
Cardiologists and burnout



Physician burnout is an area of serious concern in healthcare in nearly all specialties, including cardiology. Surveys conducted with practitioners from family practice to internal medicine, surgery, and emergency, show decreasing morale levels, overwork, rising caseloads, and a high level of bureaucracy. All these factors are leading to burnout with more healthcare professionals leaving their jobs, suffering mental and physical health issues and in some cases, even taking their lives.

According to Dr. Anthony DeMaria from the Division of Cardiovascular Medicine at the University of California, San Diego, "The burned-out physician is angry, irritable, impatient, has increased absenteeism, decreased productivity and decreased quality of care."

Findings from a survey conducted with 15,000 physicians in the US across 29 specialties show evidence of burnout in nearly 42% of the respondents. The most affected were critical care specialists and neurologists; cardiologists were somewhere in the middle. The least affected group were plastic surgeons.

One finding that especially stood out was the age group of physicians who were experiencing burnout. The greatest incidence was observed in the 45-54 years age group. This means that it is the younger physicians who are suffering from burnout whereas the general perception or expectation is that it would be more prevalent in older physicians. One of the major reasons for increasing frustration among younger doctors is the time they have to spend on reporting and dealing with documents and computers rather than interacting with patients and practising medicine.

Some of the major contributing factors to physician burnout include excessive bureaucracy, increasing computerisation of practice, insufficient compensation and a lack of control and autonomy. All these factors accompanied by increasing government regulations are making more and more healthcare professionals frustrated. The transition to electronic health records is one of the most classic examples of the increasing burden on doctors on an activity that is more administrative than clinical.

One of the best ways to deal with physician burnout is to first identify the causes. As far as cardiologists are concerned, the primary issue appears to be workload. Cardiologists are called on to handle after-hours emergencies quite frequently which tends to affect their overall quality of life. A reduction in the call for documentation could provide them with some relief so that they can focus on providing care when needed. Cardiologists would also benefit from greater autonomy in terms of drug or procedure selection.

The survey findings showed that 13% of cardiologists experienced depression as well as burnout. A third of those who reported depression said that they were more easily exasperated by patients and less engaged with them because of their depression. As Dr. DeMaria points out, cardiology may actually be the most unhappy speciality and also the least likely to seek professional help.

It is time to recognise physician burnout as a serious problem and find solutions to deal with it. The Mayo Clinic Programme for Support and Solution offers a number of steps that can be used to tackle burnout. These include:

- Acknowledging and assessing the problem
- Harnessing the power of leadership and associating it with physician wellbeing
- Improving efficiency of practice and optimising physician careers
- Developing and implementing targeted interventions
- Cultivating community at work
- Promoting flexibility and work life integration
- Promoting resilience and self-care
- Facilitating and funding organisational science.

Whatever measures are taken, it is time to take physician burnout seriously.

Source: [European Heart Journal](#)
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