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EDITORIAL

Getting old

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Ageing is accompanied by physiological changes in function and adaption. Anaesthesiologists are not spared, and consequences vary widely from the subtle and unnoticed to the obvious.

As the requirement for anaesthesiology care is steadily increasing and the available workforce finds it more and more challenging to meet the demand,[1–3] anaesthesiologists are required, or may choose, to work longer, even after the traditionally recognised retirement age. Such senior anaesthetists are valuable members of any department. However, the potential or actual problems of ageing anaesthesiologists should be acknowledged and managed wisely within the team and within the organisation.[2–5] Healthcare services should, therefore, ensure that the work environment is designed and adapted to meet the needs of older workers.

The Standing Committee on Workforce, Working Conditions and Welfare of the European Board of Anaesthesiology wants to raise awareness of this emerging problem and to promote solutions. Successful stories are inspiring. The analysis and recommendations of the Association of Anaesthetists of Great Britain & Ireland may be a model which could be adapted and applied in countries around Europe.

Potential impact of age on performance

(1) Visual acuity, hearing and some aspects of cognitive function decline with age. However, the effect of ageing on an individual's capabilities varies and most older anaesthesiologists in good health continue to perform well.[6–8]

(2) Age-related physical health problems may affect performance. The incidence of many chronic conditions (e.g. cataracts, musculoskeletal problems, bladder capacity – especially men) and of acute illness (e.g. related to ischaemic heart disease) increases with age.[6–8]

(3) After the age of 60 years, processing speed (dealing with incoming information quickly and efficiently), short-term memory, the ability to retain new information and vigilance all decline. Performance may therefore become more variable in older anaesthesiologists. Older anaesthesiologists may be slower at recognising and managing new situations but are just as quick to respond when they are not tired and are able to draw on previous invaluable experience.[6–10]

(4) Fatigue has an effect on older doctors' performance and mood. Sleep becomes shorter and quality worsens with age.[6–8,10] Being on-call at night can be highly disruptive of sleep, even when not called out. There is a reduction in the capacity to adapt to shift work with increasing age; older workers' cognitive performance may be more impaired during night work, but they may be less aware of their degree of impairment.[1,9,10]

(5) As physicians age, they are more likely to make errors from over reliance on first impressions (premature closure) but, conversely, their ability to reach a diagnosis when minimal information is available is improved because of their experience.[4,6]

(6) Older individuals typically receive less feedback on their performance, but may find it more difficult to recognise when their skills deteriorate because they rely more on pattern recognition than analysis. In rapidly evolving situations, experienced practitioners rely on previous experience, intuitively recognising patterns and making 'routinised'

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automatic rapid responses. These could be an advantage and could 'buy time' compared with conscious analysis and reasoning. The potential problem comes when the older anaesthesiologist does not notice that a situation is changing, misinterprets events, or has no previous experience upon which to draw.[6–8] Although this can happen to us at any age, the situation can be compounded when younger colleagues do not feel empowered to step in, rescue the situation and provide feedback that will be acknowledged and respected by older colleagues.

Optimising the working environment

Anaesthesiology departments should ensure that the working environment addresses the needs of older workers. Departments that make suitable adjustment to work schedules and appropriate involvement of human resources and occupational physicians are likely to get the most from their older workforce.

(1) Hearing becomes progressively less sensitive; cataracts, glaucoma and macular degeneration are all more common with advancing age. Beeps and alarms should be sufficiently flexible to cater for normal age-related hearing loss; drug labels and monitor displays should be high-contrast and in larger print.[6,7]
(2) When an anaesthesiologist has a chronic or relapsing condition, it is useful to involve an occupational physician who can ensure the individual is well enough to meet the demands of his or her job, help in redesigning their work schedule, and optimise the working environment. A formal assessment of the workplace by the occupational physician to identify an individual's specific needs may be helpful (e.g. provision of appropriate seating in theatre for someone with musculoskeletal problems).

Optimising the work schedule

Individual work schedules should take account of the effects of ageing.[2] Over time, older anaesthesiologists' work patterns may need adjustment. Work practice changes should play to the individual's strengths and ensure continued involvement in the department; job satisfaction and a sense of being valued by colleagues are important in retaining older colleagues in the workforce. Good work scheduling might include:

(1) daytime and weekend work instead of overnight on-call,
(2) flexible working,
(3) shorter hours,
(4) less isolated working,
(5) less demanding or less stressful working days.

A change of role might be appropriate, for instance involving pre-operative assessment clinic work, undergraduate or postgraduate education, management or other nonclinical roles.

As the impact of ageing is very variable, the timing and nature of changes to work pattern will vary. It is therefore difficult to provide indicative age ranges at which such changes should be considered.

Responsibility of the individual anaesthesiologist

The individual anaesthesiologist should have insight into the potential impacts of ageing and ensure that their health (including eyesight and hearing) remains compatible with their job requirements.

Continuous professional development (CPD) and remedial training should be adjusted for the older workforce. Traditional, lecture-based CPD may be less useful to the older practitioner than group activities in which participants discuss clinical management and receive feedback from peers. There may be a place for simulation-based updates.[8]

Working closely with a colleague and observing and discussing each other's practice is useful and can assist in overcoming errors from premature closure. It is important for both the older anaesthesiologist and their colleagues to regard peer observation and assessment as helpful and not a challenge to personal professionalism.

Working in a theatre complex where there are other anaesthesiologists readily available to advise or assist in crises (clinical professional or personal health), is helpful.

In conclusion, despite the fact that the ageing anaesthesiologist may have an age-related decline in some aspects of their performance, optimising the working environment and schedule can be a win–win strategy. For the ageing anaesthesiologist, adaptation of the work environment and work schedule can enhance capability and performance. For the anaesthesiology team, it can keep senior anaesthesiologists in the team, which benefits from their wealth of clinical experience.

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