

Addressing Burnout in the Radiology Department: A Call for Action



Nader Ashraf MD¹, Nazanin Maleki MD¹, Mariam Aboian MD/PhD¹, Erin Schwartz MD FACR²

¹Department of Radiology and Biomedical Imaging, Yale School of Medicine; ²Division of Neuroradiology, Perelman School of Medicine, University of Pennsylvania

Introduction

- Burnout among radiologists is increasing, with a recent systematic review highlighting prevalence estimates from 33–88% for burnout and 5–62% for severe burnout¹.
- Burnout can lead to numerous consequences such as increased rate of errors², exposing the healthcare team and hospitals to malpractice lawsuits with substantial costs³, low patient satisfaction⁴, physician substance abuse, and even suicide^{5,6}.
- The American College of Radiology Commission on Human Resources' survey indicates a gap between recognition and effective action in addressing physician burnout, with only one in five leaders reporting “extremely or very effective” measures at their practices for addressing physician burnout⁷.
- Burnout can be addressed, and a significant recent meta-analysis showed that individual-focused and structural or organizational measures might decrease overall burnout among physicians, with a 10% drop⁸.
- This review synthesizes the currently published insights to suggest a roadmap to assist radiology departments in developing tailored burnout management and prevention programs.

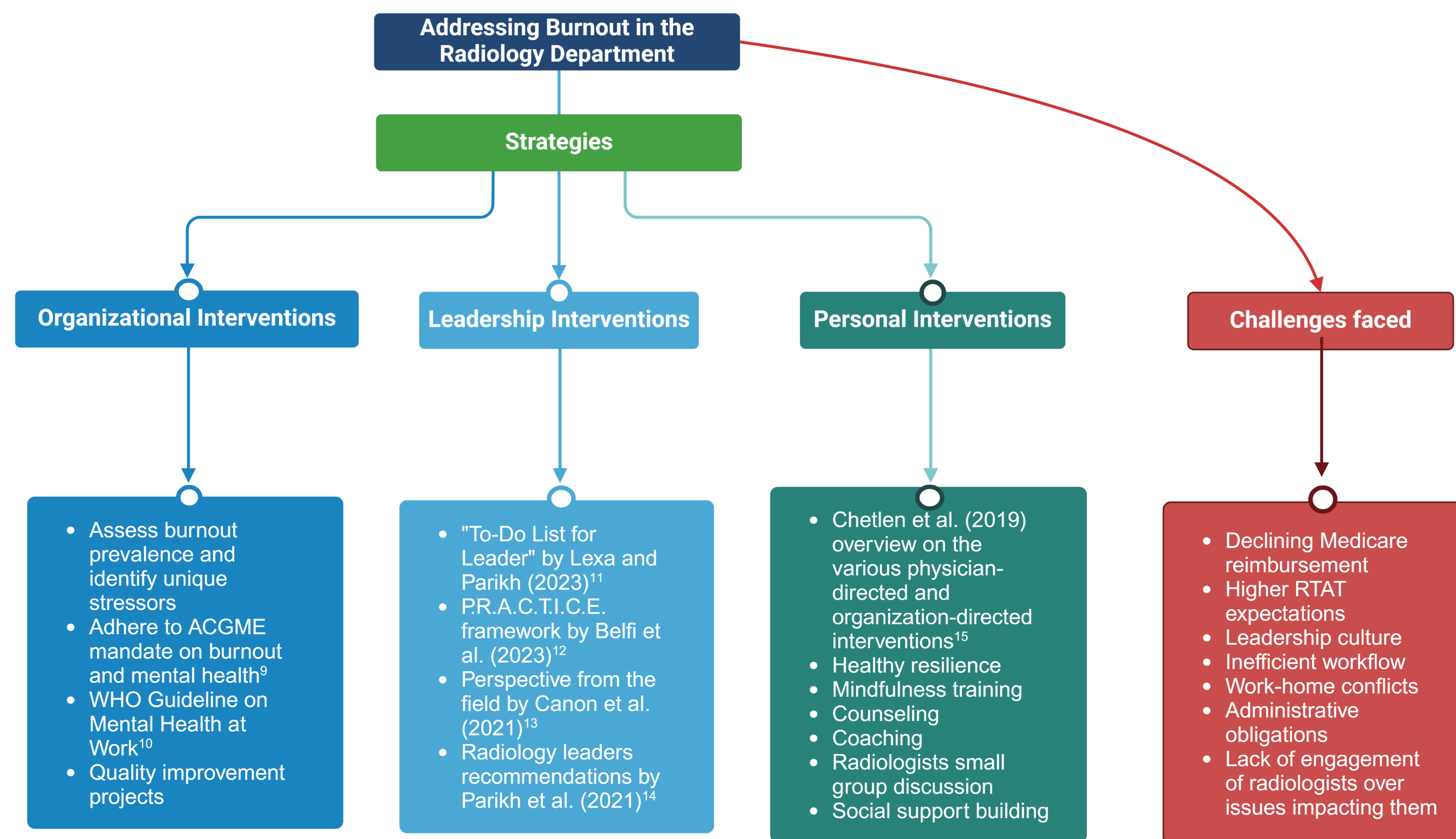
Methods

- Utilizing databases such as PubMed and Google Scholar, a thorough literature search was conducted.
- The search, spanning from 2015 to 2023, involved keywords like “burnout,” “stress,” “exhaustion,” “depersonalization,” and “radiology,”
- The analysis focused on identifying and understanding the strategies to addressing burnout in radiology.

Results

Approaches to decreasing burnout within radiology departments, fell into three broad categories (Figure 1):

1. Organizational interventions including familiarity with and adherence to the ACGME mandate on well-being⁹ and WHO “Guidelines on Mental Health at Work”¹⁰
2. Direct leadership interventions such as the leadership guidelines by Lexa and Parikh¹¹, which were highlighted as critical for creating supportive environments, or the PRACTICE framework by Belfi et al.¹²
3. Personal interventions, particularly Chetlen et al. overview on the various physician-directed and organization-directed interventions, highlighting the shared responsibility of healthcare organizations and individual physicians



Conclusion

Radiologists face a spectrum of challenges which impede addressing burnout - including increased workload, reduced reimbursement, and inefficient workflow. The literature underscores the complex interplay between systemic factors and individual wellness, advocating for comprehensive solutions that address all the root causes of burnout in radiologists.

With the multi-factorial origin of burnout in radiologists and its serious adverse effects on physician wellness and patient safety, it is pivotal for all practices to implement evidence-based interventions that can decrease burnout and promote wellness. It is crucial that any initiative be deep-rooted into the institutional culture and not mere department initiatives to improve wellness¹⁶.

Tackling burnout in radiology necessitates shared responsibility between healthcare organizations and physicians, primarily through effective leadership and organizational change, while supporting individual resilience. These elements will act as the base for the future resilient radiology workforce.

References



Figure 1. Illustration of the strategies and challenges faced addressing burnout in the radiology department. Abbreviations: WHO, World Health Organization; ACGME, Accreditation Council for Graduate Medical Education; PRACTICE, Purpose, Reflection, Appreciation, Connection, Time, Inclusion, Choosing Wisely, and Embracing change; RTAT, report turnaround time. *Designed by Biorender.*