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In the recent times, stress can be termed as one of the major killer disease. A Swedish study conducted in the year 2002 found out that anaesthetists die at a younger age as compared to other physicians. Anaesthesia is undoubtedly an inherently, highly stressful speciality. The burnout syndrome which is a corollary of stress poses significant problems. Bakshi et al. conducted a questionnaire based survey on Indian Anesthesiologist which revealed that about 91% of them have moderate to large amounts of stress. However, the job satisfaction ranges between medium to high levels for them. This scenario does not vary much globally. Nyssen et al. in their study on French speaking Belgian anaesthetists observed that 40.4% of anaesthetists were suffering from high emotional exhaustion. De Keyser et al. defined stress as a process by which certain situation demands are appraised by the worker as exceeding his own resources resulting in undesirable health consequences. Chronic exposure to stress is associated with elevated inflammation with the

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accelerated release of inflammatory cytokines as depicted by the Heart and Soul study. Very few formal studies have been performed on stress in anaesthesia and in those few ones available most of the work has been done to study the mental and physical outcomes. The levels of stress and sources of stress at workplace have seldom been studied. Stress needs to be actually measured in terms of antecedent variables (sources) in addition to outcome variables. For the ease of understanding, stress has been further scrutinized into stress as stimulus, response, as perception and transaction adapted from the conceptual framework proposed by Mackay and Cooper. Most of the studies carried out reveal time constraints, excessive workload and complexity of the tasks as major stressors. Moreover, taking ethical decisions and fear of harming patients with obligations of job further adds to the woes. Unhealthy atmosphere at workplace, dealing with difficult colleagues and communication issues contribute strongly to the stress element. Lack of control over the job which has been quoted as the most cause increases the risk of burnout syndrome, especially in the younger population less than 30 years of age. Striking a balance between family responsibilities and on-call commitments affects the female population due to obvious reasons. Numerous physiological, behavioural and psychological responses are seen in response to external and internal

demands. The ultimate effect of chronic stress is burn-out syndrome due to the frequent activation of the Hypothalamo-Pituitary-Adrenal axis. Maslach and Jackson defined burnout as a syndrome of depersonalization, emotional exhaustion and reduced personal accomplishment. Further on physical, cognitive and emotional deterioration of health is observed along with development of negative attitude and reduced professional efficacy. Alcoholism and dependence on substance abuse drugs is often seen. The other spectrum is suicidal tendencies and sleep disturbances leading to accidents. Stress can be perceived differently depending on the individual's attitude and resources to cope up with the demands. Many questionnaires such as Maslach Burnout Inventory (MBI), Psychological State of Stress Measure (PSSM) and Perceived Stress Scale (PSS) have been used to assess the levels of stress. But the bottom-line remains that anaesthetists have a considerable amount of stress. Now whether this affects the quality of care and patient safety is not addressed in the review of literature. Stress thus is not a linear cause effect relationship but is a dynamic state which cannot be assessed on the basis of a onetime questionnaire. The model theory of cognitive appraisal by Lazarus and Folkman states stress to be a two way that process involves the production of stressors by the environment and the

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response of an individual subjected to stress. Thus, various coping strategies have to be dealt at an organizational (environmental) and individual levels to mitigate the effects of stress. Workplace schedule organizations, providing adequate support and supervision to the trainees and specialists, providing feedback on clinical cases are best dealt by the hospital administration. Providing counselors for clinical advice and medico-legal support from hospital administration, giving adequate rest and breaks during work will help the trainees feeling empowered. Accident and incident conferences with no blame attitude will provide emotional and social supporting in case of any mishaps. Crisis management to respond correctly in critical situations through simulators should be an important module of training. Enhancing communication skills to improve interpersonal relations is a much neglected aspect of essential training and needs to be imparted much early in career. Futuristic as it may sound; early personality profile assessment of trainees during selection procedure of trainees will definitely help and should be seriously thought about. High control,

high satisfaction, high empowerment is seen at senior and experienced anaesthesiologist levels which help to mitigate the stress positively. Appropriate remuneration in congruence with the seniority and experience is also a good moderator of stress depicted by the Effort Reward Imbalance (ERI) model. Group practice always wins a thumb up over freelance practice to have a good work life balance. To further elaborate on the Lazarus's self appraisal model, individual response to a clinical situation depends on the individual's approach to consider it as a threat or challenge. Obviously with threat negative emotions will develop and can also lead to flight reaction. With treating it as a challenge, needless to mention that positive emotions will develop and help in attenuation of stress response. Reappraisal after encountering inability to perform well in a difficult clinical situation is a very effective cognitive coping strategy. Enhancing one's skills by keeping abreast with latest techniques, technology and gadgets through CME'S is strongly recommended. Avoiding difficult cases and shying away from such situations can lead to negative

emotions. When encountered with a difficult medical situation one should not hesitate asking for help from colleagues in the form of advice or getting actual support and delegate work to a senior nurse or assistant doctors if available when workload seems impossible. Prestige should never be an issue when dealing with patient care. Ethically difficult decisions should be always dealt prudently and with good communication with the colleagues. Emotion focused strategies involve efforts to deal with response to acceptance, denial, behavioral disengagement, alcohol and drug abuse. Happy anaesthetists usually have a great sense of humour. Social support is the lifeline for any successful profession. Developing a hobby and pursuing it helps combat stress. Practising regular meditation and relaxation exercises are helpful. Well, the future of stress management does need more research in this field. Various models will have to be studied to find an exact solution. Well, the future of stress management does need more research in this field. Various models will have to be studied to find an exact solution.

References

1. Nyssen AS, Hansez I: Stress and burnout in anaesthesia: Current Opinion in Anesthesiology 2008, 21: 406-411.
2. Nyssen AS, Hansez I et al: Occupational stress and burnout in anaesthesia: British Journal of Anesthesia 2003; 90: 333-7.
3. Larsson J, Sanner M: Doing a good job and getting something good out of it: on stress and wellbeing in anaesthesia. British Journal of Anesthesia 105(1) 34-7 (2010).
4. Bakshi SG, Divatia JV, Kannan S, Myatra SN: Work-related stress: A survey of Indian anaesthesiologist. Journal of Anaesthesiology and Clinical Pharmacology 2017; 33: 86-91.
5. Shidhaye RV, Divekar DS et al: Evaluation of Stressors and coping strategies for stress in Indian Anaesthesiologists. Indian Journal of Anaesthesia 2011, Mar-Apr 55(2) 193-198.
6. Khetarpal R, Chatrath V et al: Occupational Stress in Anesthesiologists and Coping Strategies: A Review: International Journal of Scientific Study September 2015, Vol 3, 188-191.

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