Residents in anesthesiology training programs have high rates of burnout and depression, reports a survey study in the July issue of *Anesthesia & Analgesia*, official journal of the International Anesthesia Research Society (IARS).

The findings raise concerns that, "In addition to effects on the health of anesthesiology trainees, burnout and depression may also affect patient care and safety," write Dr Gildasio S. de Oliveira, Jr, and colleagues of Northwestern University, Chicago.

**Burnout and Depression Are Common in Anesthesia Trainees…**

The researchers performed an Internet survey of U.S. anesthesiology residents nationwide. Confidential responses from 1,508 residents were analyzed to assess the frequency of burnout and depression, and whether trainees at high risk of these conditions would report more medical errors.

Forty-one percent of residents were considered at risk of burnout, based on high scores for emotional exhaustion and depersonalization and/or low scores for personal accomplishment. In addition, 22 percent of residents had possible depression, based on a standard screening test. Seventeen percent of trainees were at risk of both burnout and depression.
Compared to people of similar age, anesthesiology residents were nearly twice as likely to have screen positive for depression. They were also twice as likely to report suicidal thoughts.

Both burnout and depression were more likely for residents who worked more than 70 hours per week, those with higher alcohol use (more than five drinks per week), and female residents. Smoking was an additional risk factor for depression.

**…With Possible Link to Increased Medical Errors**

There was some evidence that burnout and depression affected the quality of patient care and the risk of medical errors. Rated on a 30-point "best practice" score, performance was about two points lower for residents at high risk for burnout and four points lower for those at high risk of both burnout and depression, compared to those at low risk.

Residents with burnout and depression also reported being less attentive to patients and making more mistakes with negative consequences for patients. One-third of residents with high burnout and depression risk said they had made multiple medication errors in the last year, compared to less than one percent of lower-risk responders.

Previous studies have identified medical residents as a group at high risk of burnout, which may lead to an increased risk of medical errors. The new study is the first to focus on the risk of burnout and depression among anesthesiology residents.

Burnout, depression, and suicidal thoughts are "very frequent" among anesthesiology residents, the results suggest. Dr de Oliveira and coauthors note that these problems may not only contribute to the risk of medical errors, but are also linked to high-risk behaviors such as smoking and alcohol use. The researchers discuss some possible
approaches to reducing burnout in anesthesia trainees—such as balancing workload with quality of life or providing some type of psychological screening.

More information: www.anesthesia-analgesia.org/content/117/1/182.full

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