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Burnout in Plastic Surgeons during COVID-19 Pandemic

The coronavirus disease of 2019 (COVID-19) pandemic has serious implications in the health of both patients and physicians. Plastic surgeons have been redeployed to the frontline to work in acute care settings. Due to the extreme shortages in staffing levels, they work under pressure for prolonged periods in a highly infectious environment, and make life and death decisions. Peer illness and/or death, social distancing, financial difficulties, and uncertainty for the future may lead to depression, burnout, and even suicide. It is estimated that there is a higher suicidal rate by 44 percent for physicians than for the general population, particularly among health care workers with pre-existing psychiatric conditions.¹

Major medical associations have extensively identified burnout as a problem with practicing physicians.² The World Health Organization classified burnout in the *International Classification of Diseases*, *Eleventh Revision*, as an occupational phenomenon, not a medical condition. According to the Agency for Healthcare Research and Quality, burnout is "a longterm stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment." A 2015 national survey, using the Maslach Burnout Inventory, showed that the validated rate of burnout was over one-fourth (29.7 percent) among U.S. plastic surgeons. As a result of burnout, they may suffer lower quality of life, emotional stress, career dissatisfaction, work-life imbalance, and a two-fold increased risk of self-reported medical errors. Self-reported impairment, alcohol/substance abuse, and sleep deprivation are some of the consequences of burnout.³

Stress-relieving techniques (e.g., regular physical exercise, yoga, and meditation/mindfulness), self-acceptance, personal growth, and acquiring professional autonomy are key steps in preventing burnout.⁴ Institutions should establish wellness committees and provide counselling services and mental health resources for doctors.⁵ In 2018, the American Society of Plastic Surgeons developed the Wellness Task Force to help physicians manage burnout. The society's Project Well provides surgeons with resources to achieve better work-life balance and enhanced physician quality of life, particularly during the COVID-19 pandemic (Fig. 1).²

Substantial measures should be taken by organizations to mitigate physician burnout during the ongoing COVID-19 crisis by making resources readily available for doctors. Even with the current implementation of COVID-19 vaccines, the pandemic is far from over. Local audits, national surveys, and international collaboratives should be initiated to investigate the burnout phenomenon and posttraumatic stress disorder in plastic surgeons affected by the COVID-19 pandemic.

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Fig. 1. Wellness resources for plastic surgeons provided by the American Society of Plastic Surgeons and its Wellness Task Force (available at: https://www.plasticsurgery.org/for-medical-professionals/resources/wellness-resources. Accessed August 17, 2021).

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Single Institution's Plastic Surgery Case Trends and Considerations in the Midst of COVID-19

As the number of coronavirus disease of 2019 (COVID-19) cases increased in the United States, multiple health organizations, including the American Society of Plastic Surgeons, endorsed cancellation of nonemergent surgeries to conserve health care resources and minimize exposure to COVID-19.¹ To better understand the impact of COVID-19 on plastic and reconstructive surgery, we evaluated the trends of surgical cases at our institution before the pandemic, at the peak, when the majority of surgeries were on hold, and during the recovery phase, which involved resumption of surgical cases.

California enacted a statewide shelter-in-place mandate in mid-March of 2020, and Stanford Health Care began holding all elective surgeries during this time. By the end of April of 2020, Stanford Health Care consistently had fewer than 20 hospitalized COVID-19– positive patients and fewer than 10 patients requiring intensive care unit care, with a total positive COVID-19 test result rate of 1.7 percent. Given the institution's stability of inpatient COVID-19 patients, phased scheduling of surgeries occurred over a 2-week period, with all surgeries allowed by May 4, 2020.

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