

Letter to the Editor Regarding “Distribution of Psychological Instability Among Surgeons”

Letter:

We recently read with great interest the original article by Kalywis et al¹ entitled “Distribution of Psychological Instability Among Surgeons.” The authors should be commended for investigating a topic that is closely linked to long-term health outcomes and physician burnout, with the potential to affect the mental health care of surgeons. In their study, the authors used the Ten-Item Personality Inventory to collect self-reported psychologic outcomes from attending physicians, residents, and medical students from Europe and Canada. Importantly, the personality trait of neuroticism was determined by consideration of emotional stability, calmness, feelings of anxiety, and ability to be easily upset. After adjusting for gender and age, the authors found that levels of neuroticism were lower in surgeons versus nonsurgeon physicians early in their career. Interestingly, the levels of neuroticism among surgeons, particularly neurosurgeons, dramatically increased later in the career trajectory and surpassed the level of their nonsurgeon peers, a finding also corroborated by others.²

An increasingly important topic in the medical community is the idea of “physician burnout,” with a critical need for effective solutions. Various studies have suggested an increase in administrative tasks as potentially contributing to physician burnout.³ Alternatively, other researchers have suggested that burnout is intimately related to a misalignment between the values of physicians and the organizations in which they operate.⁴ The findings of Kalywis et al further contribute to the growing body of literature on the impact of physician specialty on mental health and burnout, pointing to the potential impact of specialty-specific factors on mental health.

An increase in neuroticism, which can exacerbate feelings of burnout, may have profound impacts on decision making and overall patient health outcomes. A study by Shanafelt et al⁵ identified that burnout was significantly correlated with an increased risk of medical errors, difficulty concentrating, and reduced decision quality. Burnout may cause physicians to feel

both physically and emotionally exhausted, leading to mistakes that may have severe consequences for patients, including complications and injury.⁶ Furthermore, neuroticism and burnout may adversely affect the patient-physician relationship with an increased lack of empathy toward patients and their concerns,⁷ as well as poor communication with other health care professionals.⁸ This is particularly important for surgeons as patients' level of trust in their physician was correlated with better health outcomes.⁹

There are several significant limitations of this paper as noted by the authors. For example, individual surgeon-specific trauma exposure, years of experience, job demands, and metrics of work-life balance may have strong impacts in changes in neuroticism over time and were not captured in this study. Moreover, the authors mention that longitudinal data may offer a more accurate assessment of personality changes throughout a surgeon's career. This is a particularly salient point, as cross-sectional data of 2 distinct age groups of surgeons may not consider cultural differences that may impact large-trend personality patterns. Importantly, the data used in this study are dependent on self-reported responses, which introduces a response bias in the form of social desirability or context (i.e., taken at home). Furthermore, this pattern of personality evolution may be dependent on the health care setting. Physicians in countries like Austria, Belgium, Canada, and Germany have a starkly different experience than those working in the United States. The increase in administrative tasks and incentives dependent on increased patient volume in the United States, when compared with health care settings in countries with universal health care, may further exacerbate increased neuroticism and burnout in both surgeons and non-surgeons alike.

Improving the mental well-being of surgeons is crucial for promoting better patient care and reducing physician burnout. Prevention of physician burnout can be achieved through various means, including a restructuring of the current medical system to reduce the administrative burden imposed on physicians and remove the structural barriers to providing effective patient care. A greater emphasis on providing psychologic support, including counseling services, access to mental health professionals, and support groups for surgeons to share experiences and concerns, may be helpful in ensuring the mental well-being of surgeons throughout the career trajectory. Importantly, by promoting a culture that encourages mental health, surgeons

can feel more comfortable and supported in seeking help when needed, which will be an important step in removing the stigma around seeking mental health care.¹⁰ Finally, an increased emphasis on work-life balance, particularly for physicians practicing in the United States, may help to reduce stress and encourage coping with the challenging experiences that many physicians face throughout their career.

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