Letter to Editor

The successful practice of Anesthesiology relies on a number of competencies, including a store of current medical knowledge, the ability to efficiently apply that medical knowledge, the capacity to exercise sound medical judgment in a broad range of circumstances, the ability to effectively work with other members of the surgical team, and the ability to perform a myriad of intricate cognitive and technological tasks.

Unfortunately, we are frequently poor analysts of our own competence and are the last to know if our skills are failing. Similarly, we routinely fail to identify or area reluctant to report impairment or dysfunction among our colleagues.

Several behavioral studies have found a relation between burnout and weakened emotional regulation. Tei et al. suggest that burnout in physicians may be due to reduced empathy-related brain activity [1]. Recent reports show that individuals who suffered from chronic occupational stress were less able to modulate emotion and stress-processing networks, so an impairment of the ability to down-regulate negative emotions may wake them more likely to suffer [2].

Like all medical areas, Anesthesia is thought to have become safer for patients but more dangerous for physicians. The need to be ready and alert for long periods of time, is a process that leads to the loss of physical and mental energy.

As many as one-third of anesthesiologists will experience a period of impairment at some time during their career. Although, the term “impaired physician” most commonly refers to substance use disorder (SUD) or psychiatric illness, the legal definition encompasses a wide spectrum of illnesses including physical, psychological, intellectual, behavioral and spiritual and social diseases [3].

Many of the personality characteristics associated with success in medical practice, such as compulsion to prove oneself, to work harder, and to minimize personal needs, when taken to extreme, can result in anesthesiologist burnout. A strong correlation has been demonstrated between burnout and quality of practice, medical errors, and malpractice litigation. Burnout has been increasingly recognized as a burden for society as a whole. When physicians are dissatisfied the quality of health care systems is under threat. It is not only the wellbeing of the clinicians but also how they interact with their patient that is affected.

The term Emotional intelligence (EI) describes a great variety of non-cognitive qualifications and competencies that help individuals cope with environmental demands and stressors [4]. Brannick et al. defined EI as "the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth” [5]. Goleman´ s work about EI: “book, Emotional Intelligence: Why it can matter more than IQ for Character, Health and Lifelong Achievement” in 1995 received a great deal of exposure in the press, which launched the concept of EI into popular culture [6]. Actually, other authors have asserted that EI contributes to an individual’s ability to adapt socially, work more effectively in teams, perform better, and cope more effectively with stress and other forms of environmental pressure [7]. EI training should be interdisciplinary and holistic, an opportunity for education and leadership development through practical, applied preparation [8].

In my opinion, we have the obligation to train and teach skills and resources (self-compassion, resilience and empathy between others) to our residents for a suitable emotional management which allows to reduce their level of stress improving the relationship between professional colleagues and personal well-being. In this way, working this knowledge from the beginning, we can aspire to have a positive change that affects our health, job satisfaction and finally, a high quality healthcare.

Conflict of Interests

None

References

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