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HOW TO PREVENT BURNOUT IN CARDIOLOGY

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Burnout, as defined by the Maslach Burnout Inventory Survey, describes three aspects: firstly, emotional exhaustion from being overworked, secondly, depersonalization or desensitization - a lack of compassion for patients and peers and professional efficacy and thirdly, reduced sense of accomplishment. Burnout is the result of chronic emotional and interpersonal work place stressors [1,2] The word "burnout" was originally used by Herbert Freudenberger in 1974 to describe a state of emotional fatigue that was becoming more prevalent during the free clinic movement, attributed to the mismatch of resources to the needs of patients.[3] Among other factors exhaustion from increased workloads and extended work hours combined with the stress of cognitive decision-making in the setting of emotionally-charged situations contribute to physician burnout.[4]

How common is the problem? More than half of clinicians involved with critical care, emergency medicine, family medicine, and internal medicine claimed burnout. Those involved in cardiology and pulmonary medicine followed closely behind, at 46% and 47% respectively. In terms of severity of burnout, doctors working in cardiology ranked second, only behind nephrology.[5] This is not a newly recognized phenomenon, the angst, dissatisfaction and burnout was recognized more than three decades ago. In 1987 conducted by AMA on physician aged above 40 years showing that 44% replied that if provided another chance they would not join the field of medicine.[6] In 2001 a survey on Massachusetts's physicians expressed dissatisfaction with practice environment.[7] Kaiser family foundation conducted a national survey in 2001 documenting that 45% physicians did not recommend a young person opting for medicine.[8] In a survey conducted by British medical Association almost 80% of doctors were considered to be at high or very high risk of burnout. This is now a global crisis! Though data is scarce from low and middle income countries but given the restrained resources, increased and ill organized work load, low remunerations and perennial problems of mismatch of supply and demand the physicians work under constant stressful situation and the prevalence of burnout has to be very high.[9] There are still controversies that shroud the understanding of burnout; Lisa Rosentien presented 142 unique definitions of burnout and there is substantial variability in prevalence estimates of burnout by the definition employed.[10]

Why are we feeling the brunt in cardiology more than other specialties? Burnout is one of the most frequent topics under discussion in the world of medicine and allied health fields. Though it is being observed in many work environments, we

as cardiologists face this relentless epidemic challenging doctors at different stages of their career. The nature of cardiac ailments are acute and quite often life threatening. In the current era there has been an explosive growth in knowledge base with introduction of more complex diagnostic and therapeutic procedures. One has to be up to date on guidelines and appropriate use criteria. The working hours are long and the demands from society and higher ups are profound interlaced with uncertainty. Lately more stress is being laid on documentation, counseling and further documentation. One has to acquire expertise in maintaining electronic record system. A drain is felt as one ends up putting in more time and energy in repetitive clerical duties as against direct and efficient patient care.[11,12] Though it is more applicable abroad, even in the local scenario all these factors are posing similar threat as the face and demands of clinical care undergo metamorphosis.

Burnout may occur at different stages of the career - the start, the mid or at the later stage. Every stage has different manifestations and different causes. Fellows in training have a huge challenge to accumulate enormous amount of information and master clinical skills to offer optimal care in different scenarios as in outpatient, consults and inpatients. In cardiology there is an additional demand to effectively lead daily crisis that occur in the settings of CCU and emergency department. Whereas other specialties may have similar duties, cardiology demands still more – the fellow has to learn and master ever expanding and developing noninvasive field. Moreover, they have to learn and demonstrate level 2 to 3 expertise in interventional fields. While efforts are being put in to acquire working knowledge and brush up clinical and interventional skills, there is an ever-looming final exit examination. This examination requires new set of traits to be learned and demonstrated to pass the competitive final examination – the theory, the TOACs, the practical long case, and short cases. Many candidates take two or more chances to pass the examination and this in itself creates burnout. In our setup those who flunk examination have no place in the public structure. The euphoric phase after passing the examination, conquering the world, is soon over when one has to look for a job and a niche in professional career. Many struggle to find a 'suitable' job and those who cannot end up as victims of burnout. After settling in the job, the realities of economics and growing demands from the family start becoming apparent. Early in the career one realizes that though hard work and dedication to duties reigns supreme one has to try to establish an alternative source for support. Those who cannot do it efficiently feel stressed out. In mid career one may become disillusioned by continued demands of job, low compensation and growing family requirements. Learning and mastering, ever increasing and demanding interventional procedures, remains a challenge for mid career cardiologists. Burden of conducting research and publishing is ever increasing in the competitive academic world. Sheer work load of looking after patients in daytime, looking after clinic in evening and attending to family requirement bogs one down. Burnout at this stage may manifest as skepticism, disenchantment and depression, which adversely effects efficiency and happiness. At the later stage of career, the seniors in memory of 'good old days' are unable to face unabated demands of patients, increasing complexity of interventional procedures, enhanced demands of grown up children and personal health problems.[13-15]

What is the way out? First step has to be to recognize the enormity of problem and then try to find ways of treating or more importantly preventing it. Different leaders in the fields have recommended different ways. It is important to devise ways to make this journey of learning a more enjoyable experience. Waldo recommends three 'R' as key to success: relaxation, reflection and regrouping. He emphasizes that relaxation is not a passive activity; it requires focused efforts. Engagement in physical activities or any other positive hobby may help relax. Reflection on omissions and commissions in the previous day and planning for prevention may be the key. Strategies like STAR – considering the Situation, identifying the required Tasks, Actions taken by an individual and the Results accomplished may help in positive reflection. Regrouping to form new strategy to acquire new knowledge, brush up skills and seek more self-confidence. Regrouping also demands to accept the objects one cannot change and use them positively to create learning openings. The efforts put in should be according to the demands of the situation; it is imperative to create opportunities to frequently and effectively relax, reflect and regroup.[16]

In response to Waldo's article, Martin Goldman advised that the way to prevent burnout was to rely on peers, co fellows and senior fellows seeking their advice as to how to cope with stressful situations and avoid stress. Cardiology now offers many diverse career paths and one should sagaciously choose the right field which may be preventive, interventional, translational research, cardiac imaging or heart failure. The work should lead to fulfillment. Hospital should introduce mentorship program to help an individual sail through the tough years of life. Choosing the right program depending on the location, volume and type of training is important.[17]

Till late there were three goals to provide a framework for a health care system focused not on volume, but on improved quality and patient satisfaction, better outcomes, and reduced costs.[18] Three years ago a fourth pillar was added by Colin P. West, that a "Quadruple Aim would ensure that changes to the health care system optimally serve the entire system, including individual patients, populations, and the professionals engaged in delivering care" ACC took a proactive role recognizing the enormity and severity of the challenge and supported four-pillar approach[19]. ACC became a part of this effort and fully committed to helping its members find, implement, and share innovative solutions to burnout, attrition, and poor team functioning.[19]

Who can be more convinced than cardiologists that prevention is better than cure? We must try in unison to try to prevent

burnout at all levels. Intrinsic personality traits like being excessively obsessive and having low self-esteem that lead to unduly stress should be recognized during training and handled in a positive way. Time is essence and we must develop and learn better time management skills during training and clinical practice. We as humans should know and accept our limitations in clinical world. We should draw a line of what can be done and what is not achievable. It is important to avoid confrontations with colleagues and learn to appreciate the counter point of view. Our fellows should learn to express themselves and communicate effectively with their peer and seniors. All along we have been trained to put in the best and work hard but to prevent burnout cardiologists have to learn to relax and realize the importance of some recreational outlet, whether sports, exercise or any other hobby. Cardiologists in training and practice need to appreciate the support system, whether it be family, friends, or religion. We need to invest in the support system and optimally utilize this help. We should not be afraid to ask for assistance or guidance in the hour of stress. We need to actively plan for a successful future by putting things in perspective and looking at the big picture. [14,15,20]

Have all these efforts bore any fruit? Recently a meta-analysis was published based on 2617 articles, of which 15 randomised trials including 716 physicians and 37 cohort studies including 2914 physicians met inclusion criteria. This observed that overall burnout decreased from 54% to 44% (difference 10% [95% CI 5–14]; p<0·0001; I2=15%; 14 studies), emotional exhaustion score decreased from 23·82 points to 21·17 points (2·65 points [1·67–3·64]; p<0·0001; I2=82%; 40 studies), and depersonalisation score decreased from 9·05 to 8·41 (0·64 points [0·15–1·14]; p=0·01; I2=58%; 36 studies). High emotional exhaustion decreased from 38% to 24% (14% [11–18]; p<0·0001; I2=0%; 21 studies) and high depersonalisation decreased from 38% to 34% (4% [0–8]; p=0·04; I2=0%; 16 studies). This publication is of particular importance as it shows that there may be some light at the end of the tunnel. It proves convincingly that individual focused and structural changes can reduce burnout rates among physicians. [21]

Cardiology is undoubtedly the most exciting field of medicine as it is truly life saving and on the cutting edge of science. The epidemic of burnout has to be watched out and all efforts from personal counseling to organizational changes have to be put in place to prevent it. To our trainees, the message is to enjoy the period of training, it is the most exciting and rewarding time in anyone's professional career. Mid career professionals should continue to practice cardiology and enjoy the novelty and quick results it offer in most cases. Late in career, as the focus shifts from intervention to prevention, cardiology still has a lot to offer to keep a doctor engaged with patients

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