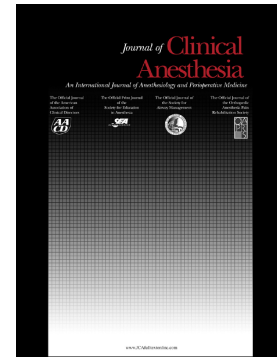


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Burnout and the mental health impact of COVID-19 in anesthesiologists: A call to action

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Burnout and the Mental Health Impact of COVID-19 in Anesthesiologists: A Call to Action

First documented in December 2019, the novel coronavirus has since rapidly spread to all corners of the globe, gaining the status of a pandemic and changing the modus operandi of every segment of society.

Medicine needed to be instantly reconfigured and reimaged. Many fields, more or less successfully, switched to a virtual format that allowed them to continue patient care, research and medical education remotely, miles away from the turmoil that became emergency departments, medical floors, and intensive care units. Anesthesiology was not one of them. Their adjustment was unique and, in many aspects more, challenging.

Anesthesiologists quickly went from the behind-the-scenes medical professionals to one of the most valued frontline and essential workers, with crucial expertise and skills to change outcomes during the pandemic. While this has come with recognition and appreciation, it has also brought along fear, hypervigilance, anxiety, loneliness, sleep disturbances, increased substance use, and psychosomatic preoccupations. Indispensable on the frontlines, anesthesiologists can be particularly vulnerable to emotional distress in the current pandemic, given their risk of exposure to the virus and fear of infecting their loved ones, which in many cases has led to separation of families.

The American Society of Anesthesiologists (ASA) found in a recent survey that a majority of physician anesthesiologists “pivoted from working in the operating room to treating COVID-19 patients in critical care units and ICUs, making the most of their expertise in intubation, ventilation strategies, and critical care medicine, which includes all aspects of resuscitation with multiorgan failure”. This transformation brought additional financial setbacks from cancellation of elective surgeries, and more than 90% of respondents said their case volume had decreased by more than 50% (most were at 70-80%) since the declaration of the national emergency. (1)

Meanwhile, anesthesiologists who were recruited to work on the frontlines, reported working longer, and at times unpredictable and irregular, hours while facing shortages of personal protective equipment (PPE), even during endotracheal intubations or while operating ventilators (2). Despite vigorous precautions, there is significant risk of contamination, and this translates into anxiety and fears that anxiety may persist even after physical recovery (3). Additionally, many anesthesiologists had to assume very sensitive and unusual responsibilities and to be part of the decision-making process of emotionally draining decisions, such as involvement with grieving families or families no longer allowed to visit their loved ones, which is not a typical role of an anesthesiologist.

Burnout, a work-related syndrome characterized by emotional exhaustion, low personal accomplishment, and depersonalization is already highly prevalent among anesthesiologists (4). The field is also marked by high rates of depression and suicidal

ideation, and all of these symptoms correlate with medication errors and poor outcomes (5).

The rates of burnout, insomnia and depression have skyrocketed among healthcare workers during this pandemic (6). Among the most commonly reported causes are difficult obtaining PPE, inadequate testing, extended workloads or shifts in responsibilities and schedules, all of which have been seeing with regularity by anesthesiologists (7).

Now more than ever, it is crucial that anesthesiology centers enlist additional resources to ensure that their clinicians' needs are assessed and properly addressed (8). To help mitigate some of these challenges, we propose the following system-level interventions and adaptations:

- It is vital to assess the physicians' mental health needs and to connect them with available resources when indicated. Many programs now offer free psychiatric and psychological evaluation and treatment and wellness events. Telemedicine visits have quickly become an important part of the mental health treatment arsenal. As alcohol and substance use continue to increase during the pandemic, these treatment resources should be included as well.
- Many physicians struggle with unpredictable and inconsistent childcare that came as a consequence of school closures. This can be particularly challenging for women, single parents, or those without family nearby. Many centers are now

providing backup childcare to frontline workers, or offering increased downtime and additional flexibility for those professionals.

- Offering the clinician the option to rank preferred sites or schedules and allowing flexibility of work hours and/ or modification of expectations may also translate into better job satisfaction and lower rates of burnout and depression.
- Adequate access to PPE and COVID testing, as well as regular screening of symptoms, temperature checks, and the option to self-quarantine if needed must be secured.
- Offering reassurance that clinicians will not be relocated to other fields or suffer financial cuts.

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