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Contents

Burnout Syndrome Among Perioperative Care Providers in a Low Income Country: A Qualitative Study

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Introduction: Currently more than 72% of the world's population lack access to safe, timely surgical and anesthesia care.[1] There is an immediate need to strengthen the global perioperative workforce, and avoiding burnout is a key part of retaining this workforce after training.[2]

The current study examined perioperative healthcare professionals in a low-income country (LIC), with a huge mismatch between burden of disease and numbers of perioperative healthcare providers.

Objectives: This study aimed to explore contextual issues related to job satisfaction and burnout in perioperative care providers in a LIC, and the relationship between burnout and attrition. The focus on all perioperative healthcare workers acknowledges the necessity of a well-functioning team to achieve improved outcomes in perioperative care.

Methods: Ethics approval was obtained locally and in Canada, and participant consent was collected. This data refers to the qualitative phase of a mixed-methods study. The quantitative phase will be described elsewhere. We used in-person semi-structured interviews, sampled purposively aiming to recruit participants across specialties/professions and in both rural and urban institutions across all 5 provinces.

Results: We included 55 participants, representing all hospital types (district hospital, regional referral center, teaching hospital) and perioperative professions (general practitioner, specialist physician/surgeon, midwife, non-physician anesthetist, nurse). Initial qualitative analysis suggests that key themes related to burnout and provider dissatisfaction include unpredictable work hours, poor workplace autonomy, inadequate staffing and subsequent overwhelming workload, as well as poor compensation/financial hardship. Resilience came from religious convictions, civic/national pride and belief in a slowly improving healthcare system.

Most participants indicated that if given the chance they would pursue a different profession, and that they would not encourage their family members to enter the healthcare workforce. Inadequate pay was listed as a major reason for this, and most specialist physicians and

surgeons chose to work in private clinics to supplement their pay, despite the impact this may have on work-life balance.

Discussion: The World Health Organization estimates that by 2035 the current shortage of 7.2 million healthcare workers worldwide will increase to 12.9 million.[3] Burnout is particularly common where human resources for health are few and may be a key reason for attrition. The current study demonstrates concerning features of burnout among perioperative healthcare providers in one low income country. Poor job satisfaction was noted amongst all perioperative physicians, with many suggesting that this has resulted in burnout in themselves or their colleagues. Those who can, chose to work in private clinics where they can earn more money while caring for relatively healthy (and wealthy) patients. As more healthcare providers are trained and enter the workforce, it is vital to ensure adequate retention and improved job satisfaction if this low income country is to achieve universal health coverage.

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