

A survey of professional satisfaction among anaesthesiologists in Serbia

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We would like to briefly address our recent findings regarding professional satisfaction among anaesthesiologists in Serbia. It is generally well-known among physicians that the life expectancy of anaesthesiologists is smaller than in other specialties (1). Many resort to the use of cigarettes, drugs, alcohol (2). The number of suicides among anaesthesiologists is significantly larger in comparison with other physicians (3, 4). Needless to say, the level of professional satisfaction is in a direct link with the quality of patient care they are able to provide.

To investigate whether there is a lack of satisfaction among anaesthesiologists in our country, we conducted a study aimed at determining if anaesthesiologists in Serbian tertiary hospitals are under chronic stress after 24-hour on-call shifts; if they endure high levels of anxiety; and whether there is a connection between their personality type and alcohol and drug abuse. The study included 60 anaesthesiologists who worked in specialised surgical tertiary health institutions 24 hours on-call. The survey was voluntary and anonymous. All of the physicians involved in the study completed a burnout questionnaire (Oldenburg Burnout Inventory). The mean age of the physicians was 43.1 years (SD=8.1, range 29-63). There was no statistically significant difference in the average age of the physicians in relation to the analysed groups (on call 44.1 years: not on call 42.2 years). Of the physicians on call, 33.3 % were over 40 years of age. Both groups comprised more women than men (on call: 67 % women; not on call: 77 % women) and the distribution by sex was not different in the groups of physicians not on call. As much as 90 % of the anaesthesiologists were on call four or more times per month. They smoked and drank alcohol more than the other doctors in the control group. Altogether 77 % of

anaesthesiologists could not rest appropriately after an on-call shift, and if their sleep was interrupted, they needed considerably more time to fall asleep again. Anxiety decreased after taking days off. Stable extraverts had an emotionally stable personality type with the lowest anxiety level. A total of 76.5 % of male and 55.8 % female physicians consumed cigarettes, alcohol, and/or drugs. This difference was not statistically significant. A total of 70.6 % of male and 34.9 % of female anaesthesiologist used cigarettes and/or alcohol. This difference was statistically significant ($p=0.027$). Several studies have considered the necessary strategies in detecting signs of burnout and concluded that better working conditions reduced stress on the employees; however, the support of colleagues at work and the heads of the hospitals was as equally important as family support systems (5-8).

There are stress conditions and burnout amongst Serbian anaesthesiologists. The prevalence of depersonalisation was extremely high in the studied sample. In addition to effects on the health of the anaesthesiologists, burnout and depression may also affect patient care and safety.

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