

Well-Being Versus Burnout: Does a surgeon's quality of life impact patient outcomes?

Iakovos Nomikos

Rea Maternity Hospital, Athens, Greece, Adjunct As. Professor of Surgery, School of Medicine, European University Cyprus

ABSTRACT

Surgeons often encounter intense physical and cognitive demands, heavy workloads, critical life-or-death decisions, and emotional distress arising from patient outcomes. All these factors contribute to a gradual decline in the well-being and quality of life for practitioners and, simultaneously, to increasing rates of depression and burnout among surgeons, resulting in severe ramifications for patient care.

Considering the positive effects of surgeons' well-being on providing the best care for patients, the concept of work-life integration is becoming a targeted goal for today's surgeons.

The basic components of a well-being state—physical and mental health, work-life integration, professional support, and a supportive institutional environment—affect patient care and ultimately determine surgeons' quality of life. In this regard, individuals, societies, and organisations should implement strategies and programs that foster well-being.

Key Words: *Well-being; quality of life; resilience; burnout*

INTRODUCTION - DEFINITIONS

One of our priorities in daily surgical practice is to ensure our patients have a good quality of life by providing high-quality care. However, to deliver the best care for our patients, we must experience a state of well-being.

Well-being is a multifaceted mental state that relies on various emotional, occupational, physical, intellectual, financial, social, spiritual, and environmental factors. The five pillars of a surgeon's well-being include physical and mental health, work-life balance, professional support, and a nurturing institutional environment. All these

components of well-being, either directly or indirectly, influence patient care and ultimately shape the quality of life for surgeons [1].

The World Health Organization defines **quality of life** (QOL) as "an individual's perception of his/her position in life, in the context of the culture and value systems in which he/she lives, following his/her goals, expectations, standards, and concerns. Standard indicators of the quality of life include wealth, employment, the environment, physical and mental health, education, recreation, social belonging, religious beliefs, safety, security, and freedom [2].

"Well-being for surgeons" is a really important and growing topic. Surgeons often deal with intense physical, emotional, and cognitive demands, life-or-death decisions, and emotional weight from patient outcomes. Over time, all this can lead to stress, burnout, and eventually depression, which not only affects them personally but can also impact patient care [3].

Corresponding author:

Iakovos Nomikos, MD, PhD, FACS
Rea Maternity Hospital, Athens, Greece
Adjunct As. Professor of Surgery, School of Medicine,
European University Cyprus
e-mail address: nomikosj@otenet.gr

Submission: 26.05.2025, Acceptance: 02.07.2025

Burnout is a syndrome encompassing three domains: depersonalisation, emotional exhaustion, and a sense of low personal accomplishment. The World Health Organization (WHO) defines **burnout** as a syndrome resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: a) feelings of energy depletion or exhaustion; b) increased mental distance from the job, or feelings of negativism related to that particular job, and c) reduced professional efficacy [4]. A meta-analysis including 16 cross-sectional studies and a total of 3581 subjects concluded that about 3% of surgeons suffer from an extreme form of burnout (burnout syndrome) and up to 34% of surgeons may experience burnout characterised by high levels in one of the three domains (emotional exhaustion, depersonalisation, and reduced personal accomplishment) [5]. Likewise, the correlation between burnout and medical errors is strongly related, depending on the surgeon's degree of burnout and mental quality of life [6].

Authenticity as an Independent Factor of Quality of Life

There is convincing evidence that authenticity is an important qualitative distinctive factor contributing to a good QOL for a surgeon, and it potentially protects against burnout and depression [7]. Authenticity is the honest and true expression of our core self in all situations, relationships, and roles. It requires knowing ourselves, aligning with our true beliefs, values, emotions, thoughts, and actions, and expressing ourselves outwardly, sincerely, and consistently [7,8]. Being authentic has been shown to promote positive mental health and psychological outcomes as well as multiple positive traits, including compassion, sense of purpose, and resilience. Authentic individuals are also generally better at coping with stress and adversity [7-10].

Hence, surgeons who behave authentically and live according to their values are more likely to find a sense of purpose and fulfillment, reducing the risk of burnout. Similarly, authentically engaging with one's work often leads to increased job satisfaction [11]. This increased satisfaction helps surgeons in all the stages of their training and career development to feel more secure in their professional role by establishing solid identities, developing confidence in their skills, and achieving a level of career stability.

As a beneficial consequence, the authentic surgeons manage to integrate their personal and professional lives in a more rewarding way, achieving a better work-life balance that contributes to overall well-being [12].

Authenticity is directly correlated with the profes-

sional rank, with senior faculty demonstrating the highest levels. On the other side, inauthenticity is associated with a decrease in professional rank, with residents reporting the highest level of inauthenticity. Another cause of inauthenticity among junior faculty comes from their effort to establish themselves within the institution, meet tenure requirements, and build a reputation. This emphasis on career advancement could lead to prioritising conformity by suppressing their authentic selves in order to align with institutional expectations, norms, or career advancement goals. [13].

As the harmful consequences of inauthenticity eventually lead to burnout and depression, it becomes apparent that acknowledging and fostering authenticity could serve as a powerful intervention strategy to mitigate burnout and depression among surgeons.

Several interventions in one's surgical practice promote authenticity. A working environment that supports open communication, resilience, mindfulness training, and introspection includes some serious strategies for cultivating and establishing such an authentic behavior [14].

Mental Health within the Surgical Field

Despite efforts to improve patient safety, medical errors by physicians remain a common cause of morbidity and mortality. Major medical errors reported by surgeons are strongly related to a surgeon's degree of burnout and their mental QOL [15].

Physicians with suboptimal well-being also report lower patient satisfaction and feel they may be more susceptible to medical error and providing poorer quality care [16,17]. Surgeons, specifically, may experience negative impacts on both their technical and cognitive intraoperative performance, with serious consequences to their patients [18]. Suboptimal physician well-being may also lead to interpersonal relationship issues, diminished productivity, and ultimately, the decision to leave medicine and surgery [2,19,20].

On the other side, when perioperative complications occur, they cause severe mental distress to the responsible surgeons. Except for the subsequent measures after severe postoperative complications, such as medical dispute, malpractice liability, lawsuit litigation, violent doctor-patient conflicts, economic compensation, surgeon's compensation, and punishment by hospitals, these adverse events could greatly influence the mental health of the involved surgeons [21-24]. In one study, it was identified that the surgeons from small community hospitals (usually no university affiliation), junior surgeons, and existing violent doctor-patient conflicts were independent risk factors

of surgeons' severe mental distress after a complicated postoperative period [15].

Burnout is a Quantitative Entity

The most widely used, well-validated instrument for the assessment of burnout is the Maslach Burnout Inventory (MBI) [25]. Using this 22-item tool, responders rate the frequency with which they experience various feelings or emotions on a 7-point Likert scale with response options ranging from "Never" to "Daily." Higher values of depersonalisation (MBI-DP) and emotional exhaustion (MBI-EE) and lower values of personal accomplishment (MBI-PA) are indicative of burnout. This instrument has been used in numerous previous studies of physicians, and many evaluations of burnout have focused on the presence of high levels of either emotional exhaustion or depersonalisation as a cornerstone of burnout among medical professionals [26-29].

Since the details of how the severity of burnout is assessed by using the Maslach Burnout Inventory are outside the purpose of this work, the interested readers are referred to the relevant articles in the References section [25-32].

Tools and Techniques for a Sustainable "Well-Being"

The quality of life of surgeons is an extremely important and decisive factor that determines the quality of care that they deliver to their patients. Towards that direction, individuals, societies, and organisations are providing strategies and programs that promote tools and techniques to ensure well-being and consequently good QOL [30].

As surgeons, we should recognize the need to foster well-being, resilience, and work-life integration, regardless of our career stage, practice setting, specialty, and/or professional aspirations. Fostering the growth of both our surgical expertise and our personality as a whole is paramount. We should recognize that many factors affect our emotional, occupational, physical, intellectual, financial, social, spiritual, and environmental well-being, both as surgeons and as human beings [31]. Establishing strategies to minimize the burden of burnout and poor QOL relies on a thorough understanding of QOL in our profession. The following consists of the basic components that promote a surgeon's well-being.

- Workload management: reasonable hours, support teams, better scheduling
- Mental health support: counseling services, peer support groups, destigmatising therapy
- Physical health: ergonomics in the OR, promoting exercise and sleep

- Professional fulfillment: ensuring surgeons feel valued, have autonomy, and maintain a sense of purpose
- Organisational culture: creating environments where it's okay to ask for help or admit when things are tough
- Resilience training: mindfulness, stress management techniques, cognitive behavioral skills
- Career flexibility: allowing shifts in roles over time (e.g., teaching, research, leadership)

The successful implementation of such a well-being program requires systemic changes rather than expecting individual surgeons to just be "tougher" — because resilience (for example) alone isn't enough if the system is broken.

Mindfulness can support the well-being of surgeons. When we experience stress, we can become caught up in it, and we do not realise how the stress affects physical discomfort and connects to our emotional state. A body scan meditation can help release physical tension, even the tension we do not realise we are experiencing, and reconnect us with our bodies.

Mentally scanning ourselves allows us to bring awareness to each part of our body, to notice any aches, pains, tension, or discomfort, and to get to know the pain and learn from it, so we can manage it. At all career levels, it is important to pursue pursuits outside the workplace and the OR and share our passions and interests with family and friends.

It is also well known that gender has a complex impact on work-life integration [30]. Akazawa et al. argue for support systems, such as education systems, mentorships, and promotions, to enable female doctors to hold academic positions [32]. Chesak et al. identified specific interventions to prevent burnout in female physicians by: a) removing barriers to career satisfaction, work-life integration and mental health; b) identifying and reducing gender and maternal biases; c) mentoring and sponsorship opportunities; and d) family leave, breastfeeding and child care policies and support [33].

Balance Versus integration

The term "work-life balance", as discussed in the introduction, entails inconsistency when talking about working conditions. Work should not be the counterpart to life, and an integration of work into life seems to be more than desirable. Work-life integration is the desirable goal in different professions. A stable work-life integration would promote well-being, productivity, satisfaction, and patient care [30].

The primary sources of one's quality of life are primarily work, family, and the social environment. Each of these contributes differently depending on the individual's age

and circumstances. As surgeons, we must exemplify good health for our patients and future generations of surgeons. To provide the best care for our patients, we need to remain alert, engaged in our work, and prepared to meet our patients' needs. In this regard, individuals, communities, and organisations should implement strategies and programs that promote work-life integration [34].

Concluding Remarks

The following recommendations pave the way that ensure good QOL with its beneficial consequences for the surgical community:

- a) Physical health, by maintaining good physical condition through regular exercise, proper nutrition, and adequate sleep.
- b) Mental health by managing stress, anxiety, and burnout through mindfulness, counseling, and support systems
- c) Work-life integration, by ensuring enough time for family, hobbies, and rest to avoid chronic fatigue.
- d) Professional support by having access to mentorship, peer support groups, and continuing medical education.
- e) Institutional environment where workplaces should foster surgeon-friendly cultures, reasonable work hours, and resources for mental health.

Conflicts of Interest: None

REFERENCES

1. Dalal Hammoudi Halat, Abderrezzaq Soltani, Roua Dalli, Lama Alsarraj, Ahmed Malki. Understanding and Fostering Mental Health and Well-Being among University Faculty: A Narrative Review. *J Clin Med*. 2023 Jun;12(13):4425.
2. Vitous CA, Dinh DQ, Jafri SM, Bennett OM, MacEachern M, Suwanabol PA. Optimizing surgeon well-being: A Review and Synthesis of Best Practices. *Ann Surg Open* [Internet]. 2021 Jan;2(1):e029 Available from: <https://pubmed.ncbi.nlm.nih.gov/36714393/> Doi: 10.1097/AS9.0000000000000029
3. Revised Statement of the American College on Surgeon Well-Being [downloaded on May 10, 2025] [Internet] Available from: <https://www.facs.org/about-ac/s/statements/surgeon-well-being/>
4. Dietrich LG, Vögelin E, Deml MJ, Pastor T, Gueorguiev B, Pastor T. Quality of life and working conditions of hand surgeons—A National Survey. *Medicina (Kaunas)*. 2023 Aug;59(8):1450.
5. Bartholomew AJ, Houk AK, Pulcrano M, Shara NM, Kwagyan J, Jackson PG, et al. Meta-Analysis of surgeon burnout syndrome and specialty differences. *J Surg Educ*. 2018 Sep-Oct;75(5):1256-63.
6. Shanafelt TD, Balch CM, Bechamps G, Russell T, Dyrbye L, Satele D, et al. Burnout and Medical Errors Among American Surgeons. *Ann Surg*. 2010 Jun;251(6):995-1000.
7. Bryan JL, Baker ZG, Tou RY. Prevent the blue, be true to you: Authenticity buffers the negative impact of loneliness on alcohol-related problems, physical symptoms, and depressive and anxiety symptoms. *J Health Psychol*. 2017 Apr;22(5):605-16.
8. Kernis MH, Goldman BM. A multicomponent conceptualization of authenticity: Theory and research. *AdvExp-SocPsychol*. 2006;38:283-357.
9. Kifer Y, Heller D, Perunovic WQE, Galinsky AD. The good life of the powerful: The experience of power and authenticity enhances subjective well-being. *Psychol Sci*. 2013 Mar;24(3):280-8.
10. Sheldon KM, Gunz A, Schachtman TR. What does it mean to be in touch with oneself? Testing a social character model of self-congruence. *Self Identity*. 2012;11(1):51-70.
11. Matsuo M. The role of work authenticity in linking strengths use to career satisfaction and proactive behavior: a two-wave study. *Career Dev Int*. 2020 Sep;25(6):617-30.
12. Vannini P, Franzese A. The authenticity of self: Conceptualization, personal experience, and practice. *Soc Compass*. 2008 Sep;2:1621-37.
13. Stormer F, Devine K. Acting at work: Façades of conformity in academia. *J Manage Inq*. 2008;17(2):112-34.
14. Ockerman KM, Mardourian M, Han SH, Sorice-Virk S, Ching J. Protective effects of authenticity against depression, suicide, and burnout among surgeons. *J Am Coll Surg*. 2024 Nov;239(5):485-93.
15. Hongyong He, Chao Lin, Ruochen Li, Lu Zang, Xiao Huang, Fenglin Liu. Surgeons' mental distress and risks after severe complications following radical gastrectomy in China: A nationwide cross-sectional questionnaire. *Int J Surg*. 2023 Aug;109(8):2179-84.
16. Firth-Cozens J, Greenhalgh J. Doctors' perceptions of the links between stress and lowered clinical care. *Soc Sci Med*. 1997 Apr;44(7):1017-22.
17. Shanafelt TD, Bradley KA, Wipf JE. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med*. 2002 Mar;136(5):358-67.
18. Maher Z, Milner R, Cripe J, Gaughan J, Fish J, Goldberg AJ. Stress training for the surgical resident. *Am J Surg*. 2013 Feb;205(2):169-74.
19. Dodson TF, Webb AL. Why do residents leave general surgery? The hidden problem in today's programs. *Curr Surg*. 2005 Jan-Feb;62(1):128-31.
20. Gifford E, Galante J, Kaji AH, Nguyen V, Nelson MT, Sidwell RA, et al. Factors associated with general surgery residents' desire to leave residency programs: a multi-institutional study. *JAMA Surg*. 2014 Sep;149(9):948-53.
21. Amirthalingam K. Medical dispute resolution, patient safety and the doctor-patient relationship. *Singapore Med J*. 2017 Dec;58(12):681-4.
22. Kumari A, Kaur T, Ranjan P, Chopra S, Sarkar S, Baitha U, et al. Workplace violence against doctors: Characteristics, risk factors, and mitigation strategies. *J Postgrad Med*. 2020 Jul-Sep;66(3):149-54.
23. Liu J, Gan Y, Jiang H, Li L, Dwyer R, Lu K, et al. Prevalence of workplace violence against healthcare workers: A systematic review and meta-analysis. *Occup Environ Med*. 2019 Dec;76(12):927-37

24. Nakamura N, Yamashita Y. Malpractice lawsuits and change in work in Japanese surgeons. *J Surg Res*. 2015 Jan;193(1):210-6.
25. Maslach C, Jackson SE, Leiter MP. Maslach Burnout Inventory Manual. 3rd ed. Palo Alto, CA: Consulting Psychologists Press; c1996.
26. Thomas NK. Resident burnout. *JAMA*. 2004 Dec;292(23):2880-9.
27. Gopal R, Glasheen JJ, Miyoshi TJ, Prochazka AV. Burnout and internal medicine resident work-hour restrictions. *Arch Intern Med*. 2005 Dec;165(22):2595-600.
28. Rosen IM, Gimotty PA, Shea JA, Bellini LM. Evolution of sleep quantity, sleep deprivation, mood disturbances, empathy, and burnout among interns. *Acad Med*. 2006 Jan;81(1):82-5.
29. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med*. 2002 Mar;136(5):358-67.
30. Anderson, SH, Moe, JS, Abramowicz, S. Work–Life Balance for Oral and Maxillofacial Surgeons. *Oral Maxillofac Surg Clin North Am*. 2021 Nov;33(4):467-73.
31. Hodkinson A, Zhou A, Johnson J, Geraghty K, Riley R, Zhou A, et al. Associations of physician burnout with career engagement and quality of patient care: Systematic review and meta-analysis. *BMJ [Internet]*. 2022 Sep;378:e070442. Available from: <https://www.bmj.com/content/378/bmj-2022-070442>
32. Akazawa S, Fujimoto Y, Sawada M, Kanda T, Nakahashi T. Women physicians in academic medicine of japan. *JMA J*. 2022 Jul;5(3):289-97.
33. Chesak SS, Cutshall S, Anderson A, Pulos B, Moeschler S, Bhagra A. Burnout Among Women Physicians: A Call to Action. *Curr Cardiol Rep*. 2020 May;22(7):45.
34. Balch CM, Shanafelt T. Combating stress and burnout in surgical practice: A Review. *Thorac Surg Clin*. 2011 Aug;21(3):417-30.