Indonesian Journal of Global Health Research
Volume 7 Number 5, October 2025
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

BURNOUT AND COMPLIANCE IN FILLING OUT PRE-ANESTHESIA REPORT FORMS BY ANESTHESITANTS

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ABSTRACT
Burnout is a psychological process caused by unrelenting work stress, which indirectly affects the completeness of pre-anesthesia reports. Based on a survey of medical records analysis, surgical anesthesia report forms were still found in medical records that were incomplete. The purpose of this study was to explore preliminary data on the burnout experienced by anesthesiologists and their compliance with filling out anesthesia reports. This study is a qualitative study with a multiple case study design using a descriptive approach. The participants in this study were anesthetists at Klungkung Regional General Hospital, with a total of five participants in the operating room. The data collection method in this study used primary data by conducting interviews on the level of burnout and compliance of anesthetists, as well as assessment sheets of observations regarding compliance in filling out anesthesia report forms. The data analysis techniques used in this study were individual case analysis and cross-case analysis. The level of burnout experienced by anesthesiologists varies across each dimension. Overall, participants tended to experience mild emotional exhaustion. In the depersonalization dimension, participants were found to be in the severe category. Meanwhile, in the self-efficacy dimension, all three participants were in the low category. The pre-anesthesia assessment form contained items that were not filled in, namely those related to lifestyle history. Burnout, especially when influenced by work fatigue and psychosocial stress, has the potential to reduce the quality of documentation, which plays an important role in patient safety. Therefore, organizational efforts are needed to reduce burnout through workload management, managerial support, and a more effective documentation system in order to improve compliance and the quality of anesthesia services.

Keywords: burnout; compliance; pre-anesthesia form

How to cite (in APA style)
Tripayana, I. N., Lewar, E. I., Anggaraeni, K. R. T., & Diputra, I. N. Y. (2025). Burnout and Compliance in Filling Out Pre-Anesthesia Report Forms by Anesthesitants. Indonesian Journal of Global Health Research, 7(5), 1199-1206. https://doi.org/10.37287/ijghr.v7i5.7483.

INTRODUCTION

Nurses must be professional in providing services to improve the quality of healthcare. Increasing demands on nurses' duties can lead to an increased workload (Soewardi & Kusuma, 2019). The greater responsibilities placed on nurses result in a higher workload. The impact of a high workload can lead to burnout (Tampubolon, 2018). According to (Syarif et al., 2022), burnout is a psychological process brought on by intractable job stress, resulting in emotional exhaustion, personality changes, and feelings of decreased accomplishment. The term burnout was first coined by Freudenberg, a clinical psychologist, in 1974. Fifteen studies examining burnout in anesthesiology practitioners (residents, consultants, directors, and anesthesiologists) found that 10%-41% were at high risk of burnout and up to 59% were at moderate risk (Devianti, 2024).

This reduced and worsening performance, as well as low productivity, impacts the provision of anesthesia care. Anesthesia services are an integral part of perioperative care and significantly influence the success and safety of surgical procedures for patients (Adianto et al., 2017). One type of healthcare professional who provides anesthesia services, in addition to anesthesiologists and members of the anesthesiology specialist education program, is the anesthesiologist (Emala Sr et al., 2023).

Anesthesiologists are individuals who have completed anesthesia nursing education or are anesthesiologists, as defined by statutory regulations (Swerdlow et al., 2020). In carrying out their professional practice, anesthesiologists are authorized to provide pre-, intra-, and post-anesthesia care. In carrying out their role, anesthesiologists have several functions, including documenting and reporting on anesthesia services.

Documentation and reporting of anesthesia services by anesthesiologists typically utilize an anesthesia report form. A survey conducted at the Imelda Buruh Indonesia General Hospital in Medan, in the medical records department, found incomplete anesthesia report forms for surgical cases in the medical records. This will impact the quality of hospital services and the medical records themselves if they are needed again for various purposes, such as research or court proceedings (Valentina, 2022). Research at Pindad General Hospital, Bandung, found that 77% of inpatient anesthesia informed consent forms were completed, while 23% were incomplete (Herfiyanti, 2019). One cause of non-compliance with documentation is decreased anesthesia technician performance due to burnout. Based on the above description, the researchers wanted to gather preliminary data on the burnout experienced by anesthesia technicians and compliance with anesthesia report completion as material for future research. This research aims to "Burnout and Compliance in Completing Pre-Anesthesia Report Forms among Anesthesia Technicians at Klungkung Regional Hospital."

METHOD

This research is qualitative research with a multiple case study design using a descriptive approach. The research design is a research plan developed by researchers to obtain answers to research questions. The participants in this study were anesthetists at Klungkung Regional General Hospital, comprising all anesthetists in the operating room. The sample used in this study consisted of 5 participants. The inclusion criteria for this study were as follows: possession of an anesthesiologist STR, minimum education of Diploma III, completion of functional training as an anesthesiologist, anesthesiologists who have worked at Klungkung Regional General Hospital for more than 5 years, anesthesia technicians who are willing to participate in this study and nurses who are willing to be respondents (informed consent). Exclusion criteria which one: Anesthesia technicians who are undergoing training outside Bali, Anesthesia technicians who are on leave, sick, or on leave of absence and Anesthesia technicians who are unwilling to participate in the study.

The data collection method in this study used primary data by conducting interviews on the level of burnout and compliance of anesthetists, as well as assessment sheets of observations regarding compliance in filling out anesthesia report forms. This method was used to help solve the problems to be studied and to investigate the data or information obtained in the field. Participants were given an explanation of the interview technique regarding the level of burnout and compliance of anesthetists. Then, interviews were conducted regarding the level of burnout among anesthetists and compliance in filling out anesthesia report forms. Direct observation assessments regarding the completeness of the anesthesia report forms filled out by anesthetists were conducted after the anesthetists had finished filling out the forms and they had been signed by the anesthesiologist.

This was done to determine the level of burnout and compliance among anesthetists in the field.The analysis used in this qualitative study is descriptive analysis, which connects one piece of data with another, then draws a common thread from the data so that a complete picture of the phenomenon being studied in depth can be obtained. The data analysis techniques used in this study are individual case analysis and cross-case analysis (Halim, 2018) by comparing the findings obtained from each case, as well as combining the cases.

RESULT

Characteristics of Participants

This subchapter explains the research results covering the general characteristics of participants. The general characteristics of participants are participant data collected to determine the profile of research participants, which are presented in the following table:

Table 1.
General Characteristics of Participants. Based on Age, Gender, Education Level, Length of Service (n=5)

Participant	Age (years)	Gender	Highest Level of Education	Length of Service (years)
1	26	Male	D-IV Anesthesiology	1
2	26	Female	D-IV Anesthesiology	1
3	49	Female	D-IV Anesthesiology	11
4	25	Male	D-IV Anesthesiology	2
5	26	Female	D-IV Anesthesiology	1

Table 1, a study was conducted on 5 anesthesiologists at Klungkung Regional General Hospital. The study revealed the general characteristics of the participants, which included four apects, namely age, gender, education, and length of service. The participants in this study were anesthesiologists who were registered and actively working at the Klungkung Regional General Hospital. All five participants had a D-IV Anesthesiology degree as their highest level of education. Participant 1 was 26 years old, male, with 1 year of work experience, having started working in 2024. Participant 2 was 26 years old, female, with 1 year of work experience, having started working in 2024. Participant 3 is 49 years old, female, with 11 years of work experience, having worked since 2014. Participant 4 is 25 years old, male, with 2 years of work experience, having worked since 2023. Participant 5 is 26 years old, female, with 1 year of work experience, working since 2024.

To explore burnout, the five participants were asked questions about the three dimensions of burnout, namely emotional exhaustion, depersonalization, and low self-esteem. In terms of emotional exhaustion, four participants said that they sometimes felt emotionally drained at work, while one participant said that they never felt emotionally drained at work. The emotions experienced by the participants were caused by colleagues who lacked discipline. This shows the influence of the work environment on a person's emotions.

Participant 1's statement:
“I feel annoyed when assigned tasks are not done properly. For example, when changing patients in the operating room, it becomes chaotic and does not follow procedure.”
Participant 2's statement:
“Sometimes I feel annoyed at work, especially when there are many patients and there are coworkers who make things difficult, such as leaving tasks unfinished or leaving early.”
Participant 3's statement:
“I never feel angry or emotional at work; everything is normal for me.”
Participant 4's statement:
“I often feel uncomfortable when there are colleagues who lack initiative and just wait for orders, even though the situation in the operating room is busy.”
Participant 5's statement:
“If the work goes according to plan, I don't feel disturbed. However, I can get annoyed if there are sudden things that should have been anticipated from the start.”

All participants stated that they experienced fatigue towards the end of their shift. This condition arose as a result of the intensity of social interaction in the workplace and the high workload that had to be completed. However, the participants never felt stressed, frustrated, or overwhelmed by the responsibilities assigned to them. They continued to carry out their work according to procedure and followed the tasks delegated to them by the anesthesiologist.

Participant 1's statement:
“I often feel tired and sometimes bored at the end of my shift, but I never feel frustrated or complain even when I am given heavy tasks or do not get any time off.”
Participant 2's statement:
“Fatigue and boredom are inevitable towards the end of the shift, but I continue to carry out my duties without complaining, even though the responsibilities are heavy or the vacation schedule is not as expected.”
In terms of depersonalization, the five participants showed diverse views on how to treat patients. Differences arose in terms of whether services were provided with full empathy or merely as a form of professional duty fulfillment. Three participants stated that they chose not to involve personal sympathy. According to them, concern for the patient's condition is not always synonymous with the emotional involvement of an anesthesiologist.

Participant 1:
“My assumptions about patients depend on the type of case. There are times when I only consider patients as objects of medical treatment without emotional involvement, but in certain situations I can also show concern.”
Participant 2:
“I work strictly to the extent of performing my duties, without giving excessive emotional responses to patients.”
Participant 3:
“I care deeply about patients and cannot treat them merely as objects of service. The quality of our service affects patient satisfaction, especially if the case involves life-threatening situations.”
Participant 4:
"I maintain a professional attitude, but I don't feel the need to involve emotion in every action. For me, the most important thing is that the procedure is carried out correctly."
Participant 5:
“I try to maintain a boundary between empathy and emotional attachment. Patients must still be treated humanely, but I must not get carried away by my feelings so that I can remain focused on my duties.”

Five participants stated that they carried out their duties responsibly and adhered to standard operating procedures (SOPs), although in practice there were certain adjustments made according to the situation in the field. Some field conditions required actions that were not fully in accordance with SOPs, but were still safe and did not cause negative effects on patients. The participants explained that they were responsible for the safety and condition of patients from the handover process from the inpatient room until the patient was transferred back after treatment at the IBS. In addition, they also ensured the comfort and safety of patients while under their supervision.

In terms of low self-achievement, all participants stated that they were able to understand the emotional condition of patients and resolve patient problems effectively. They felt that their profession had a positive impact, both on patients and the work environment. However, there was one participant who had a different view regarding the level of enthusiasm for their current profession.

Participant 1:
“I continue to complete my tasks according to SOP, and although I still enjoy this profession, my energy level is not as high as when I first started working.”
Participant 2:
“While working as an anesthetic nurse, I still feel enthusiastic even though I have been

working for a long time, because the work atmosphere and the type of work keep me entertained."
Participant 3:
"I always try to stay energetic at work, ready and alert to deal with patients' conditions that can change at any time."
Participant 4:
"I feel enthusiastic at work, even though there are certain days when I feel more tired. However, I remain motivated because I feel that this job is beneficial to many people."
Participant 5:
"My enthusiasm for my profession remains stable, even though I have been working for quite a long time. I feel that my energy comes from a sense of responsibility and satisfaction after helping patients."

All five participants were able to create a relaxed and calming atmosphere when dealing with patients with emotional problems. This calm atmosphere helped patients manage their tension and reduce their anxiety levels.

Compliance in Filling Out Anesthesia Report Forms

Direct observation of compliance with the completion of anesthesia report forms was conducted on the anesthesia pre-assessment form section. Observation activities involving the five participants were carried out on Saturday, September 27, 2025. To reinforce the observation findings, the researchers also conducted interviews regarding compliance with the completion of anesthesia pre-assessment forms for each participant. The completion of the anesthesia report form by all participants was observed in various types of surgical procedures with different anesthesia techniques. Participant 1 completed the form while treating Mr. A, who underwent bivalve nephrolithotomy with general anesthesia using ETT. Participant 2 completed the form for Mr. S, who underwent a tonsillectomy with ETT general anesthesia. Participant 3 filled out the form while administering LMA general anesthesia to patient Mr. K, who underwent debridement and tendon repair. Meanwhile, participant 4 filled out the anesthesia form for patient Mrs. S, who underwent a cesarean section with spinal anesthesia. Finally, for participant 5, observations were made while filling out the form for patient Mr. R, who underwent ORIF (Open Reduction Internal Fixation) with general anesthesia using the ETT technique.

Pre-Anesthesia Assessment

In the pre-anesthesia assessment section, all participants demonstrated compliance in filling out several important items on the form. The items filled out included patient identity (name, age, gender, occupation, blood type, address, medical diagnosis, and date of assessment). In addition, participants also completed data on preoperative conditions, such as height and weight, blood pressure, pulse rate, respiration, body temperature, and oxygen saturation. Information about patient allergies, systemic disease history, and comorbidities was also included in full. Participants also recorded information regarding accessories still attached to the patient, Mallampati score assessment, ASA status, and fasting duration. Data regarding the type and location of surgery, supporting examinations, premedication administration, IV insertion, and perioperative education (KIE) for patients and families were also filled in as required. Finally, all participants ensured that the signatures of the IBS officer, anesthesiologist, and patient or family were complete on the informed consent form. Although most items on the pre-anesthesia assessment form were completed in full, the observation results showed that all participants did not fill in one important section, namely item number 7 regarding the patient's daily habits such as smoking, alcohol consumption, or drug use.

DISCUSSION

Burnout in Anesthesia Technicians

The results of the study show that the burnout levels of the five participants were in the moderate category. This conclusion was obtained based on the analysis of in-depth interview data conducted by the researchers. This finding is in line with the results of a study by (Wirati et al., 2020), which reported that of 165 nurses at Wangaya Regional General Hospital, 95 (57.6%) experienced moderate burnout. This shows that moderate burnout is quite common among healthcare workers, especially nurses or anesthetists who work in high-pressure environments. In the first dimension, emotional exhaustion, participants showed a tendency to experience mild emotional exhaustion. All participants stated that they occasionally felt emotionally drained due to work, mainly due to external factors such as the indiscipline of colleagues. In addition, all participants felt significant fatigue at the end of their shift. This condition illustrates that physical and emotional exhaustion occur simultaneously and can lead to decreased energy, motivation, and reluctance to continue work activities or interact with others.

These findings are in line with the research by (Dewi et al., 2022), which states that emotional exhaustion stems from intense contact with other people, which slowly drains the emotional capacity of healthcare workers. Therefore, the dimension of emotional exhaustion is often considered the core of burnout syndrome, especially in service-providing professions that require constant emotional involvement with patients. In the second dimension, depersonalization, the results showed that all five participants tended to fall into the high category. Depersonalization manifested in the form of emotional detachment from both patients and coworkers. For some participants, withdrawal is perceived as a way to protect themselves from excessive emotional demands at work. However, this mechanism results in cynicism, reduced empathy, and increased negative reactions towards others. According to (Arista et al., 2025) depersonalization occurs as a form of balancing high job demands and an individual's ability to manage that pressure. In addition, depersonalization is also influenced by individual characteristics, such as age, gender, and education level, which shape how a person responds to emotional pressure.

In the context of the IBS ward, high workloads, uneven team discipline, and fast-paced work dynamics cause nurses or anesthetists to experience a decline in sensitivity towards others. This results in the emergence of blame, indifference, and even reluctance to come to work because they have to face the same social environment. Unlike the previous two dimensions, in the dimension of reduced personal accomplishment, most participants were in the low category. This shows that despite experiencing emotional pressure and depersonalization, participants still felt capable of completing their tasks effectively and continued to feel the positive impact of their profession. The five participants stated that they were able to understand the patients' feelings, felt confident, and gained personal satisfaction from successfully helping patients. This finding is not in line with the research by (Devianti, 2024), which reported that 45.5% of nurses working in the intensive care unit at Sanglah General Hospital experienced a high category of reduced personal accomplishment. Participants' responses to questions about self-achievement indicate that they still often feel competent, valuable, and that they play an important role in the success of anesthesia services. This condition is thought to be related to the characteristics of the anesthesia profession, which demands high competence, thereby fostering self-confidence and professional achievement, even though work pressure is still felt.

Compliance in Filling Out Anesthesia Report Forms

The results of observations of the five participants showed that in the pre-anesthesia assessment form, there was a fairly good level of compliance for many items, such as patient identity, preoperative condition, allergies, systemic disease history, Mallampati assessment,

ASA status, patient/family education, and signatures of staff and patients/families. These findings reflect that anesthesiologists understand the importance of basic documentation as part of service standards. The American Society of Anesthesiologists (ASA) standards state that pre-anesthesia evaluation must include interviews, patient examinations, ordering tests/procedures, and complete documentation of the process (American Society of Anesthesiologists). This reinforces that the completion of many items in this study was in accordance with international guidelines (Nafiz, 2023).

However, the results of this study also show that some participants forgot to fill in item number 7 (history of habits such as smoking, alcohol, narcotics). This incompleteness indicates a gap in documentation compliance that could impact the quality of risk assessment and patient safety. A study of pre-anesthesia documentation audits in Pakistan found an average form completion rate of 77.10% ± 30.26% and noted that several components, such as previous surgery history and family habits, were recorded as needing improvement (Cahyani, 2024). Analysis of noncompliance with these items can be viewed from two perspectives: (1) procedural/implementation aspects and (2) professional perception aspects. From a procedural perspective, forms that are not user-friendly or a lack of training could be contributing factors. An audit at a pre-anesthesia clinic showed that the use of standardized forms and specialized training significantly improved documentation (Zahid et al., 2025). From the professional perception perspective, anesthesiologists may view information on previous surgery/anesthesia history or patient habits as irrelevant in the context of a particular procedure, thereby unconsciously omitting it.

From a clinical risk perspective, the incompleteness of these items can have consequences. Previous surgical or anesthetic history may indicate the risk of adhesions, response to previous anesthesia, or complications that must be taken into account. History of smoking, alcohol, and narcotics are factors that affect respiratory function, drug metabolism, and postoperative complications. Failure to record these factors may reduce the ability of the anesthesia team to optimize the patient before the procedure and increase the potential for unexpected events. As noted in pre-anesthesia standards, the evaluation should include procedure- and patient-specific risk factors to reduce perioperative complications (Mahmood et al., 2024).

The implications of this study for clinical practice are that although basic documentation is largely fulfilled, institutions need to strengthen the “complete check” on forms by creating more structured forms that include all important items, including previous surgery/anesthesia history and patient habits. Routine audits, training, and easy-to-use forms can improve compliance. As recommended in an audit study in Ethiopia, regular training and feedback can substantially improve pre-anesthesia documentation (Taye et al., 2022).

CONCLUSION

Based on the results of the study, the level of burnout experienced by anesthesiologists varied across each dimension. Overall, participants tended to experience mild emotional exhaustion. In the depersonalization dimension, it was found that participants were in the severe category. Meanwhile, in the self-efficacy dimension, all three participants were in the low category. This means that they still feel capable of performing their duties well and do not experience a decline in their sense of competence or self-efficacy at work. There were items that were not filled in on the pre-anesthesia assessment form, namely those related to lifestyle history.

REFERENCES

Adianto, T. R., Arifin, Z., Khairina, D. M., Mahakam, G., & Palm, G. (2017). Sistem pendukung keputusan pemilihan rumah tinggal di perumahan menggunakan metode simple additive weighting (saw)(studi kasus: Kota samarinda). Prosiding 2nd SAKTI, 2(1).

Arista, S. N., Burhan, A., & Handayani, R. N. (2025). Studi Deskriptif Burnout Pada Mahasiswa Keperawatan Anestesiologi di Universitas Harapan Bangsa. Jurnal Kesehatan Ilmiah Indonesia (Indonesian Health Scientific Journal), 10(1).

Cahyani, M. B. (2024). GAMBARAN KELENGKAPAN FORMULIR INFORMED CONSENT MANUAL DAN FORMULIR LAPORAN OPERASI ELEKTRONIK DI RUMAH SAKIT TINGKAT III BRAWIJAYA. STIKES Yayasan RS Dr. Soetomo Surabaya.

Devianti, R. (2024). Hubungan Lingkungan Kerja dengan Kejadian Burnout pada Tenaga Kesehatan di Ruang Instalasi Bedah Sentral RSUD Sumedang. Universitas Bhakti Kencana.

Dewi, N. M. U., Swarjana, I. K. S. I. K., & Megayanti, S. D. M. S. D. (2022). Multiple Case Study: Burnout dan Kepatuhan dalam Pengisian Formulir Laporan Anestesi pada Penata Anestesi di RSUD Karangasem. Jurnal Riset Kesehatan Nasional, 6(2), 112–123.

Emala Sr, C. W., Tawfik, V. L., Lane-Fall, M. B., Toledo, P., Wong, C. A., Vavilala, M. S., Fleisher, L. A., & Wood, M. (2023). The anesthesiology physician-scientist pipeline: Current status and recommendations for future growth—An initiative of the Anesthesia Research Council. Anesthesia & Analgesia, 137(4), 728–742.

Herfiyanti, L. (2019). Pengaruh Kelengkapan Pengisian Formulir Informed Consent Anestesi Pasien Rawat Inap Terhadap Pemenuhan Standar Nasional Akreditasi Rumah Sakit (SNARS-1) HPK 5.2 di Rumah Sakit Umum Pindad Bandung: Influence of Informed Consent Forms Completeness of Inpati. Jurnal Teras Kesehatan, 2(1), 89–98.

Mahmood, K., Abbas, M. A., Yasin, B., Saeed, M., Saleem, M., & Sarfraz, S. (2024). Clinical Audit on the Quality of Pre-Anaesthesia Assessment based on Predefined Pre-anaesthesia Assessment Form. Pakistan Armed Forces Medical Journal, 74(1), 211.

Nafiz, M. H. (2023). Kelengkapan Pengisian Formulir Kartu Anestesi di Instalasi Bedah Sentral Rumah Sakit Umum Daerah Arjawinangun. Universitas Bhakti Kencana.

Soewardi, H., & Kusuma, S. R. (2019). Workload analysis and improvement of the nurses duty in the hospital. IOP Conference Series: Materials Science and Engineering, 530(1), 12036.

Swerdlow, B., Osborne-Smith, L., & Berry, D. (2020). Anesthesiologists have an important role in preclinical nurse anesthesia education. Advances in Medical Education and Practice, 997–1003.

Syarif, D. F. T., Fatchurahman, M., & Karyanti, K. (2022). Pelatihan Self Healing Untuk Mengurangi Burnout Konselor Sekolah. Jurnal ABDINUS: Jurnal Pengabdian Nusantara, 6(1), 178–188.

Tampubolon, L. F. (2018). Burnout syndrome pada perawat di ruangan rawat inap rumah sakit Santa Elisabeth Medan. Jurnal Keperawatan Priority, 1(1).

Taye, M. G., Fenta, E., Tamire, T., & Fentie, Y. (2022). Assessment of perioperative anesthesia record sheet completeness: a multi-center observational study. Annals of Medicine and Surgery, 79, 104103.

Valentina, R. S. (2022). Anti-corruption and disclosure ownership structure of company value using risk as an intervening variable. Sebelas Maret Business Review, 7(2), 66–76.

Wirati, N. P. R., Wati, N. M. N., & Saraswati, N. (2020). Hubungan burnout dengan motivasi kerja perawat pelaksana. Jurnal Kepemimpinan Dan Manajemen Keperawatan, 3(1), 8.

Zahid, M. A., Jauhar, S., Ali, P., Khan, M. R., Rehman, M. A., & Hasan, M. F. (2025). Quality of pre-anesthesia assessment: a clinical audit in a tertiary care hospital in Pakistan. Anaesthesia, Pain & Intensive Care, 29(5), 260–267.