Update in
Anaesthesia

# Guardians of Sleep—Well-Being and Distress in the Global Anaesthesiology Workforce

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**Key Points**

- As anaesthesiologists, we need good well-being to give high quality patient care.
- To manage well-being, we must deal with distress.
- This edition of UIA supports the work of WFSA to deliver collegial resources for well-being.

## WELL-BEING IN THE WORKPLACE

Well-being for a workforce has been defined as "the experience of positive perceptions and the presence of constructive conditions at work and beyond that enables workers to thrive and achieve their full potential."[1] This builds on the more general World Health Organisation (WHO) definition that "wellbeing encompasses quality of life, as well as the ability of people and societies to contribute to the world in accordance with a sense of meaning and purpose." The WHO further note that "focusing on wellbeing supports the tracking of the equitable distribution of resources, overall thriving, and sustainability. A society's wellbeing can be observed by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges."[2]

Our well-being as anaesthesiologists matters to our patients, our colleagues, our leaders, and our workplace organisations. Outside work, our family and friends want us to have something left for them. To be able to be their parents, partners, siblings, adult children, or friends. When we become ground down by our work or a major professional event commands our attention and leads to distress, we are less functional in all areas of our lives.

## THE PROBLEM OF DISTRESS

Well-being defines a positive state of experience, but we know an individual's state of being moves between positive and negative in response to professional and personal factors. Our focus on anaesthesiology workforce well-being tries to achieve a positive state of being. This means actively working to deal with distress. As with our work in medicine, where to achieve health, we must deal with disease. No single definition for workplace distress exists in the literature, but it includes may be due to a range of negative psychological and physical states of being which may be present during work.[3] The overlap between life and work means that specific workplace, and nonwork combine to determine an individual's position or state of balance, within this range from well-being to distress.[4]

Many factors can cause distress. These include excess work and insufficient rest; patient complications and poor outcomes; and resource or other system constraints which limit our capacity to treat, prevent, or mitigate. We need to remember that, in most instances, our anaesthesia interventions result in better outcomes. However, we also know distress reduces the quality of our work, and when this occurs, the balance of patient outcome may be tilted towards patient harm. This means we must manage our own distress response to be safe, functional anaesthesiologists. Colleagues who have been through similar experiences can be helpful at these times.

## THE HISTORY OF WELL-BEING AS A SUBSPECIALTY INTEREST IN ANAESTHESIOLOGY

The need for collegial strategies, within a considered response to distress, was initially recognised for 2 specific situations: the relatively rare instance of drug diversion and the more frequent issue of mental distress and illness in anaesthesiologists. Workforce well-being activity by anaesthesiologists (initially called welfare officers) was developed to anticipate and prepare us to respond collectively for these times. The role of well-being advocates has now expanded to cover the entire well-being–to–distress continuum. Many areas are now covered in the subspecialty practice of workforce well-being advocates, spanning the entirety of work-life challenges across a career. These include helping colleagues at the start of

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their careers prepare for adversity; supporting when adversity occurs; assisting with acceptance of taking time away when needed, then helping the return; or at career end, the letting go of professional work. All these aspects of the life of an anaesthesiologist are part of a global collaborative activity by well-being advocate anaesthesiologists. Well-being subspecialty interest groups aim to improve understanding, provide support, and share the unique knowing of the lived experience of our work.[5] This support is confined within a confidential collegial relationship and with links to therapeutic resource when required.

## ON AN ORDINARY DAY

The internal feedback loop between well-being and distress for an individual anaesthesiologist is dynamic. Every day, we juggle the differing needs of multiple patients with other responsibilities using whatever resources are available. Our basic needs such as food, water, hygiene, and sleep must be managed. Recent programmes, like the #fightfatigue campaign, highlight the perils of fatigue and the need for both individual and organisational strategies to mitigate this harm. Any additional stress must also be dealt with to maintain our functionality. Denial and avoidance may be short-term strategies until change is made, but they have a use-by date. More is needed than just the wide range of recommended but generic personal well-being strategies sometimes provided by employers. Education and advocacy can be used to combine awareness of distress with plans for well-being, targeted to the specific reality and needs of anaesthesiologists.

## IN EXTRAORDINARY TIMES

The COVID pandemic has been an unsought opportunity to understand the response of the anaesthesiology workforce to the unanticipated and excessive stress.[6-10] Many existing individual and organisational responses were not enough to meet this demand. What was seen in many places was a regrouping and centring of collegial support, which has led to a revisiting of previous work (prepared in some but not all regions) to strengthen and develop collegial responses and ways to share the burdens and lighten the experience of work.

## COLLABORATION, EDUCATION, ADVOCACY

Workforce well-being is a work in progress, with plenty of work to be done. The range of circumstances considered within well-being is broad. It is not easy or comfortable to witness distress in a colleague when one lacks a skillset to respond. In practice, the anaesthesia subspecialty originally termed welfare and now well-being seeks ways to improve and maintain the whole subjective state of experience for anaesthesiologists on a continuum from positive to negative, in all physical, psychological, spiritual, and social dimensions. Although necessarily aspirational in some areas, the practical and often pragmatic solutions developed, which move us towards a space for acceptance, healing, and well-being are universally relevant and can be shared and embedded in workplaces globally. The checklists and alarms we use clinically have been mirrored in guidance documents produced by many World Federation of Societies of Anaesthesiologists (WFSA) member societies, and the Workforce Well-Being Committee of WFSA is working to develop and share these resources further. Wisdom built on knowledge and experience shared provides a resource to navigate the personal and professional needs of a colleague in distress and support his or her journey to formal therapeutic assistance where required.

## WELL-BEING UNION OF INTERNATIONAL ASSOCIATIONS

This edition of the journal contains 7 articles which review, update, and expand on areas of well-being. Designed as a resource for all anaesthesiologists globally, they have been chosen for their current relevance and geographic coverage.

First is an updated summary of career-long occupational hazards related to the physical environment and maintenance of mental health, outlined by McGoldrick. As the need for health care grows and resource constraints are applied, this article is a timely reminder of the need for attention to the specific environments in which we work. Osazuwa and Nworkie cover career and life transitions as times of increased risk. Their tables provide relevant strategies to flexibly respond at these times of transition, including use of additional support to maximise functionality and retention.

The recent global pandemic experience and additional challenges to anaesthesia provider well-being are considered by Milenovic et al. This consideration of response to more extreme working conditions affirms the value of individual awareness combined with a collegial response to adversity. Noting that financial well-being can be inadvertently ignored, this is addressed by Gupta et al, who provide carefully considered and prudent advice about an area which often leads to significant distress. Beyond immediate anaesthesiology opportunities for support, Mulwatta et al look at interdisciplinary aspects of well-being and recommendations from a multilevel approach, offering many practical interventions.

To achieve the possibilities of improved well-being requires organisational and clinical leadership by all those who have a significant role in creating an environment which makes well-being possible, as opposed to solely top-down delivery. This is explored by Tuyishime et al with suggestions of how to use well-being surveys and simulation opportunities to incorporate well-being into existing organisational structures and achieve meaningful organisational engagement.

Finally, the article by Hull et al on mentorship outlines a WFSA initiative to deliver individual mentoring opportunities on a global scale. Work is in progress to develop further resources to support this work, including Webinar and WCA2026 opportunities, which will guide collegial support of well-being through mentorship. The alignment of education with advocacy promoted by this collegial strategy—which developed as an international collaboration—is a strong example of how sharing knowledge, experience, and ideas can prevent professional isolation and support career development across settings.

In summary, enhancing individual and collective well-being is needed by and for all anaesthesiologists. We recognise that health care is delivered by a human resource which is mostly amazing but sometimes requires support. We have learnt that putting our own functionality and well-being first is how we deliver safe, high-

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quality, sustainable health care. The WFSA work of education and advocacy for well-being is a privilege and a challenge, made easier and more efficient through our global collaboration. This Union of International Associations well-being edition is a further resource to support well-being initiatives and activity.

## REFERENCES


1. Chari R, Chang C-C, Sauter S, et al. Expanding the paradigm of occupational safety and health: a new framework for worker well-being. *J Occup Environ Med*. 2018;**60**(7):589–593.
2. Nutbeam D, Muscat DM. Health promotion glossary 2021. *Health Promot Int*. 2021;**36**(6):1578–1598.
3. Mopkins D. Workplace psychological distress: a concept analysis. *Workplace Health & Safety*. 2022;**70**(10):436–444.
4. Cadieux N, Marchand A. Psychological distress in the workforce: a multilevel and longitudinal analysis of the case of regulated occupations in Canada. *BMC Public Health*. 2014;**14**:1–13.
5. Shrivastava PP, McDonald JM. Workplace well-being in pediatric anesthesia: how to design and implement a bespoke evidence-based framework in your department. *Pediatr Anesth*. 2021;**31**(1):53–60.
6. Jain A, Singariya G, Kamal M, et al. COVID-19 pandemic: psychological impact on anaesthesiologists. *Indian J Anaesth*. 2020;**64**(9):774–783.
7. Lee MCC, Thampi S, Chan HP, et al. Psychological distress during the COVID-19 pandemic amongst anaesthesiologists and nurses. *Br J Anaesth*. 2020;**125**(4):e384–e386.
8. Rossi R, Socci V, Pacitti F, et al. Mental health outcomes among frontline and second-line health care workers during the coronavirus disease 2019 (COVID-19) pandemic in Italy. *JAMA Network Open*. 2020;**3**(5):e2010185–e2010185.
9. Fagerdahl A-M, Torbjörnsson E, Gustavsson M, Älgå A. Moral distress among operating room personnel during the COVID-19 pandemic: a qualitative study. *J Surg Res*. 2022;**273**:110–118.
10. Guessoum SB, Marvaldi M, Thomas I, et al. The experience of anaesthesiology care providers in temporary intensive care units during the COVID-19 pandemic in France: a qualitative study. *Anaesth Crit Care Pain Med*. 2022;**41**(3):101061.