

# Editorial

## Surgical burnout – to ruin one’s health or become completely exhausted through overwork?

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It is fair to say there have been some major changes in the world over the past few years, and not just those that are obvious – COVID-19 and the return of war to Europe.

Some major societal and interpersonal changes have emerged from the pandemic: the lack of human interaction and hand-shaking, the introduction of protective dividers in shops, and virtual meetings via Teams and other telecommunication platforms. While we definitely miss these in-person interactions at work, there is a more profound problem at play, certainly on the management and academic side – that of 100% fill rates to calendars. The move to Teams has made meetings literally back-to-back. With no time needed to walk between locations, or indeed allowances for simple needs like bathroom breaks, this applies mental pressure and also removes those niceties of chatting ‘around the meeting edges’. In my academic life as unit director in Nottingham, I manage around 200

academic, administrative, and technical services staff, and it is interesting to see changes that have happened to the workplace over the past two years. As the pandemic hit, many staff wanted to go home – the ‘teams chat’ channels were replete with pictures of ‘ironing board desks’ and virtual coffee mornings. However, a different problem of isolation later developed, with the majority of staff wanting to sit in busy offices with their colleagues.

The Oxford Languages group defines burnout as to “ruin one’s health or become completely exhausted through overwork”. The term itself has been used since the early 1970s, when researchers began examining the effects of emotional stress on behaviour and professionalism among caregivers and human services workers (Maslach).

And although this seems a nebulous and abstract concept, it has been rather well studied. In their systematic review and meta-analysis, Al-Guhaim et al<sup>1</sup> set out to identify across all surgical specialities what, if anything, is the effect of surgeon burnout on professionalism and patient safety. The authors identified 14 studies reporting on burnout, safety, and professionalism in 27,248 working surgeons. The results make for sobering reading: burnout was associated with a 2.5-fold increase in involvement in medical error. While they were unable

to perform a meta-analysis for professionalism outcomes, their narrative suggested that burnout is linked to risk of loss of temper or malpractice suits.

The problem is clearly widespread, and was already a problem pre-pandemic. However, different specialities do not suffer from burnout to the same extent. Turning the problem on its head, Pulcrano et al<sup>2</sup> looked to link burnout and quality of life across surgical specialities in 2015. Overall, there were 41 suitable articles, suggesting an already recognized problem. The authors reported that the happiest surgeons worked in paediatrics (86% to 96% satisfied) with plastics (33%) the least satisfied.

In orthopaedic surgery, the consensus is that burnout rates are similar to those in emergency department physicians, with around half of surgeons experiencing some symptoms of burnout. In an excellent article for the American College of Surgeons, Daniels et al<sup>3</sup> describe the problem and also offer some potential solutions. The authors noted that, “Among practicing surgeons and faculty members, burnout is marked by high levels of emotional exhaustion and depersonalization, whereas feelings of personal achievement are often preserved.”

There is very little in the literature on solutions for burnout, although mindfulness and