



A STUDY TO ESTABLISH THE JOB SATISFACTION AND WORK RELATED STRESS AMONGST PRACTISING ANAESTHESIOLOGISTS IN INDIA

Anaesthesiology

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KEYWORDS

INTRODUCTION

Anesthesiology is known to be a challenging and stressful branch owing to the nature of complications and emergencies that can arise during the conduct of Anaesthesia for a surgery. Work related stress is one of the major factors that lead to poor job satisfaction among anaesthetists. Having an extracurricular hobby or some way of stress relief is the need of the hour, however it is difficult to find time for the same in today's demanding world.

Anesthesiology requires a considerable depth of knowledge, high work demand, and experience, which makes it stressful to practitioners of this discipline and increases the risk of burnouts among them^{1,2}

Other factors such as comparatively lesser recognition than a surgeon or other clinical branch, comparatively less remuneration inspite of long working hours, less recognition amongst patients also add to making Anaesthesiology less lucrative and attractive. Studies have shown anaesthesiologists dying at a younger age than other specialists and a higher than average suicide rate^{3,4}.

AIMS AND OBJECTIVES:

Our aim was to conduct a study to find out the level of satisfaction and the level of stress amongst practicing anaesthesiologists. The objective was to establish the need for better working conditions as well as better remuneration, and the necessity for stress relief in anaesthesiologists.

MATERIALS AND METHODS:

We conducted a questionnaire based study amongst 82 anaesthesiologists practicing in various parts of Mumbai and its suburbs. The willingness to answer the questionnaire was taken as consent. Two forms were discarded as they were incompletely filled. The questions in the questionnaire included the demographics, years of practice in anaesthesia, place of work (private/corporate/Govt), and questions related to job satisfaction and stress perceived due to anaesthesia. They were also asked if Anaesthesia was their first choice, and if given a choice again, which other branch they would choose. The data was compiled and analysed.

OBSERVATIONS AND RESULTS

Of the 80 questionnaires compiled and analysed, 48 (60%) were females and 32 (40%) were males. 36 (45%) were in the age group of 25 to 40 years, 34 (42.5) were between 40 – 60 years and 10 (12.5%) were above 60 years of age.

Of the 80 participants, 38 (47.5%) were MD Anaesthesia, 22 (27.5%) DA, 18 (22.5%) DNB Anaesthesia and 2 (2.5%) CPS DA.

29 (36.25%) were in government/municipal corporation service, 13 (16.25%) worked in corporate hospitals and 38 (47.5%) were private practitioners.

Anaesthesiology as a branch was the first choice in only 8 (10%) anaesthetists.

59 (73.75%) were not satisfied in their practice as anaesthesiologists, while 21 (26.25%) were satisfied anaesthetists.

Amongst those who were not satisfied, the topmost single reasons for dissatisfaction were work stress in 19 (32.20%), less remuneration as

compared to peers in 17 (28.81%), dependence on surgeons in 10 (16.95%), less glamour in 2 (3.38%), no direct contact with patients in 1 (1.69%) and long working hours in 1 (1.69%).

Amongst those who were satisfied, the topmost reason for satisfaction was flexibility of time in 9 (42.85%), less investment in 7 (33.34%) and avoidance of direct contact with patients and relatives in 5 (23.80%).

To the question which branch they would choose as a career choice if given chance again, 26 (32.5%) opted for Medicine, 18 (22.5%) opted for Surgery, 10 (12.5%) opted for orthopaedics, 9 (11.5%) opted for Obstetrics/Gynecology, 7 (8.75%) opted for Radiology, 4 (5%) Dermatology, 2 (2.5%) Psychiatry, 1 (1.25%) ENT, 1 (1.25%) Ophthalmology, and only 2 (2.5%) opted for Anaesthesia itself. Of these, those who opted for Orthopaedics were all males while those who opted for Dermatology were all females.

About the remuneration they earn as Anaesthesiologists, 34 (42.5%) thought that the money was good, 28 (35%) thought it was average, 12 (15%) believed they were underpaid, while only 6 (7.5%) thought the money they earned was excellent.

Of the 80 participants, 69 (86.25%) feel stressed due to work, while 11 (13.75%) are stress free working as anaesthesiologists.

Of the 80 participants, 13 had no stress related medical diseases. Of the remaining 67, 43 (64.18%) had hypertension, 13 (19.40%) had Diabetes Mellitus, 5 (7.46%) had Thyroid disorder, 3 (4.47%) had mental health issues, 2 (2.98%) had stress ulcers and 1 had history of stroke. Of the hypertensives, 2 had episode of Ischaemic heart disease in the past.

When asked whether they thought they got sufficient time to spend with family on an average, only 12 (15%) responded with a yes, while the response of 68 (85%) was no.

To the question whether they had any extracurricular hobby such as painting, singing, playing an instrument etc, 54 (67.5%) replied yes, while 26 (32.5%) replied no. Of the 54 who had hobbies, only 26 (48.15%) found time to pursue their hobby while 28 (51.85%) did not get time for the same.

Of the 80 participants, 42 (52.5%) said they got time for exercise while 38 (47.5%) did not.

DISCUSSION

Anesthesiology is a stressful branch and as such the job satisfaction amongst practicing anaesthesiologists is on the lower side. Other factors that contribute to this are comparatively better public image and glamour of surgeons, lesser remuneration as compared to equally qualified colleagues and other aspects such as lack of hobby or no time to pursue the same.

We conducted a questionnaire based study by distributing the questionnaire to anaesthesiologists randomly via social media. The questionnaire aimed to assess the satisfaction as an anaesthetists, the factors contributing to the same and the stress levels experienced by anaesthesiologists in general.

In our study, 59 (73.75%) were not satisfied in their practice as

anaesthesiologists, while 21 (26.25%) were satisfied anaesthetists. In a study conducted by Rachel Cherian Koshy, Bhagyalakshmi Ramesh, et al titled Job satisfaction and stress levels among anaesthesiologists of south India⁵, a survey was conducted through a questionnaire to know the various aspects of job satisfaction and job stress. They concluded that an anaesthetists work area may vary from a small private hospital to a large tertiary centre. Depending on the number of anaesthetists in a particular hospital, the working hours and on call duties would be distributed. Overworked anaesthetists are prone to burnout due to sleep deprivation. This could lead to fatigue related error. Lesser the number of anaesthetists would mean less support from colleagues in the event of complications.

In our study, amongst those who were not satisfied, the topmost single reasons for dissatisfaction were work stress in 19 (32.20%), less remuneration as compared to peers in 17 (28.81%), dependence on surgeons in 10 (16.95%), less glamour in 2 (3.38%), no direct contact with patients in 1 (1.69%) and long working hours in 1 (1.69%). In the study conducted by Rachel Cherian Koshy, Bhagyalakshmi Ramesh, et al⁵, they found that having a good rapport with surgical colleagues also helps to prevent stress. Anaesthesiologists should have adequate monitors to avoid error in judgement. Chronic stress has serious health hazards. Keeping updated with latest developments in our field helps to improve the quality of care provided. Anaesthetists should also receive the recognition and remuneration due to them.

In a study conducted by Ewelina Gaszynska et al⁶, titled Life Satisfaction and Work-Related Satisfaction among Anesthesiologists in Poland, they found that in general, 71.32% of anesthesiologists were satisfied with their current job situation; most, however, (62.65%) used the term "rather satisfied." Respondents declaring general satisfaction with their job were significantly more content with its different aspects, patient care ($p < 0.01$), income-prestige ($p < 0.01$), personal rewards ($p < 0.01$), burden ($p = 0.09$), professional relations ($p = 0.024$), and life in general, than the dissatisfied ones. Family life was the only aspect that these differences did not apply to. The satisfied participants rated their health and economic status significantly higher ($p < 0.01$). They also viewed their future more optimistically ($p < 0.01$) and were more satisfied with their social ($p = 0.036$) and family life ($p = 0.07$).

Regarding the remuneration they earn as Anaesthesiologists, in our study, 34 (42.5%) thought that the money was good, 28 (35%) thought it was average, 12 (15%) believed they were underpaid, while only 6 (7.5%) thought the money they earned was excellent. Of the 80 participants, 69 (86.25%) feel stressed due to work, while 11 (13.75%) are stress free working as anaesthetists. In a study conducted by Ambrose Rukewe et al⁷, titled Job satisfaction among anesthesiologists at a tertiary hospital in Nigeria, they found that overall, 27 (58.7%) of the anesthesiologists were satisfied with their job. While 8.7% were very satisfied (grade 5), 6.5% were very dissatisfied (grade 1) with their job. The stressors identified by the respondents were time pressures, long working hours with complaints of insufficient sleep, and employment status. Among the respondents, the medical officers were the most discontented (9 out of 12, 75%), followed by senior registrars (5 out of 9, 56%). A high percentage of participants (54.1%) declared that the one change if implemented that would enhance their job satisfaction was having a definite closing time.

In a study conducted by Akshaya N. Shetti, Shivanand L. Karigar, et al⁸, titled Assessment of Job Satisfaction and Quality of Life among Practicing Indian Anesthesiologists, they found that out of 1219 anesthesiologists, 81% were satisfied being anesthesiologist, but 58% are unsatisfied with remuneration. More than one role was played by 47.7% of anesthesiologists. Nearly 83% of anesthesiologists agreed that the stress is highest among anesthesiologist compared to other medical professionals.

In our study, of the 80 participants, 13 had no stress related medical diseases. Of the remaining 67, 43 (64.18%) had hypertension, 13 (19.40%) had Diabetes Mellitus, 5 (7.46%) had Thyroid disorder, 3 (4.47%) had mental health issues, 2 (2.98%) had stress ulcers and 1 had history of stroke. Of the hypertensives, 2 had episode of Ischaemic heart disease in the past. In a questionnaire based study conducted in 115 anaesthesiologists by Rachel Cherian Koshy, Bhagyalakshmi Ramesh, et al titled Job satisfaction and stress levels among anaesthesiologists of south India⁵, they found a the high prevalence of backache (n=19) amongst anaesthetists. Backache was followed by

acid peptic disease (n=14), hypertension (n=12), and diabetes mellitus (n=8). Only four of the anaesthetists admitted to having depression. Coronary artery disease was reported by two anaesthetists.

In this study, to the question which branch they would choose as a career choice if given chance again, 26 (32.5%) opted for Medicine, 18 (22.5%) opted for Surgery, 10 (12.5%) opted for orthopaedics, 9 (11.5%) opted for Obstetrics/Gynecology, 7 (8.75%) opted for Radiology, 4 (5%) Dermatology, 2 (2.5%) Psychiatry, 1 (1.25%) ENT, 1 (1.25%) Ophthalmology, and only 2 (2.5%) opted for Anaesthesia itself. Of these, those who opted for Orthopaedics were all males while those who opted for Dermatology were all females. In the study conducted by Ambrose Rukewe et al⁷, titled Job satisfaction among anesthesiologists at a tertiary hospital in Nigeria, they found that only 32.6% would seek another career if given another opportunity, while 21.4% (6 out of 28) will consider opting out of the residency program in Anesthesiology.

In our study, when asked whether they thought they got sufficient time to spend with family on an average, only 12 (15%) responded with a yes, while the response of 68 (85%) was no. To the question whether they had any extracurricular hobby such as painting, singing, playing an instrument etc, 54 (67.5%) replied yes, while 26 (32.5%) replied no. Of the 54 who had hobbies, only 26 (48.15%) found time to pursue their hobby while 28 (51.85%) did not get time for the same. Of the 80 participants, 42 (52.5%) said they got time for exercise while 38 (47.5%) did not. In a study conducted by Akshaya N. Shetti, Shivanand L. Karigar, et al⁸, titled Assessment of Job Satisfaction and Quality of Life among Practicing Indian Anesthesiologists, they found that stress does reduce with the presence of another anesthesiologist while managing cases. Most anesthesiologists practiced various stress reduction methods of which spending time with the family was most popular method.

In the study conducted by Ewelina Gaszynska et al⁶, titled Life Satisfaction and Work-Related Satisfaction among Anesthesiologists in Poland, they found that working in the operating theatre, the ICU, making preoperative assessment, treating chronic and acute pain, or working in an emergency department, anesthesiologists provide services for as many as 50–60% of hospitalized patients. That is why the proportion of the amount of workload, both with patients and with administrative burden, to leisure time remains unsatisfactory. Although data differs by country, it is estimated that as many as 25% of anesthesiologists are in the burnout high risk group.

CONCLUSION

In our study, we conclude that Anaesthesiologists, who are an important part of care givers in medical field in elective and emergency situations, are in general not very satisfied with their jobs, the commonest reasons for dissatisfaction being the work stress and the less remuneration they get. Due to demanding work schedules, stress management and exercise do not get a priority. Managing work timings, maintaining work life balance by adjusting time schedules, trying to take out time for pursuing hobbies as a stress buster finding time for relaxation and family, as well as for exercise could help reduce the stress amongst anaesthetists to some extent. A good awareness among patients regarding role of anaesthetists and better payments would definitely improve the job satisfaction in anaesthesiologists.

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