

ORIGINAL ARTICLE

Peri-operative night-time work of anaesthesiologists*A qualitative study of critical issues and proposals*

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BACKGROUND Qualitative data on the opinions of anaesthesiologists regarding the impact of peri-operative night-time working conditions on patient safety are lacking.

OBJECTIVE(S) This study aimed to achieve in-depth understanding of anaesthesiologists' perceptions regarding the impact of night-time working conditions on peri-operative patient safety and actions that may be undertaken to mitigate perceived risks.

DESIGN Qualitative analysis of responses to two open-ended questions.

SETTING Online platform questionnaire promoted by the European Society of Anaesthesiology and Intensive Care (ESAIC).

PARTICIPANTS The survey sample consisted of an international cohort of anaesthesiologists.

MAIN OUTCOME MEASURES We identified and classified recurrent themes in the responses to questions addressing perceptions regarding (Q1) peri-operative night-time working conditions, which may affect patient safety and (Q2) potential solutions.

RESULTS We analysed 2112 and 2113 responses to Q1 and Q2, respectively. The most frequently reported themes in

relation to Q1 were a perceived reduction in professional performance accompanied by concerns regarding the possible consequences of work with fatigue (27%), and poor working conditions at night-time (35%). The most frequently proposed solutions in response to Q2 were a reduction of working hours and avoidance of 24-h shifts (21%), an increase in human resources (14%) and performance of only urgent or emergency surgeries at night (14%).

CONCLUSION Overall, the surveyed anaesthesiologists believe that workload-to-staff imbalance and excessive working hours were potential bases for increased peri-operative risk for their patients, partly because of fatigue-related medical errors during night-time work. The performance of non-emergency elective surgical cases at night and lack of facilities were among the reported issues and potential targets for improvement measures. Further studies should investigate whether countermeasures can improve patient safety as well as the quality of life of anaesthesia professionals. Regulations to improve homogeneity, safety, and quality of anaesthesia practice at night seem to be urgently needed.

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