
QUALITATIVE APPROACH TO MENTAL HEALTH IN SURGERY: INSIGHTS FROM A META-ETHNOGRAPHIC STUDY

M. Orri¹, O. Farges², A. Revah-Levy³

¹Departement of hepatobiliopancreatic surgery and liver transplantation, APHP Hopital Beaujon and INSERM U669 University Paris Sud University Paris Descartes, Paris, France ; ²Departement of hepatobiliopancreatic surgery and liver transplantation, APHP Hopital Beaujon University Paris Diderot, Paris, France ; ³Centre de Soins Psychothérapeutiques de Transition pour Adolescents, Hopital d'Argenteuil and INSERM U669 University Paris Sud University Paris Descartes, Paris, France

Introduction: Epidemiological data about surgeons' mental health and wellbeing are alarming: burnout was reported in about 40% of surgeons, 19% met criteria for alcohol abuse, and 6% had suicidal ideation. Factors related to the surgical culture may have an influence and impede help-seeking (stigma, shame, and fear for career repercussion).

Objective: To explore surgeons' account of their practice.

Aims: To obtain an international consistent description of surgeons' experience, addressing the problem of their wellbeing.

Methods: Medline, CINAHL, EMBASE, PsycINFO, and SSCI have been accessed to identify relevant international qualitative research exploring how surgeons talk about their practice. Meta-ethnography (a systematic review and analysis of qualitative literature that compensates for the potential lack of generalizability of the primary studies and provides new insights by their conjoint interpretation and comparison) have been used to identify key themes and synthesize them.

Results: 51 papers have been identified. The six emerging themes have been clustered in two axes. First, *patient-surgeon relationship*: strong emotions come from this relation due to the extent of personal involvement in decision-making, responsibility and uncertainty. Second, *group relations and culture*: it shows the influence of the surgical hidden curriculum on behaviours, coping attitudes and help-seeking.

Conclusions: Strong emotional components overwhelm surgical practice, which potentially expose surgeons to vulnerability and isolation. They appeared unprepared for and had difficulties coping with these issues. Our findings suggest that taking into account the relational and emotional dimensions of surgical practice (both with patients and within the institution) might improve surgeons' wellbeing and mental health.