

## A Proactive Approach to Prevent Burnout Among Anesthesiologists: Embracing Our Individual and Collective Responsibilities

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*Comment on: Arnal-Bernardino S, Arnal-Velasco D, Burnout prevention among anesthesiologists, Acta Anaesthesiologica Belgica, xxx*

Today, burnout is one of the significant challenges facing the medical profession, particularly in high-stakes specialties such as anesthesiology. In our field, where vigilance and precision are required every second, burnout has become a silent crisis that threatens both the well-being of anesthesiologists and the quality of care provided to patients. As central perioperative team members, we must navigate a complex environment: coordinating operating rooms, engaging in multiple interactions – with patients, surgeons, nurses, and administrative staff – and continuously adapting to ever-changing medico-legal and economic requirements. With demanding schedules, the need for rapid decision-making, and the sleep deprivation associated with on-call duties, this constant pressure can lead to emotional exhaustion, a sense of depersonalization, and a lack of personal accomplishment – the three components of burnout<sup>1</sup>.

The article ‘Prevention of Burnout Among Anesthesiologists’ in this issue provides an in-depth analysis of the problem. The authors propose nine concrete interventions that stand out for their potential to transform the work environment and reshape the professional culture<sup>2</sup>. Some of these measures can be implemented quickly and easily at the level of individuals or anesthesia departments. Others, by contrast, require more substantial resources, stronger institutional commitment, and more time as they involve broader strategic planning and organizational change.

A first group of interventions focuses on team communication, with four readily implementable yet impactful initiatives that foster a sense of belonging, peer recognition, and psychological support: Circle Up, TEAM-ICU, Hello Bundle, and Meaning-Centered Psychotherapy. Circle Up introduces on-shift team briefings and debriefings as opportunities for genuine exchanges that allow team members to express themselves authentically, adjust their level of engagement, and better understand their colleagues’ expectations and boundaries<sup>3</sup>. Another initiative that strengthens communication is TEAM-ICU, which promotes the integration of a supportive, shared language within teams. It enhances respectful dialogue, emotional regulation, and the normalization of vulnerability<sup>4</sup>. Easy to implement, it contributes to a more cohesive team dynamic and helps mitigate interpersonal tension. Similarly, Hello Bundle consists of small, daily actions designed to improve the emotional climate and support among colleagues. It reinforces the team’s ability to care for one another, value each other’s contributions, and recognize the positive impact of collaboration on care quality<sup>5</sup>. Lastly, though more individually oriented, Meaning-Centered Psychotherapy encourages professionals to reconnect with their deeper motivation and values by offering workshops or guided reflections at the departmental level<sup>6</sup>.

At the heart of these four approaches lies a more profound truth: nurturing the life within and around us — the very essence of our vocation — requires creating an environment of active benevolence where each anesthesiologist feels free to show vulnerability, share doubts, and ask for support. When professionals feel recognized and free to express their needs without fear of judgment, they are naturally more inclined to collaborate.

A second category of strategies responds to another critical need: restoring flexibility, a key element in addressing burnout — often triggered by a lack of adaptability to evolving demands. Specific organizational measures can help promote greater adaptability, such as more flexible schedules and a fairer distribution of on-call duties based on individual needs and capacities. To support this, automated reminders and messages — such as scheduled notifications or smartphone alerts — can reduce cognitive overload, enhance communication, and streamline workflows<sup>7</sup>. These tools offer practical benefits and can be implemented with minimal resources. In contrast, while conceptually promising, the dynamic call marketplace remains highly context-dependent and may be hindered by institutional, legal, or logistical constraints.

Beyond interpersonal and structural strategies, the authors also mention physical changes to the work environment: redesigning operating rooms to include natural light, acoustic comfort, and dedicated rest areas—which can significantly improve stress management and cognitive performance<sup>8</sup>. However, this initiative depends almost entirely on institutional commitment, requiring long-term planning and a clear strategic vision.

Complementing these external, structural, and collective adjustments, the last approach proposed to prevent burnout in anesthesiologists focuses on fostering a meaningful inner shift. To address burnout profoundly and sustainably, we must acknowledge its individual and psychological dimensions, as well as the role that personal therapy can play in this process. Taking ownership of our lived experience is a fundamental step: this is not about self-blame or denying systemic factors but about recognizing our own capacity for action. Individuals may develop different but recurring defense mechanisms depending on their personality structure. Some may become too rigid, exhausting themselves by clinging to perfectionism or fearing judgment. Others may try to control everything, struggling to accept their limits and pushing themselves to prove their strength and endurance. Still others may withdraw, feeling overwhelmed by external demands and losing touch with their own needs — which can lead to frustration, resentment, passive-aggressive behaviors, or intentional disengagement<sup>9</sup>. It is, therefore, essential that each person learns to recognize his/her own tendencies and works on cultivating a more grounded and flexible inner posture: a relaxed presence, able to welcome the unexpected without becoming rigid, overcontrolling, or defensive — and the ability to engage with others without fear of being overwhelmed or losing their autonomy<sup>10</sup>. The HEAR Program proposed in this article, which provides tailored mental health support for healthcare professionals, aligns with this approach. The main obstacle to this initiative lies in the need for trained staff and dedicated time, with its implementation largely depending on institutional prioritization. Nevertheless, the long-term benefits of individualized therapy are well documented, and effective burnout prevention cannot ignore the psychological vulnerabilities that differ from one individual to another<sup>11</sup>. Identifying anesthesiologists at higher risk and providing them with tailored support and strategies is essential to building resilient and supportive care environments.

In their literature review, the authors also highlight the high prevalence of burnout among anesthesiology trainees, citing a rate of 38%<sup>12</sup>. This underscores the need for training beyond clinical skills, incorporating stress management and burnout prevention strategies — a responsibility that falls mainly to academic hospitals. Indeed, in addition to their care mission, academic hospitals play a central role in training future generations of anesthesiologists. This dual responsibility often rests on certified anesthesiologists, who must not only manage their clinical workload but also supervise residents, share their expertise, and support their learning process. Yet this educational role can become a significant source of stress, given the time and energy required and the ongoing need to balance patient safety, organizational efficiency, and high-quality training. Teachers are thus responsible for leading by example — embodying and transmitting a professional mindset that includes emotional self-regulation, the ability to set boundaries, and a commitment to personal and professional balance from the very start of a resident's career. Ultimately, becoming an anesthesiologist is not only about mastering the technical aspects of anesthesia but also about cultivating the resilience and adaptability required to grow and thrive in this demanding field.

At this crucial moment — when we must also consider the financial stability of our healthcare system by rationalizing expenditures — it is imperative to recognize that the costs associated with burnout, both human and economic, far exceed the investments required to implement preventive solutions. Reducing team turnover, optimizing care, and improving patient satisfaction are benefits that fully justify the proposed transformations.

The commitment of everyone – from management to practitioners – is required to make this vision a reality, bearing in mind that the strength of a healthcare system relies not only on the individuals who comprise it but also on the quality of their interpersonal interactions. It is from this perspective that we must approach burnout prevention – not as an additional burden, but as an opportunity to reconnect with the vocation that has always driven us – because, ultimately, the most effective remedy against burnout does not lie solely in protocols or tools, but in a sincere recognition of our shared humanity.

*Acknowledgment statement and potential conflicts of interest:* The authors received no funding and declared no potential conflicts of interest related to the content of this editorial. MM is associate editor of *Acta Anaesthesiologica Belgica*.

## References

1. Maslach C, Jackson S, and Leiter M. The Maslach Burnout Inventory Manual. In: Zalaquett CP, Wood EvaJR (editors): *Evaluating Stress: A Book of Resources*. Palo Alto (CA): Consulting Psychologists Press; 1997, 191–218.
2. Arnal-Bernardino S, and Arnal-Velasco D. Burnout prevention among anesthesiologists. *Acta Anaesthesiologica Belgica*, xxx
3. Rock LK, Rudolph JW, Fey MK, Gardner R, Minehart RD, Shapiro J, and Roussin C. “Circle Up”: Workflow Adaptation and Psychological Support via Briefing, Debriefing, and Peer Support. 2020. doi: 10.1056/CAT.20.0240 <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0240> [accessed March 30, 2025].
4. Green J, Berdahl CT, Ye X, and Wertheimer JC. The impact of positive reinforcement on teamwork climate, resiliency, and burnout during the COVID-19 pandemic: The TEAM-ICU (Transforming Employee Attitudes via Messaging strengthens Interconnection, Communication, and Unity) pilot study. *J Health Psychol* 2023; 28:267–78.
5. Azoulay E, Barnes NK, Nainan-Myatra S, Delgado M-CM, Arabi Y, Boulanger C, et al. HELLO: a protocol for a cluster randomized controlled trial to enhance interpersonal relationships and team cohesion among ICU healthcare professionals. *Intensive Care Med Exp* 2024; 12:90.
6. Rosa WE, Roberts KE, Schlak AE, Applebaum AJ, Breitbart WS, and Kantoff EH, 31 et al. The Critical Need for a Meaning-Centered Team-Level Intervention to 32 Address Healthcare Provider Distress Now. *Int J Environ Res Public Health* 2022; 33 19:7801.
7. Robertson AC, Shi Y, Shotwell MS, Fowler LC, Tiwari V, and Freundlich RE. 35 Automated Emails to Improve Evening Staffing for Anesthesiologists. *J Med Syst* 36 2023; 47:22.
8. Oh Y, Gill S, Baek D, Watral A, Pulos B, and Thompson B, et al. Improving the 10 Mental Health of Surgical Teams Through Operating Room Design. *HERD Health* 11 *Environ Res Des J* 2024; 17:57–76.
9. Reich W, *Character Analysis*. New York, USA: Orgone Institute Press, 1949.
10. Janssen Th, *La Posture Juste*. Paris, L’iconoclaste, 2020.
11. Zisook S, Doran N, Downs N, Shapiro D, Haddad A, and Lee D, et al. The 13 Association of Psychotherapy With Burnout, Depression, and Measures of Well- 14 Being in Residents and Fellows: A Pilot Study. *Acad Med* 2025; 100:203-209
12. Manzi H, Halling J, Parisio Poldiak N, and Perkins S. Burnout and Health Scores Among Residency Programs as an Indicator of Wellness. *HCA Healthc J Med* 2024; 5:363-70.

[doi.org/10.56126/76.2.01](https://doi.org/10.56126/76.2.01)