

Physicians » Discussions » Blogs » Kindly Country Quack

9 reasons surgeons are under all time massive stress

WRITTEN BY DR. JOHN CROSBY ON MARCH 12, 2019 FOR CANADIANHEALTHCARENETWORK.CA

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The Kindly Country Quack

by Dr. John Crosby

Dr. John Crosby recently interviewed by phone the chief of surgery of Oakville Trafalgar Memorial Hospital, Dr. Duncan Rozario, about what the causes of burnout are among surgeons. Here's what Dr. Rozario said:

We recruit talented young women and men, and train them to be the best surgeons possible. Then the institution of healthcare puts numerous barriers in the way of them providing timely, quality care, and that is the fundamental issue causing surgeons to experience the symptoms of burnout. Many things are under our control, however and we need to address those. At the same time we need to get involved in administration at all levels to produce systemic changes. Here's my nine reasons surgeons are under all-time massive stress:

- 1. Work hours and night work:** Many surgeons work too many hours a week and too many nights, weekends, and holidays. To a large extent this should be under their control.
- 2. Inability to delay financial gratification, high debt load and poor employment prospects:** I find that many of the younger surgeons want an expensive lifestyle immediately which results in significant debt, or the inability to pay off student debt. We had 51 surgeons apply for our last orthopedic surgery position. The universities are training far too many surgeons, and surgeons are not retiring when they should. Young surgeons are having a significant problem getting a job.
- 3. Higher stress specialties:** Neuro, trauma and cardiac surgery have particularly high burnout rates.
- 4. Medico-legal concerns, greater government regulation including regulatory bodies:** Patients are under the belief that surgery should be complication free 100% of the time. This is not realistic and not possible. Society has become more litigious, and our colleges of physicians and surgeons are not seen as supportive of doctors.
- 5. Poor work-life balance and lack of hobbies:** Surgeons need to operate less, and spend more time with their families and realize that their identity and self worth is not directly related to the job. We need hobbies, and we need to get back to the interests we had before going through residency.
- 6. Increasing patient and societal expectations including Dr. Google looking over our shoulders:** Patients come to us with stacks of printouts from the Internet ready to tell us how we should operate on them.
- 7. Lack of attention paid to resilience, personal health, healthy eating and living:** Surgeons do not place a priority on learning how to deal with challenges of surgical practice, nor do they attend to having healthy lifestyles at times. This leads to lots of bad habits such as alcohol abuse.
- 8. Inefficient work practices and inadequate access to operative resources:** Society expects everything immediately, if you want a book Amazon should deliver it tomorrow morning, if you want your hernia repaired any competent surgeon should be able to do it within 24 hours. This is unrealistic and these type of expectations create additional stress. Surgeons need to learn how to schedule surgery appropriately and optimize their access to the operating room. Surgeons need to learn how to run an efficient office, use a website for their practice, have a good electronic medical record and pay a fabulous secretary well.
- 9. Lower number of colleagues:** In my hospital when I started 22 years ago we had five general surgeons. When I became chief of surgery one year ago we had six general surgeons. I pushed hard and now we hired four general surgeons (including 3 for an acute care surgery service) in the last 14

months to get to a much more reasonable number. Surgeons need to realize that when you increase the number of surgeons that the entire pie grows bigger with more elective cases and a greater referral base. I have been pushing my colleagues to hire, we are hiring five more surgeons in other specialties this year, and I am already making plans for another five surgeons next year. Of course the additional surgeons need to be provided with new resources which requires capacity at the hospital, innovative scheduling, and funding from the Ministry. Work is not the only thing in life and respecting that will significantly reduce surgeon burnout.

Lastly, the profession has certainly improved with more women in surgery. Unfortunately society does not help women, and expects them to maintain everything at home at the same time so this can be a cause of burnout for some women surgeons.

What do you think? email me at drjohncrosby@rogers.com

Dr. John Crosby is a family physician in Cambridge, Ont.

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Comments (4)

March 18, 6:31 am by CHRISTA.MOSSMAN.1 (NB)

Some very good points mixed with the usual surgeon-blaming tropes: "Surgeons need to learn to..." followed by a litany of our perceived deficits. If only I wasn't so X (unable to book elective cases properly, unable to run an office efficiently, unable to find work-life balance, unable to get well, unable to see myself as

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unable to find an online emergency, unable to find their balance, unable to see their, unable to see myself as something besides a surgeon, etc), then everything would be fine. It's this kind of blame-shame game that does nothing to shed light on systemic ways to help the critically-overwhelmed surgical specialties.

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March 18, 12:31 pm by BRIDGET.REIDY.1 (BC)

Replace the word "burn out" with "abuse" and then it is obvious all this victim blaming is misplaced.

March 18, 8:59 am by CHARLES.SHAVER.1 (ON)

With regard to work hours and night work:

There have been many studies concerning the adverse effects of sleep-deprivation on interns and residents. To my knowledge there have been very few on surgeons, internists, and other older physicians providing after-hours care in community hospitals that have no support from housestaff.

I recall that in the late 1970s, I was on-call for 24 hours every Monday for General Internal Medicine at my community hospital. This meant covering the emergency department, ICU, and urgent calls from inpatients scattered around the hospital. If I was also on-call for the weekend, that meant that I was on-call from 8 AM on Saturday through 8 AM on Tuesday!

I did not have to remain in the hospital, but could go home. when things were quiet.

As the hospital enlarged and the emergency department became busier, the ICU instituted a separate on-call schedule, and the on-call was split into a day and a night shift each 24 hours.

I do wonder whether anyone reading this is aware of studies done with Holter monitors, etc for surgeons or internists in their 40s, 50s, or 60s who are working extremely long hours. Are they having silent ventricular arrhythmias, or ST-segment depressions during periods of severe stress? I realize that sleep-deprivation leads to craving for carbohydrates, glucose intolerance and often weight gain.

Charles S. Shaver
Ottawa

[Reply](#)

March 18, 2:20 pm by MELANIE.CHANDA.1 (ON)

I am interested in the comment that "the entire pie grows bigger". When OR time is static, or decreasing, in many hospitals how is this the case?

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