



## Editorial

# Burnout in Radiologists

How to define burnout, how to perceive and face it? These are the topics I intend to develop in the following lines.

In the latest version of the classification of diseases and health-related problems (ICD11), presented at the World Health Organization meeting in 2019, the occupational burnout syndrome (QD85) was included in the category of problems associated with employment or unemployment. Chapter 24 states: “Factors influencing health status or contact with health services. The categories in this chapter are provided for those circumstances that are not illnesses, injuries, trauma or external causes that can be classified elsewhere as ‘diagnoses’ or ‘problems’.

In addition to this definition, it mentions: “Information on these types of circumstances or problems may be obtained through population surveys.

The previous subheadings are “Factors influencing health status” and “Problems associated with employment or unemployment”. In addition to this category, factors influencing health status include, among others, problems associated with finance, education, water, nutrition and the environment.

Occupational burnout syndrome is defined as follows:

It is a syndrome conceptualized as a result of stress chronic in the workplace that has not been successfully managed. It is characterized by three dimensions:

1. Feelings of lack of energy or exhaustion.
2. Increased mental distance from work or negative or cynical feelings about work.
3. Reduced professional effectiveness.

Occupational burnout syndrome specifically refers to phenomena in the work context and should not be applied to describe experiences in other areas of life.

Their exclusions are:

- » Adjustment disorder
- » Specific stress-related disorders
- » Anxiety or fear-related disorders
- » Mood disorders

According to the definition, there are some concepts that should be clear to us about burnout syndrome: it is not a disease and it does not correspond to an anxiety or mood disorder.

There are several surveys related to this condition, one of which is Medscape’s annual report on burnout in doctors, which also includes questions about suicide in them. This report - the result of a survey of 15,000 doctors in all specialties, 3% of them radiologists - indicates that burnout in doctors occurs in 42% of the respondents and that it has decreased discreetly compared to the previous survey. Discriminated by specialty, the highest incidence is 54%, and the lowest is 29%. In this ranking, radiology specialists occupy sixth place, with an incidence of 46%, that is, 4 points above average.

Another interesting fact that this study shows is that burnout has a different incidence according to the age of the doctors. The highest is in those of the so-called generation X, born between 1961 and 1979, 48 % when compared to the baby boomers (born between 1945 and 1960) and millennials, born between 1980 and 1999, with an incidence in the latter two groups of 39 % and 38 %, respectively.

However, for older people, burnout is perceived as having a greater impact on their lives, in 50 % of cases, than for other groups. For younger people the impact on their social relations is more important than for others. On the other hand, it is more frequent in women (48 %) than in men (37 %).

Suicidal thoughts, another dimension measured by the survey, occur in 21-24% of the doctors surveyed, with suicide attempt rates between 1% and 2% and are also higher in generation X. The worrying thing about this item is that between 39% and 41% of those who have suicidal thoughts do not communicate them to anyone.

Similarly, doctors who are depressed or exhausted do not seek professional help (61% to 63%). There are several reasons for this, including lack of time, considering that they can handle the situation on their own, or that their problem is not serious enough to consult. Most of them do not perceive or do not are aware of the institutional programmes to address this situation, and only 27% to 36% of them would be interested in participating in programs for that purpose.

If we look at exhaustion not only as a problem, but also as a challenge, a fact or a risk to the performance of daily activities, which interferes with the well-being and purposes of people’s lives, then we can understand why he doesn’t have a single cause or a single or easy solution.

Specifically, for radiologists, external and internal causes have been mentioned.

Among the external ones is the challenge it represents for radiologists face the growing “invasion” of their work by other specialties.

Territorial wars and the POCUS (point of care ultrasound) are two examples of such “invasion”.

Similarly, another challenge is to keep informed and trained to use technological advances, for example, PACS (picture archiving and communication system) which are today a fundamental tool for the daily work of radiologists. Without these systems, it would be impossible to view, review and analyse the large amount of images contained in studies today, which have increased exponentially compared to the images that the radiologist had to review in previous decades. Although they have represented one of the most important technological advances for the specialty, at the same time they lead to less interaction between radiologists and referring physicians, which could result in radiologists being isolated and with less interaction and support from other colleagues, with the consequence of lower levels of job satisfaction.

The prospect of diminishing work for radiologists - the result not only of turf wars but also of policies to reduce health costs - has been considered as contributing to burnout. If a reduction in income is anticipated, it is likely that the entry of new radiologists or the replacement of those who have left will be limited, which may lead to an increase in individual work that may result in more time spent working without increased pay or even a decrease in income.

The internal causes may be different according to the age and sex of the radiologists, and reflect the different priorities in what everyone perceives as well-being and life purpose. Thus, for some, economic income is a priority, while for others, it's a balance between personal life and work. Flexibility in working hours is a key point for young women who have children, in order to care for them; for others will mean having time for interpersonal relationships, family, sport or their hobbies.

Radiologists often get conflicting messages. By On the one hand, they are encouraged to give value to their work by increasing its visibility, participating in patient advocacy working groups, in order to show the importance of their participation in the taking of clinical or surgical decisions. On the other hand, they perceive the pressure of managers in terms of productivity, as measured by the number of studies read quickly.

They consider, then, that they do not take into account factors that improve the quality of the work and that are not easily measurable, such as the time it can take them to make a high quality and valuable report, result of the correlation of the images with the medical history, a which adds to the search in other systems and the comparison with other image studies.

In addition, unprofessional practices may arise and disrespectful to colleagues, such as choosing the work that involves less risk or less time for reading or doing it, which leads to friction between radiologists in the same group, instead of promoting a joint work, with mutual help, that generates satisfaction.

The distress caused by the perception of being under continuous surveillance numerically adds to the fear of making diagnostic errors, not only because of what this implies for the patient, but also because of the possibility of malpractice suits.

The coexistence of care tasks with education and research is common. While the latter usually generate personal satisfaction and a sense of service, they are not usually economically productive and

require extra time that may result in a decrease in economic productivity or the need to extend work hours, use night time, weekend time or vacation time. Academic institutions often put pressure on radiologists to have highly qualified research results.

All of the above are factors that contribute to radiologists' burnout, with the perception that time is not enough or not productive to complete their tasks.

Solutions can be proposed on many fronts, but I would like to highlight, first of all, those that depend on us: how can radiologists regain the satisfaction that comes from serving, and how can they promote physical health, mental health and a good working environment to maintain their ideals and life goals at the same time?

Patient-centred work enriches the daily work of the radiologist, allowing him or her to exercise “service”, which is one of the main motivations for people to have chosen to be doctors. This is work in which the radiologist participates in decision-making, attends to the patient personally, resolves the doubts that patients or their families have regarding the results of the images or guides them in the steps they must take, which is frequent, not only for interventional radiologists, but also for those who in their daily work interpret oncological images and often become the first consultant to the patient.

This avoids depersonalisation of the radiologist, which is a cause of exhaustion and has been favoured by technologies such as PACS or teleradiology, where the radiologist is “invisible to the patient” and with less and less direct interaction with colleagues.

There are other ways in which radiologists can serve: educating medical students, specialty students or colleagues; engaging in everyday academic activities; publishing articles or books; participating as speakers at events on specialty topics or for medical and non-medical workers in their hospitals or the community - on topics such as stroke or safety in MRI environments, to name two examples-. Radiologists can also serve by performing work volunteers in the medical and radiological associations.

The work should focus on both the patient and the radiologist; on their physical and mental health, with good emotional support; on a Healthy work environment, where the best treatment of colleagues exists and human beings with acknowledgements to and from our peers towards us. There are different forms of recognition than money. Working towards common goals for the group of radiologists and aligning with the objectives of the institutions can generate satisfaction.

With the exception of the work of radiologists in interventionism or in ultrasound, the usual work, in front of a screen for reading, is typically sedentary, in a dark environment without contact any with the light of day or with nature. In the focused work in the radiologist is important, so, to make short active pauses during the working day, to have time for lunch, without this being to review cases or to the academy and use some time to interact positively with colleagues. Work environments comfortable, pleasant and ergonomic allow to improve the concentration, which is also helped by avoiding unnecessary interruptions, telephone, administrative or other.

Strategies that allow people to go home at a reasonable time and avoid long workdays, which are generally inefficient and at high risk of increasing errors, are highly desirable, as are flexible workdays that accommodate everyone's personal needs. This will allow more

time for themselves, their young children, their partners, their family members or their friends, taking into account the different needs of radiologists according to their age and their particular family situations.

These proposals are a challenge. They require a change in our way of thinking, where there is no single or easier rule. Neither the groups of radiologists nor their work are homogeneous and each role within these heterogeneous groups has its own difficulties and challenges.

But they are all people who require care for their physical and mental health, which can be facilitated by small shifts in the way to think and act in the small and large activities of the work. In addition, it is important to make a firm decision to keep close affective relationships that stabilize and help to give meaning to existence and seek to consult other persons or medical colleagues when the perceived need demands it.

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## Lecturas recomendadas

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