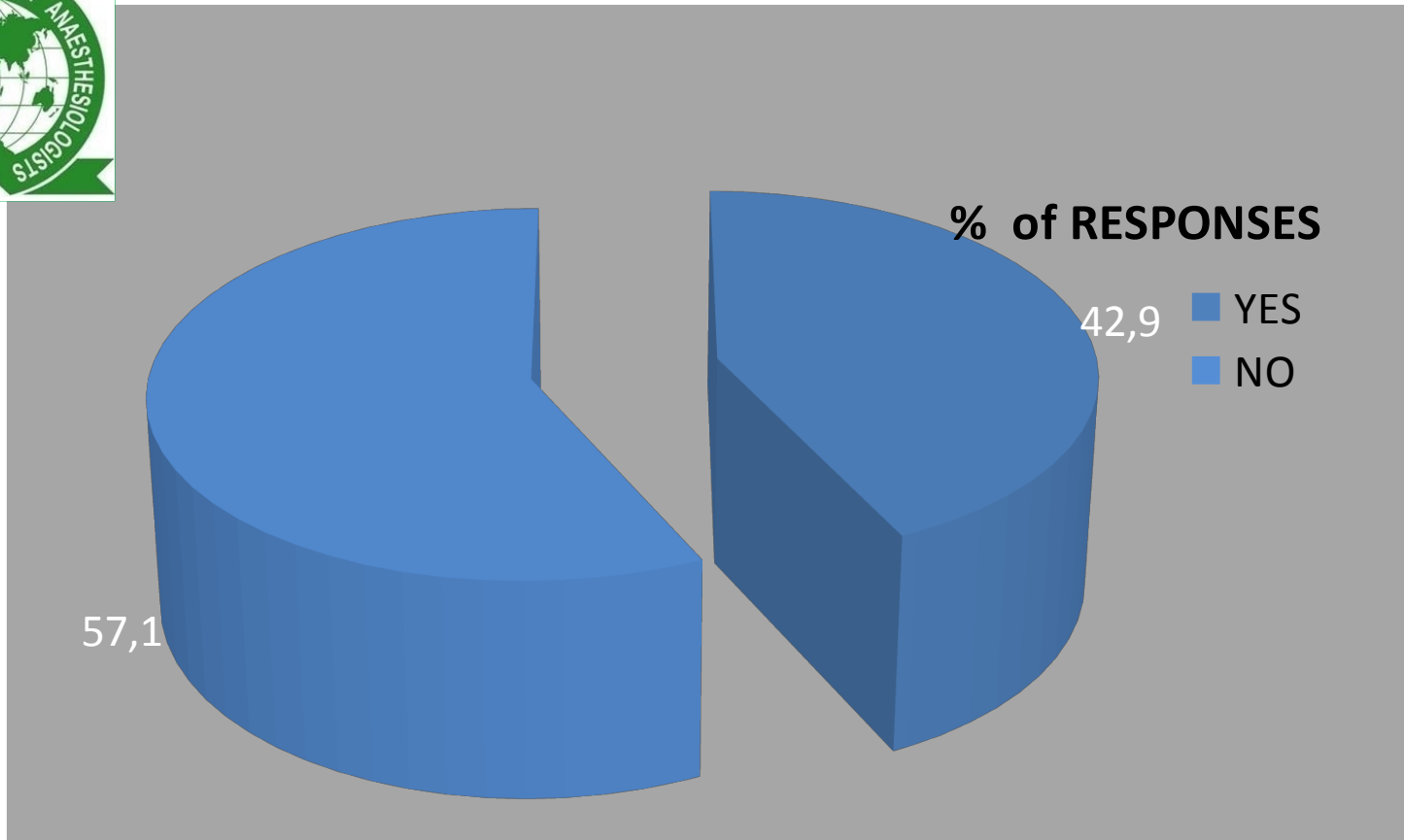


**QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY/WFSA**

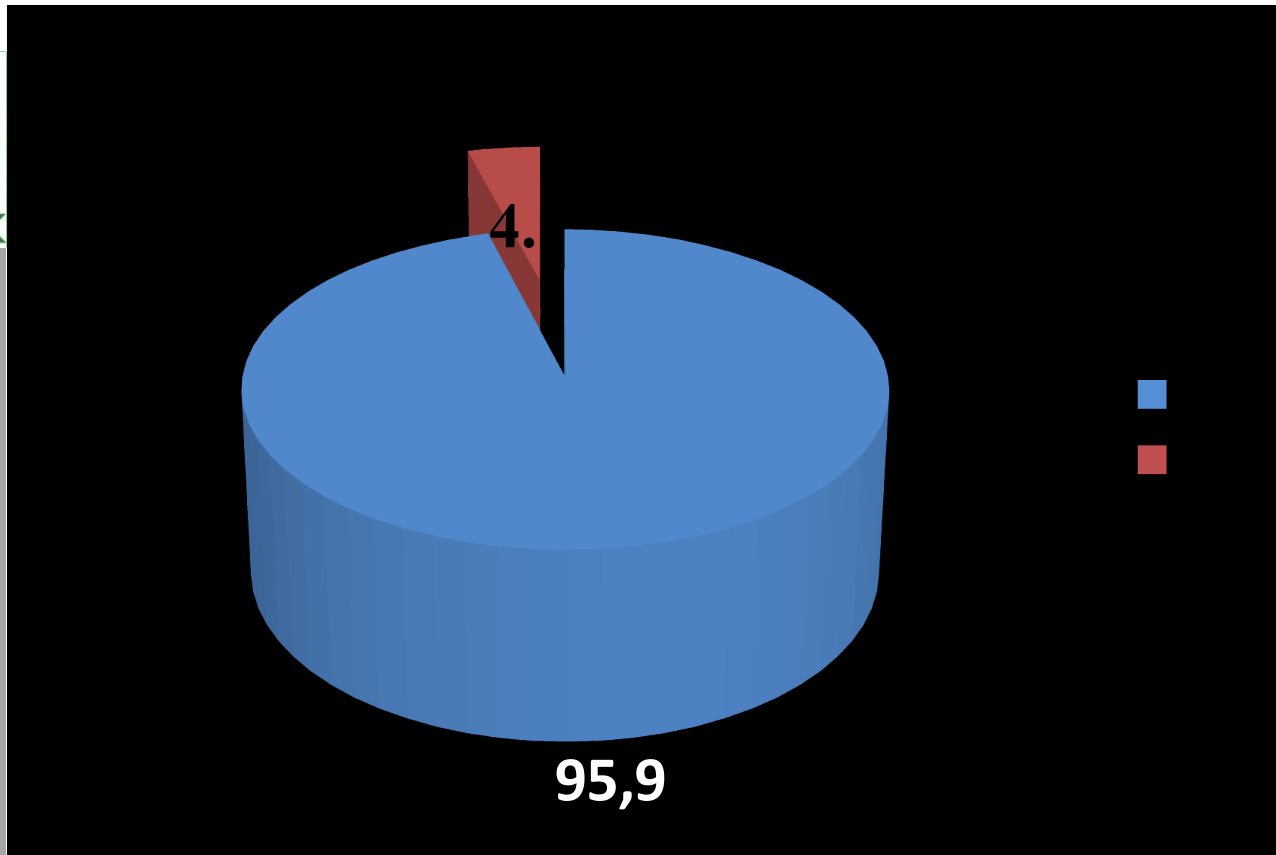


**QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY/WFSA**

Discrepancy among the epidemiologic research reality and the current approach to this subject by the Anesthesia Societies in the world.



**QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY/WFSA**



**QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY/WFSA**

# PWWP : 2010 - 2012

TO ANALYZE AND PUBLISH THE RESULTS FROM THE QUESTIONNAIRE

TO WRITE AN EDITORIAL TEXT WITH THE MAIN OBJECTIVE TO BE PUBLISHED IN NEWSLETTERS OF THE SOCIETIES MEMBERS OF WFSA

TO PROVIDE SCIENTIFIC SUPPORT TO THE DEVELOPMENT OF RESEARCH ON THIS SUBJECT

TO ELABORATE RECOMMENDATIONS AND / OR ALGORITHMS ON THIS SUBJECT

TO STIMULATE TO THE INCLUSION OF THIS SUBJECT IN MEETINGS AND CONGRESS IN THE SOCIETIES MEMBERS OF WFSA



# Simulation Study of Rested *Versus* Sleep-deprived Anesthesiologists

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- a. rested group previous to the simulation
  - b. sleep-deprived group (25h) previous to the simulation
-



**Clinical Lapses** - *Differences of Incidence among the Two Groups*

**DECREASE IN THE SAFETY OF PATIENTS**

## critical analysis of the scientific methodology of articles

1. Bournout is highly prevalent among in physicians, especially *MEDICAL STUDENTS, RESIDENTS and CLINICAL ANESTHESIOLOGISTS*;
2. *Despite of the serious consequences there are few intervention designed to combat this problem;*
3. *Future studies are need ( standardized methods , large samples sizes, validated outcome measuring) to improve the combat to*

***OCCUPATIONAL STRESS and BURNOUT SYNDROME.***

CMA Guide to  
**Physician Health  
and Well-Being**



Facts, advice  
and resources  
for Canadian doctors



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Editorial:  
getting better at being well

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*Dr. Michael Myers, Clinical Professor,  
Dept. of Psychiatry, University of British Columbia*

Pirjo Lindfors

## Work-related well-being of Finnish anesthesiologists



STRONG RECOMMENDED

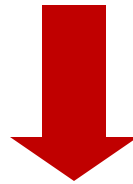


Finnish Institute of  
Occupational Health

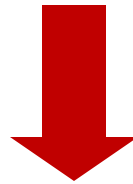
People and Work  
Research Reports 88



**OCCUPATIONAL HEALTH  
OF ANESTHESIOLOGISTS**



**SAFETY OF PATIENTS**



**WFSA**

THANK YOU VERY MUCH BY YOUR  
ATTENTION !

PORTUGAL

ex

AUSTRIA



USA

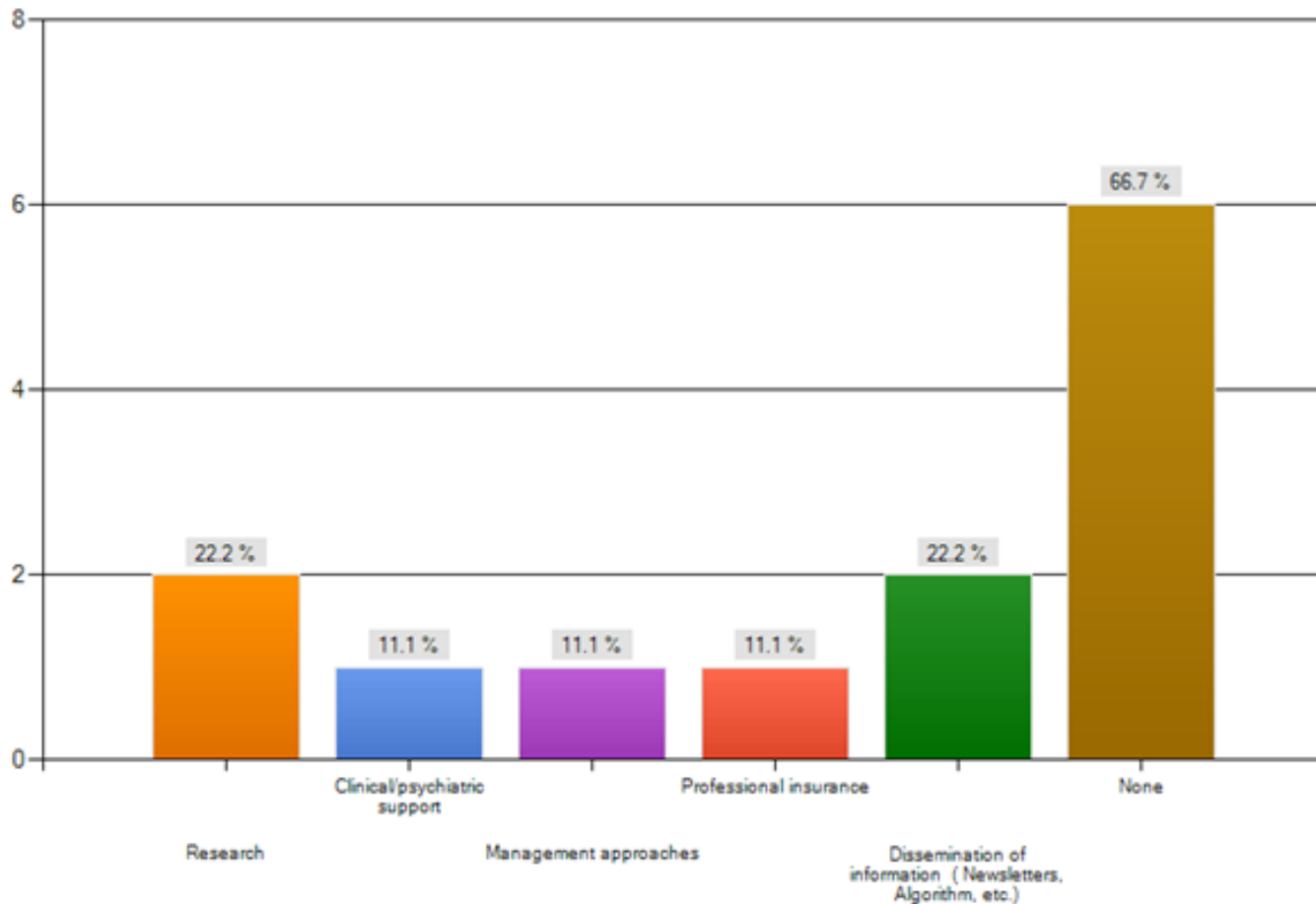
JAPAN

FINLAND

# QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY/WFSA



Does your Society promote any kind of epidemiologic research, clinical/psychiatric support or developmental activity on the subject "Professional Wellbeing of Anesthesiologists", such as:



## Prevalence : *use of drugs*

**Grupo 1** = 6,9% (56/816)

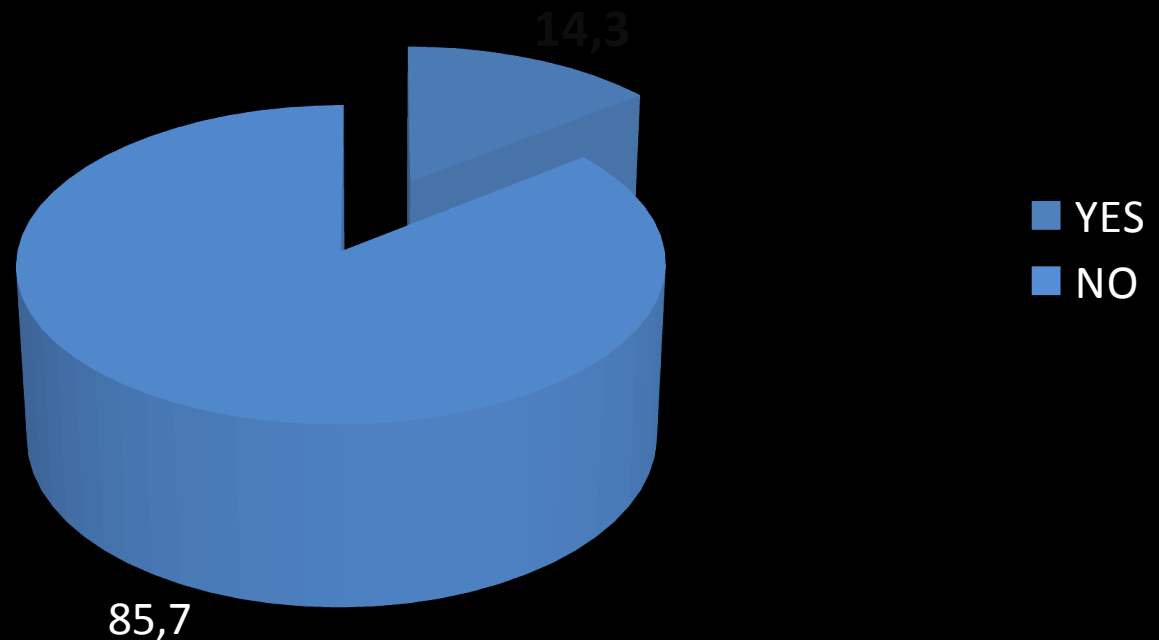
**Grupo 2** = 34,8% (284/816)

**Grupo 3** = 55,1% (450/816)

**Grupo 4**

a. Tabaco: 64,3% (524/815)

b. Álcool = 95,4% (771/808)



**QUESTIONNAIRE from PROFESSIONAL WELLBEING WORK PARTY/WFSA**

‘El *burnout* es un problema de los países desarrollados

¿Cuál es el nivel de estrés y el impacto de este en el personal anestesiológico?

# **BRAZILIAN SOCIETY OF ANESTHESIOLOGY (SBA)**

## **Occupational Health Committee**

Members - Gastão Fernandes Duval Neto, Presidente  
Maria Luiza Alves  
Antenor Gripp