



Editorial

Dissatisfaction in Radiology, Neuroradiology and beyond

In this second editorial, we continue to explore 3 major challenges in Radiology: burnout, dissatisfaction, and inequality. As stated in the previous editorial, each of these challenges influences and magnifies the others and this time we will concentrate on dissatisfaction. Again, most of the literature here discussed comes from the USA, but dissatisfaction at work is a universal feeling.

Although US radiologists are not entirely satisfied with their jobs, their degree of satisfaction has increased in recent years mostly due to salaries that continue to rise at a rate of about 5% per year and that more jobs have become available. In 2015, the Medscape Compensation Survey revealed that 53% of radiologists felt well compensated meaning that nearly one-half of all radiologists felt that they were not adequately being paid. (1) The 2017 Survey shows that this percentage has increased to 62% leaving still over one-third of all radiologists unhappy with their current salaries. (2) This latter observation is corroborated by the fact that nearly 75% of specialists feel that their salaries should be 10-50% higher. When radiologists were asked if they would go to medical school again, in 2017 75% said yes compared to only 49% in 2015 and if asked if they would do a Radiology residency again, 91% said yes (2 years ago this was only 52%). So, it seems that overall US radiologists are happier with their choices than they were just a few years ago. Although the 2017 survey included nearly 20,000 doctors their results need to be interpreted cautiously as only 4% were radiologists and the majority were males. One thing that is clear is that all of us, regardless of type of practice-clinical vs. academic or private vs. institutional- is that we spend too much time in administrative duties with nearly 60% of radiologists dedicate anywhere from 5-19 hours per week to this type of activity. All these factors have led to more radiologists than ever before to leave the specialty. Most of them go the industrial and commercial activities and unfortunately most are young-to-middle age robbing our specialty of productive individuals. As stated on our previous editorial, burnout and dissatisfaction are major factors contributing to this exodus. Among all medical specialties,

dissatisfaction is common and has increased anywhere from 40% to 48% in recent years mostly due to issues regarding problems of work-life integration. (3) In 2014, 40% of radiologists stated not having enough time outside of work to pursue leisure activities. Of course, all these problems and issues get discussed with our younger trainees and especially with our medical students and this has led to a decreasing interest in Radiology.

According to a report published in 2015, in the USA, medical student interest in Radiology peaked in 2009 and has been decreasing since then. (4) In 2015, 64 Radiology residency programs were left with unfilled positions (that is nearly 50% of all Radiology programs in the USA). The number of Radiology positions filled by graduates from US medical schools fell by nearly 25% from 2009 to 2015. Since both authors of this editorial are Neuroradiologists, some comments regarding our subspecialty are important. During the last 10 years, the number of Neuroradiology fellowship positions in the USA has increased from about 170 to nearly 250 but although the number of applicants and positions filled continues to increase, the recent trend is downward. (5) In 2015, only 75% of all Neuroradiology training positions were filled and 50% of programs remained incompletely or completely unfilled. The number of US medical graduates applying to neuroradiology fell and the number of International Medical Graduates (IMG) in Neuroradiology fellowships increased to 15%, an all-time high. Of course, to IMGs this represents a great opportunity to train in the USA and for programs it results in accepting “la crème de la crème” with many of these IMGs deciding not to return to their countries and contributing to diversity in our field, new ideas, and innovations.

A recent article in the American Journal of Neuroradiology looked at the current work environment of neuroradiologists in the USA and the results are distressing. (5) More than 400 neuroradiologists responded that they thought they were reading too many cases, interpreting cases too fast, working too long and not having enough time to discuss abnormal re-

sults with their colleagues and/or patients. Because of these issues, academic neuroradiologists have cut back in teaching, mentoring, practice-building and research and over 50% of them are considering early retirement while nearly 40% are considering changing careers. Another important issue is that academic neuroradiologists thought that the work capability of residents and fellows had decreased 42% and 25% respectively in recent years. All these destructive factors may predict a future shortage of neuroradiologists and perhaps, radiologists in general.

We must remember that dissatisfaction at work also leads to dissatisfaction in other aspects of life and affects relationships, sleeping, nutrition, personal hygiene and may lead to drug abuse. Dissatisfaction and burnout often manifest as “the 3 Ds”: disengagement, disinterest, and disconnection.

There are many things that we can do as individuals to remain happy in our professional life: learn to prioritize and become aware of our limits; we simply cannot do everything we are asked to do. Focus on the present, develop personal interests, and create new relationships while nurturing older ones. Our administrators must create a sense of community and flexibility especially with respect to work schedules. More senior radiologists need to be aware that there are intergenerational differences and while many of us senior radiologists prefer to work more and make more, younger generations value their time perhaps more than their salaries. Re-establishing close relationships with our colleagues is also imperative as many radiologists feel frustrated at the relatively isolated work environments which have become very common since PACS as integrated in our practices.

References

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