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Improving quality of life in the OR: fostering teamwork, ergonomics, and well-being for better outcomes

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TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

NHS Portsmouth Hospitals University NHS Trust

UCL University College London

Disclosures

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Royal College of Surgeons of England
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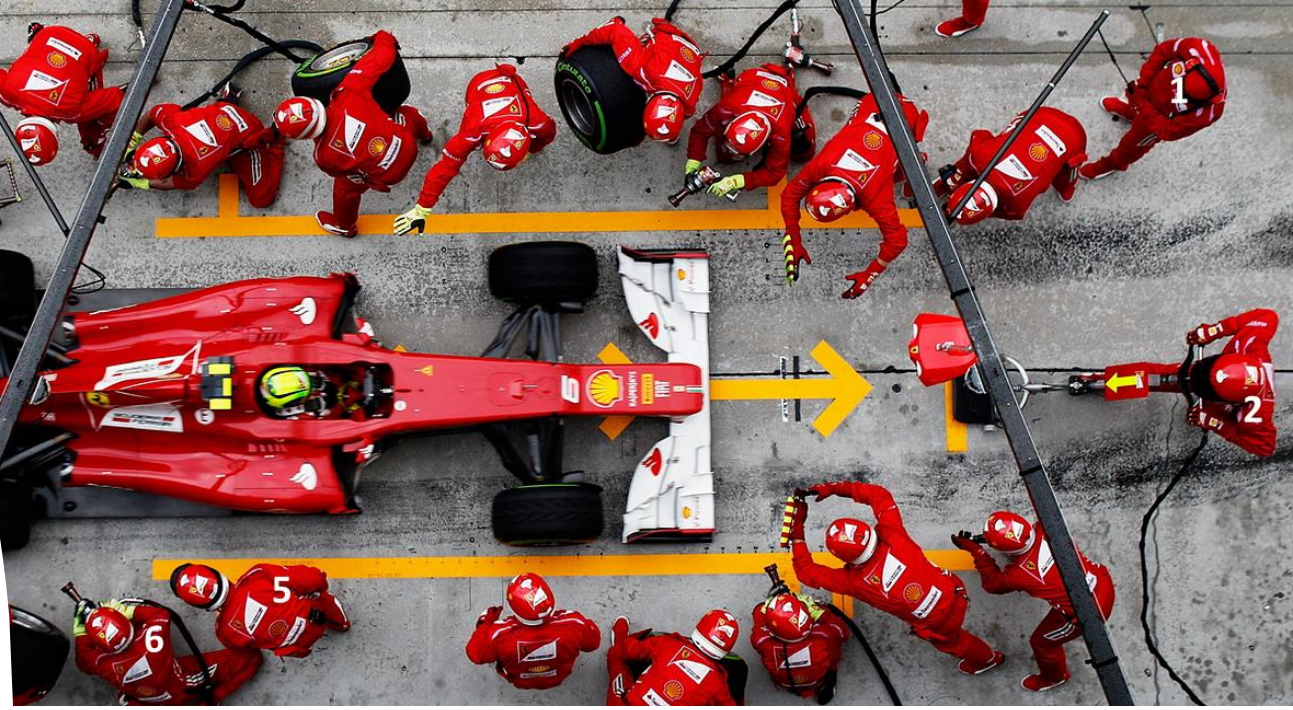
W.L. Gore
Boston Scientific

Think of the OR as a human performance environment



Technical and interpersonal challenges

Physical and mental endurance

Burnout

Major medical errors reported by surgeons are strongly correlated with degree of burnout and lower mental QoL

Shanafelt et al. Ann Surg 2010

The human cost

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Editorials

thebmj

Medical error: the second victim

BMJ 2000 ; 320 doi: https://doi.org/10.1136/bmj.320.7237.726 (Published 18 March 2000)
Cite this as: *BMJ* 2000;320:726

Article | Related content | Metrics | Responses

The doctor who makes the mistake needs help too

Albert W Wu (awu@jhsph.edu), associate professor

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Burnout in Metabolic Bariatric Surgeons

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Obesity Surgery
https://doi.org/10.1007/s11695-026-08604-6

RESEARCH

Beyond the Operating Room: Determinants of Burnout and Resilience among Metabolic Bariatric Surgeons Worldwide

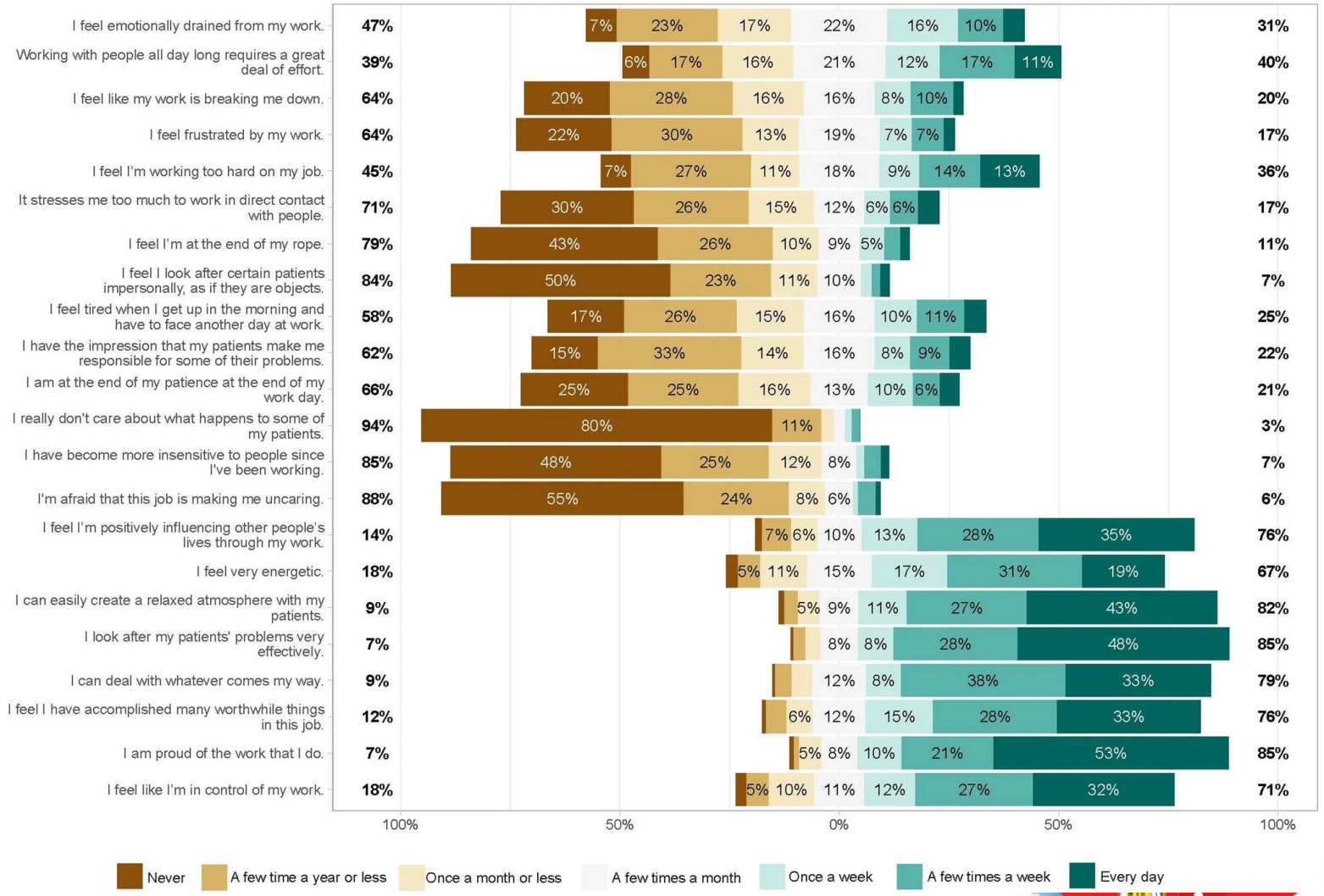
Shahab Shahabi Shahmiri[1] · Daniel Moritz Felsenreich[2] · Daniel Gero[3] · Elena Ruiz-Úcar[4] · Roxanna Zakeri[5] · Tamer Abdelbaki[6] · AmirHossein Davarpanah Jazi[1] · Kimia Jazi[7] · Kimia Vakili[7] · Zhiong Dong[8] · Anna Carolina Batista Dantas[9] · Mostafa Elsayed Nagy[10] · Wah Yang[8] · Sonja Chiappetta[11] · Mohammad Kermansaravi[1]

Low to moderate burnout overall

High emotional exhaustion and depersonalisation if:

- Older surgeon age
- Sleeping problems
- Low physical activity
- Longer surgical shifts

Strong personal accomplishment and purpose



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Teamwork improves patient outcomes

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Composition

of team leadership and membership

Communicating well

1. Using structure
2. In a culture of psychological safety with flattened hierarchy

Team diversity

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In leadership:

Original Investigation

Surgeon Sex and Long-Term Postoperative Outcomes Among Patients Undergoing Common Surgeries

Christopher J. D. Wallis, MD, PhD[1,2,3]; Angela Jerath, MD, MSc[4]; Khatereh Aminoltejari, MD, MSc[1]; et al

» Author Affiliations | Article Information

CiteThis Permissions Metrics Comments

JAMA Surg
Published Online: August 30, 2023
2023;158;(11):1185-1194.
doi:10.1001/jamasurg.2023.3744

Large national study of 1,165,711 patients across 25 common operations

	Female Surgeon		Male Surgeon
90-day adverse outcome	12.5%	vs.	13.9%
1-year adverse outcome	20.7%	vs.	25.0%
90-day mortality	0.5%	vs.	0.8%
1-year mortality	1.6%	vs.	2.4%

Better patient outcomes

F vs. M surgeons

Team diversity

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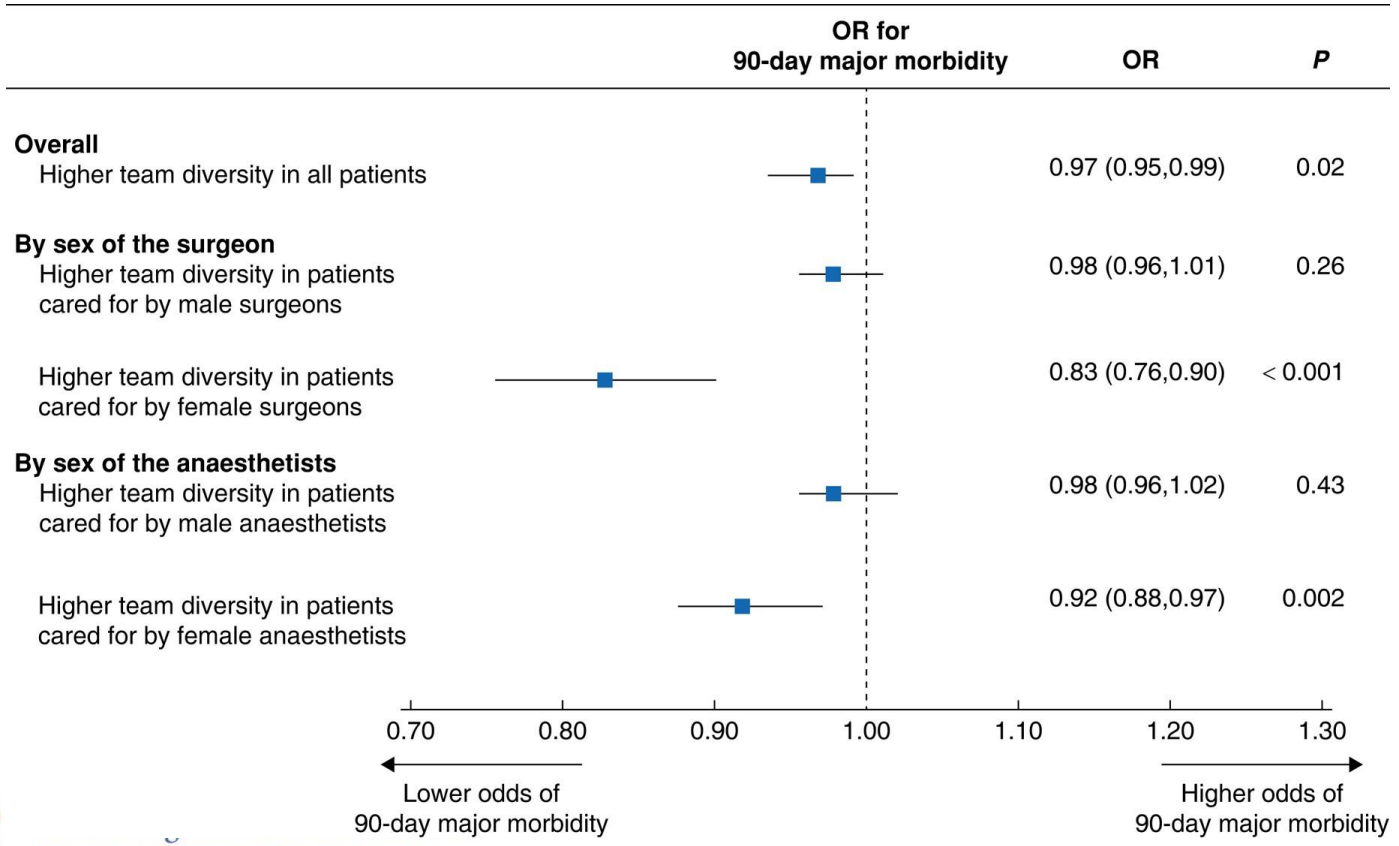
In team composition:

JOURNAL ARTICLE

Association between anaesthesia–surgery team sex diversity and major morbidity

Julie Hallet, Rinku Sutradhar, Alana Flexman, Daniel I McIsaac, François M Carrier, Alexis F Turgeon, Colin McCartney, Wing C Chan, Natalie Coburn, Antoine Eskander ... Show more

BJS, Volume 111, Issue 5, May 2024, znae097, https://doi.org/10.1093/bjs/znae097
Published: 15 May 2024 **Article history**



Centres with **>35% female** anaesthesia-surgery teams

➔ 3% lower odds 90-d major morbidity

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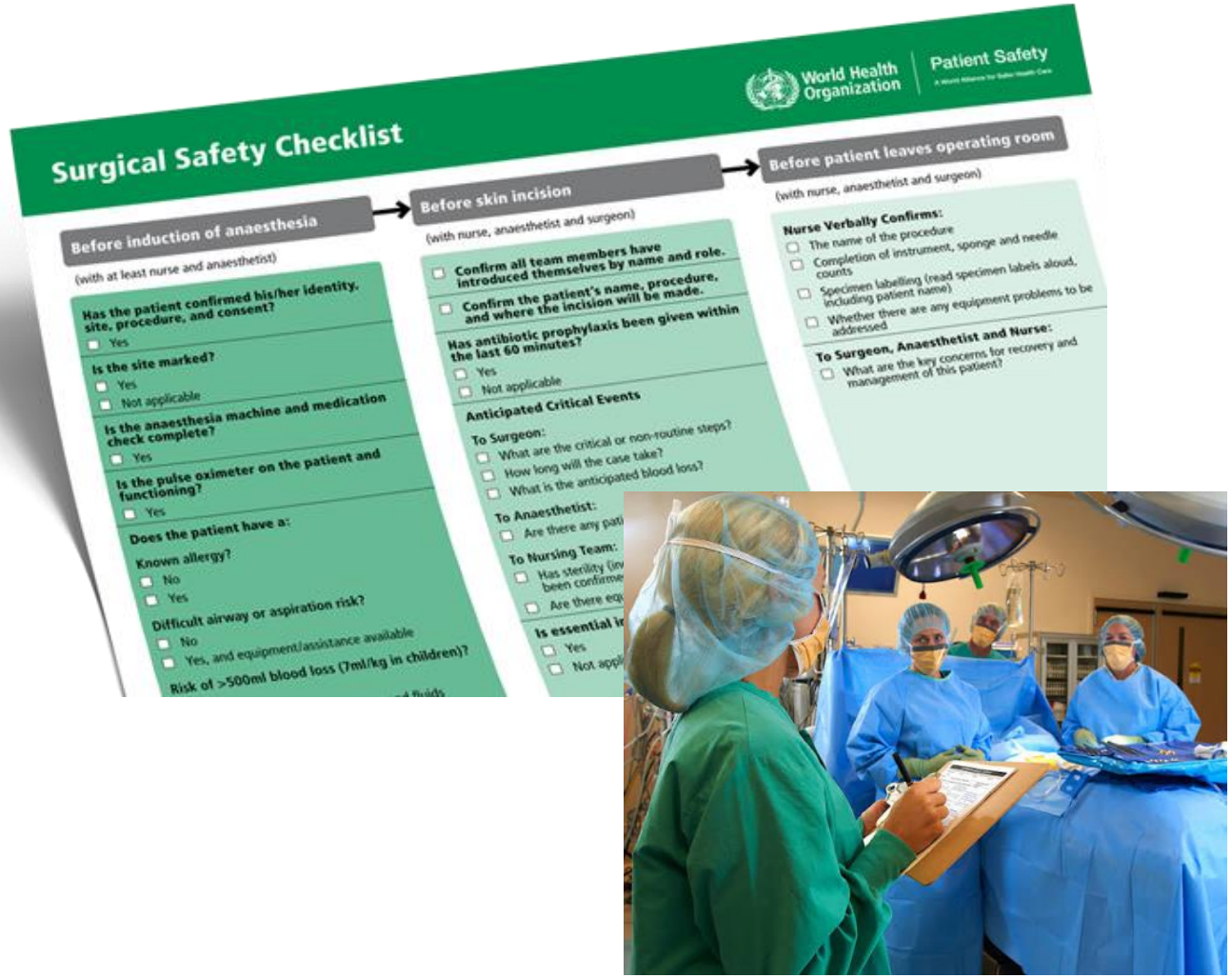
Communicating with structure



Complications ⬇ from 11% to 7%

Mortality ⬇ from 1.5% to 0.8%

Largely through communication and reliability, not new technology

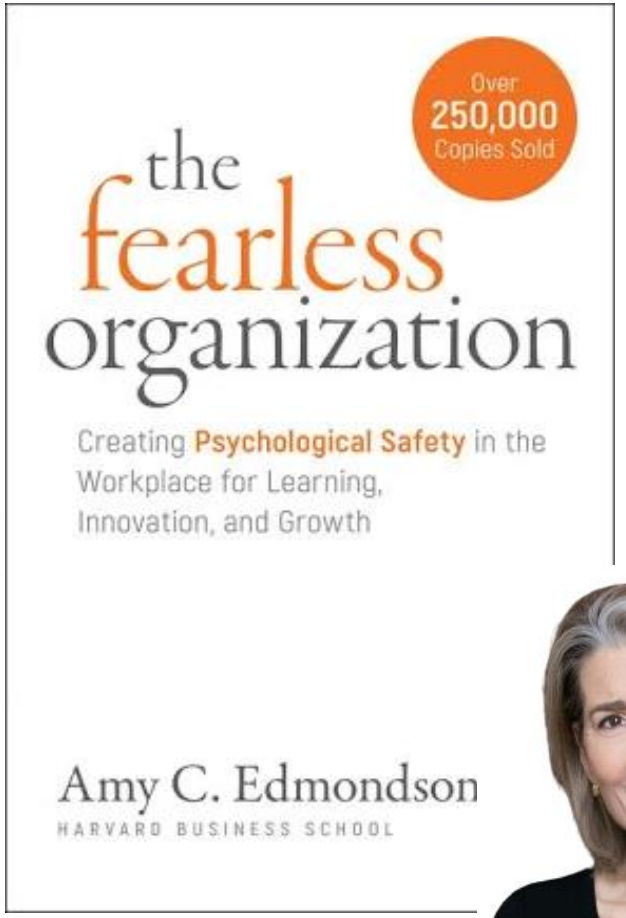
Haugen et al. Anesthesiology 2019

Psychological safety

Not about being nice or avoiding tough conversations.

An essential tool that enables speaking up, learning, and preventing harm.

- Speak up without fear
- Learn from mistakes
- Work together better
- Keep patients and teams safe



Psychological safety facilitates innovation

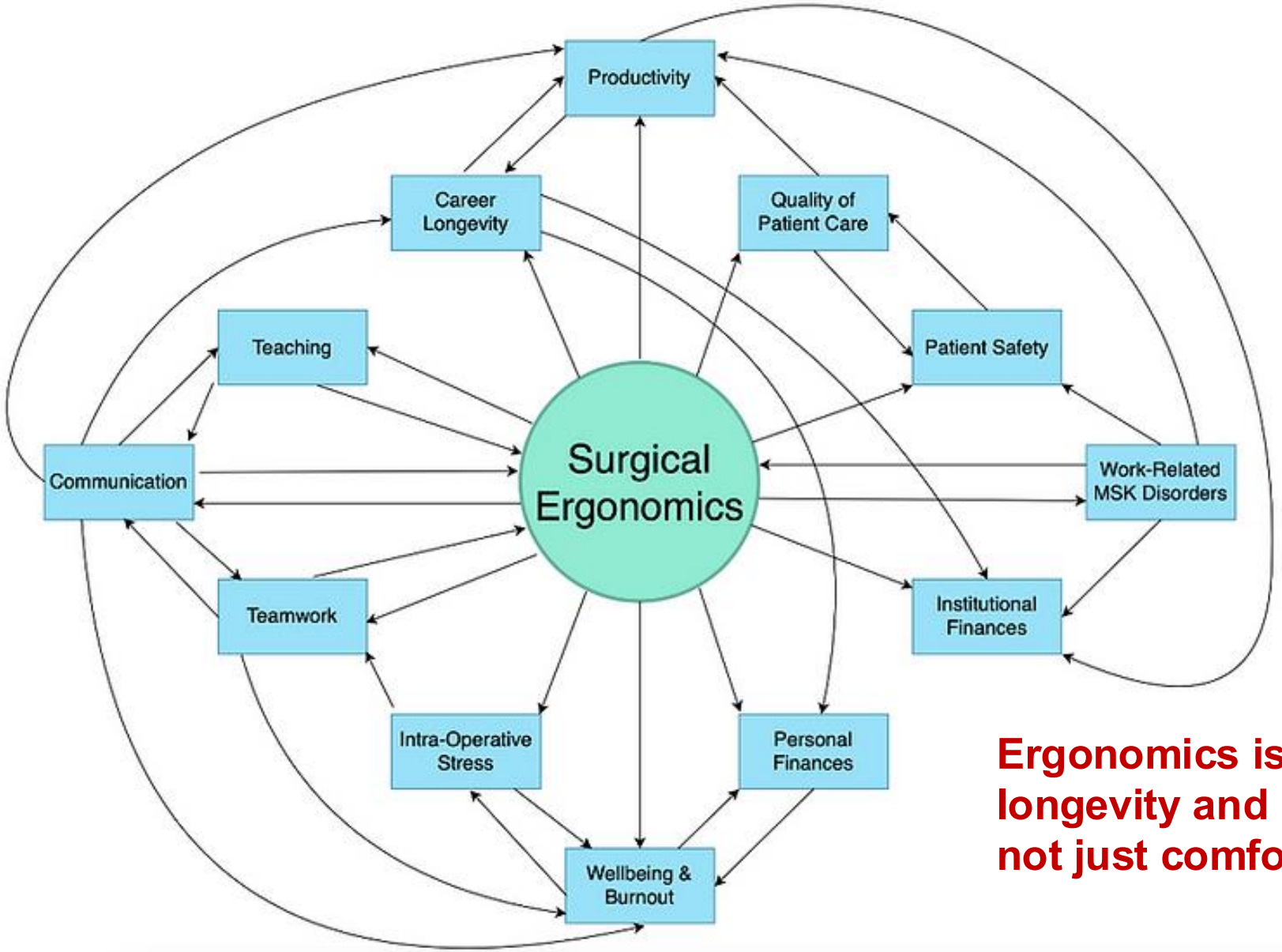
METHODS:

- 16 cardiac OR teams
- New surgical technology | Interviews, observation & surveys
- Leadership, psychological safety & team learning

- **Psychological safety** enabled **speaking up**
- Deliberate **signalling** and **team coaching** to speak up
  - Downplayed OR team's perceived risk of speaking up

- Leaders who **flattened hierarchy** improved team learning
- Better team learning predicted **successful innovation**

Edmonson 2003



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Ergonomics is career longevity and performance, not just comfort.

One size does not fit all

Smaller-handed surgeons experience significantly greater difficulty, discomfort & fatigue with MIS instruments

- **73%** of surgeons with glove size <6.5 report problems

Women are disproportionately affected

- Median glove size **6.0 in women vs 7.5 in men**
- Commercially available instruments traditionally tailored to male anthropometry
- **77%** of female surgeons report instrument-related Mskel sx

Basager et al. 2024, Green et al. 2023, Kono et al. 2024, Weinrich et al. 2022

ERGONOMIC CONSIDERATIONS

for Laparoscopic Surgeons

SCREEN ANGLE & DISTANCE

- Position screens at eye level or slightly below
- 50–70 cm viewing distance
- Reduces neck and eye strain

STACK HEIGHT

- Keep frequently used equipment between waist and shoulder height
- Minimizes reaching and bending

TABLE HEIGHT

- Set table at or just below elbow height
- Allows relaxed shoulders and neutral posture
- Adjust for surgeon height and procedure

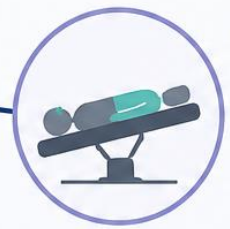


TABLE POSITION (LATERAL TILT)

- Lateral tilt (10–15°) helps bring anatomy closer
- Reduces shoulder abduction and strain

PORT POSITION

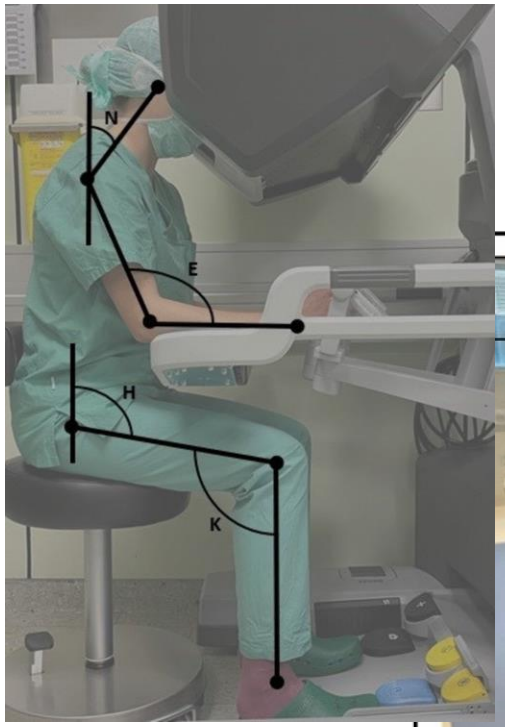
- Plan port placement to align with natural hand paths
- Avoid extreme reach or crossing
- Consider individual surgeon preferences

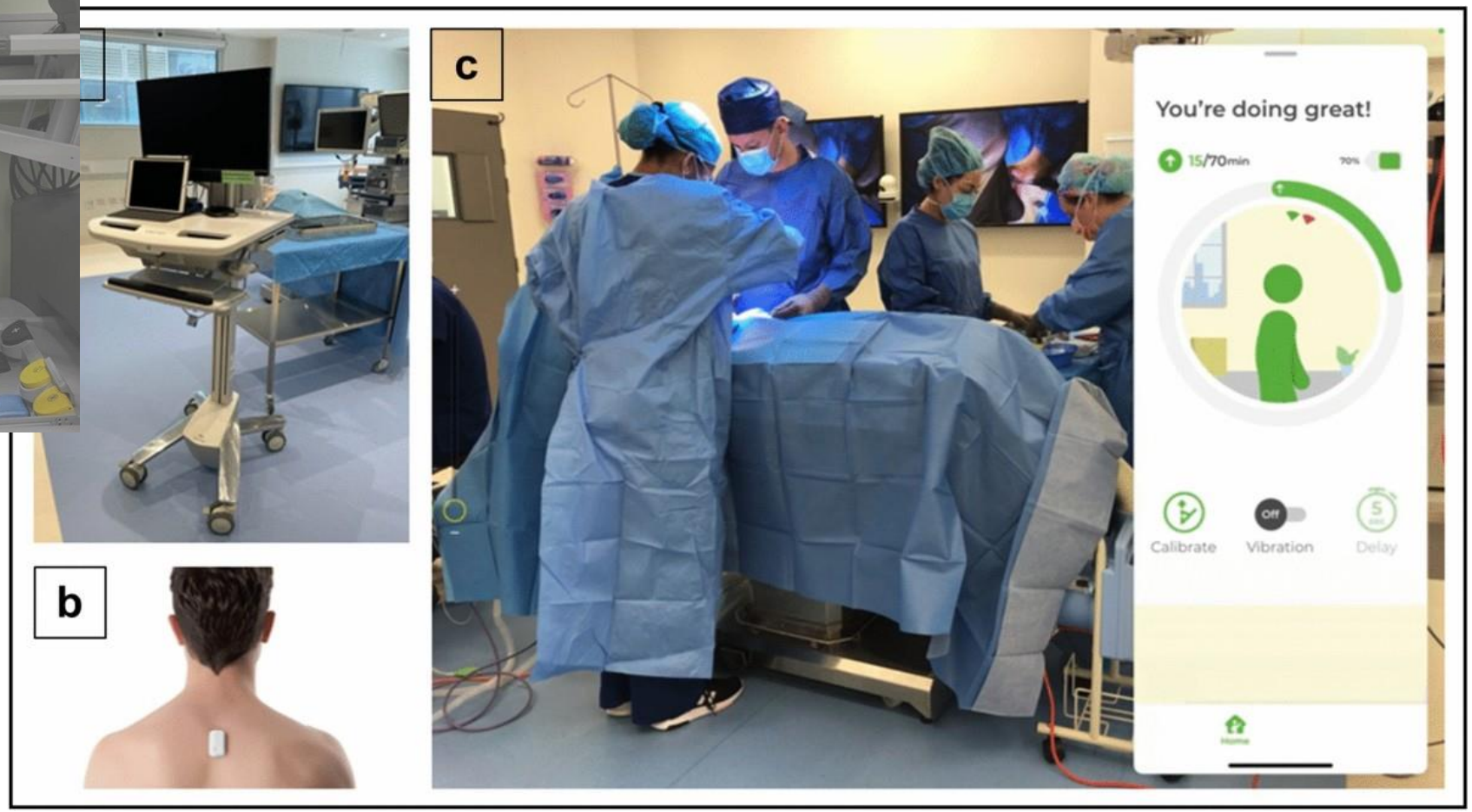
USE OF ASSISTANTS

- Thoughtful teamwork improves exposure and reduces physical load
- Clear communication and role assignment

POWERED INSTRUMENTS

- Reduce hand force and tissue resistance
- May decrease fatigue and improve precision
- Consider weight, balance and handpiece design





Soni et al. Surg Endoscopy 2024

Review > World J Surg. 2026 Aug 1. doi: 10.1002/wjs.70490. Online ahead of print.

Impact of Intraoperative Ergonomic Microbreaks on Surgeons' Well-Being and Performance: A Systematic Review

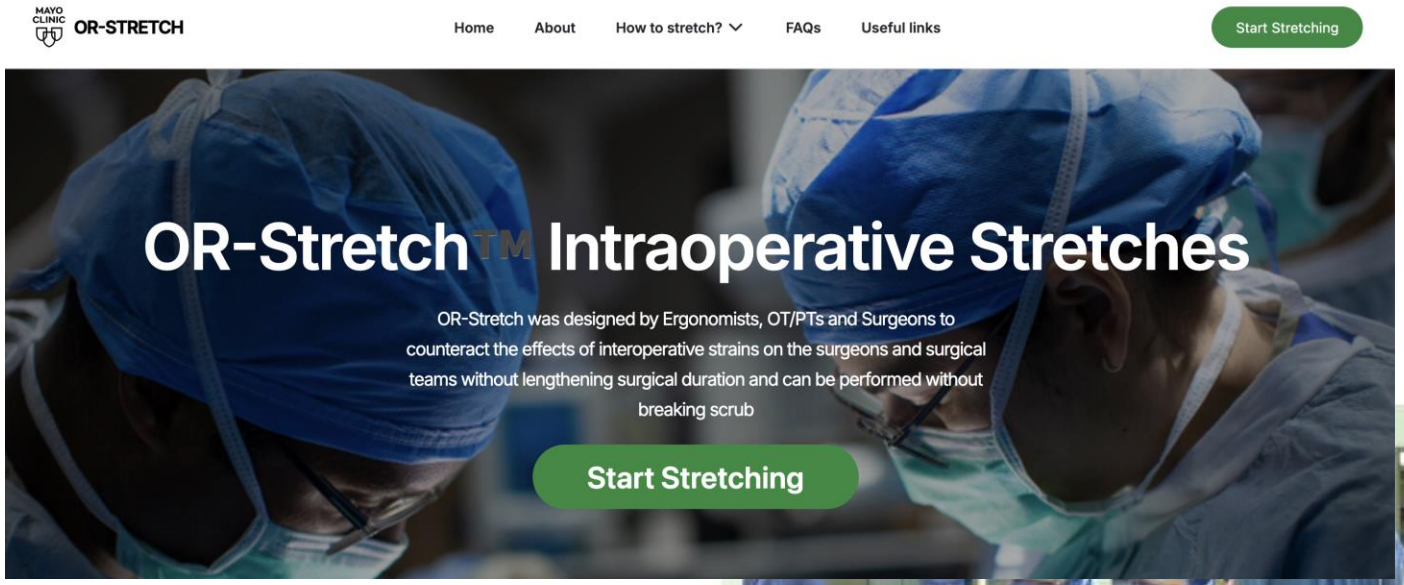
Gabriel Heierli [1], Fabian Grass [1], Luís C Pereira [2], Jean Pellegrini [3], David Fuks [1], Dieter Hahnloser [1], Martin Hübner [1]

- 10 RCTs, 284 subjects
- Improved ≥1 outcome (6/10 RCTs)
  - Pain/discomfort
  - Mental focus
  - Fatigue
  - Accuracy
- No increase in operative duration

Microbreak options:

Pause 20 sec every 20 min
Stretching
Diaphragmatic breathing
Active movements e.g. rotational and isometric muscle activation
Ipswich Microbreak Technique
(30 sec series of 3 cervical rotations, 3 chin tucks, and 3 sternum elevations)

Heierli et al.



orstretch.mayoclinic.org

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ERGONOMICS LAB | SATURDAY, SEPTEMBER 26

Design matters. Our bodies matter. Our careers matter.

LET'S BUILD A SURGICAL ENVIRONMENT THAT WORKS FOR ALL OF US.

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Friday, November 6, 2026

10:00 AM – 5:00 PM Eastern Standard Time

Virtual via Zoom

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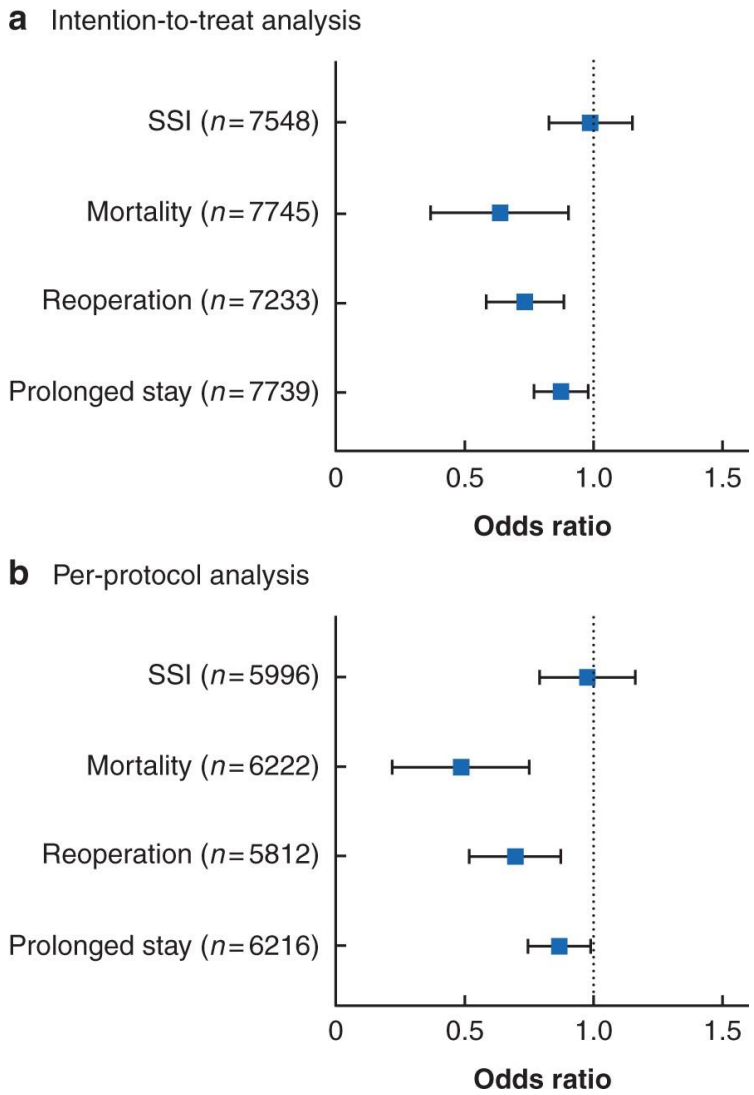
Structured intraoperative briefings



StOP? Protocol

STATUS of the operation
Next steps and proximal **OBJECTIVES**
Potential upcoming **PROBLEMS**
Encourage team members to voice their observations or to ask questions **(?)**

- At natural break points
- Increase team situational awareness
- Cohort study: 4 centres, 2015-18
- 9 months study period pre- and post-introduction
- N=7745 operations

Tschan et al. BJS 2022

The 60-second OR RESET

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R — REASSESS	*Where are we? What's next? What could go wrong?*
E — ERGONOMICS	*Posture • table • screen • pedals • instruments*
S — SPEAK UP	*Any concerns? Anyone seeing something I'm not?*
E — EXHALE	*Release • stretch • refocus*
T — TEAM	*Everyone OK to continue?*

60 seconds. At a natural operative transition points. No equipment. No cost.

Improving quality of life in the OR

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Better communication → safer teams

Better psychological safety → stronger learning cultures

Better ergonomics → healthier surgeons

Better working lives → longer, more fulfilling surgical careers

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