Burnout among interventional cardiologists

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Burnout is a psychological and behavioral syndrome with emotional exhaustion as a hallmark. According to data from the literature¹ the percentage of physicians experiencing burnout is rising in the past few years, but the medical society still seems not to recognize it as a significant problem. Especially in medical specialties where diseases are acute and life-threatening, like in cardiology, burnout rates are higher as a result of great responsibility and expectations and little control in the outcome of our patients. Long and unpredictable hours, less direct patient contact, too much administrative work and the growing requirements for maintaining of certification are also contributing to burnout among physicians. The „hamster wheel medicine“ that we are practicing today where the health care system stimulates high volume vs high quality care is becoming more and more present also in Croatia. Interventional cardiology is not an exception. Interventional cardiologists are facing more and sicker patients with complex coronary artery and structural heart diseases and treating these patients despite technology improvement becomes a great challenge. Although there are data about the burnout rates among cardiologists^{2,3}, there are no data about interventional cardiologists. Because of negative implications of burnout on private (alcohol and drug abuse, depression, suicide) and professional lives of physicians (decreased quality of care, increased medical errors, decreased productivity and patients satisfaction) we need to address this issue in interventional cardiology.

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LITERATURE

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