Doing More With Less

AN ACR WELL-BEING 360 PROJECT

Investigating the state of well-being in radiology and crowdsourcing ideas to reduce burnout

Prepared by Raina Keefer,
Project Manager, ACR Radiology Well-Being Program

ACR® AMERICAN COLLEGE OF RADIOLOGY

An Introduction and a Request

Dear Colleagues,

In these pages are the concerning words of our colleagues as they candidly share feelings of isolation, apathy, grief and hope related to the state of well-being in our community. You likely relate to some of these thoughts and feelings. However, those who participated in this report also describe solutions they believe are worth trying to address the challenges that we endure.

We need to take their words to heart, for ourselves and the residents and medical students who choose to work in our field. The future generations of radiology, the trainees who work with us, see the difficulties of working amid declining reimbursement and the mental load of managing the drivers of burnout. In some cases, they already feel the burn of a heavy workload, increasing administrative requirements and little ability to affect change. For many practices, it is difficult to recruit qualified radiologists. Someday we'll all want to retire and will need to hand the torch to the next cohort, so we need the future of radiology to not just look bright but to be bright.

We need our leaders in radiology to change and improve the system, to find balance in ways that will benefit patients while allowing us a manageable workload so we're not bringing work home. So that we can attend events with children and family. So we can step away for lunch and engage with our colleagues and build connections. So we can learn new things and not only improve our work and profession but also fulfill our innate need to grow.

We've always worked hard, and it makes sense that our field attracts those with similar characteristics. We push ourselves to meet the needs of our patients and our practices. This is the chance to examine, in-depth, a reflection of our own wellness and take steps to change what needs to be changed, for our own well-being and, ultimately, for the well-being of our patients. Let's see if we can meet our challenges with ideas that come from our colleagues.

I hope you take time to read this, discuss it with colleagues, and share it broadly. Most of all, I hope you find something you can use to see an opportunity for improvement in your own practice. The quotes in this report are from radiologists and trainees. The last page of this report includes a template letter you may use with your own leadership to call attention to your well-being needs and to share some of the ideas you've learned here or to share your own.

Please feel free to send any thoughts regarding the contents of this report, or your thoughts on well-being in general, to coplstaff@acr.org. The ACR is committed to supporting your well-being and is always looking for ways to do so. This report and other resources available through the ACR Radiology Well-Being Program can be found at www.acr.org/WB.

Sincerely,

Lori Deitte MD, FACR

Lori A. Deitte, MD, FACR

Chair, ACR Commission on Publications and Lifelong Learning

Table of Contents

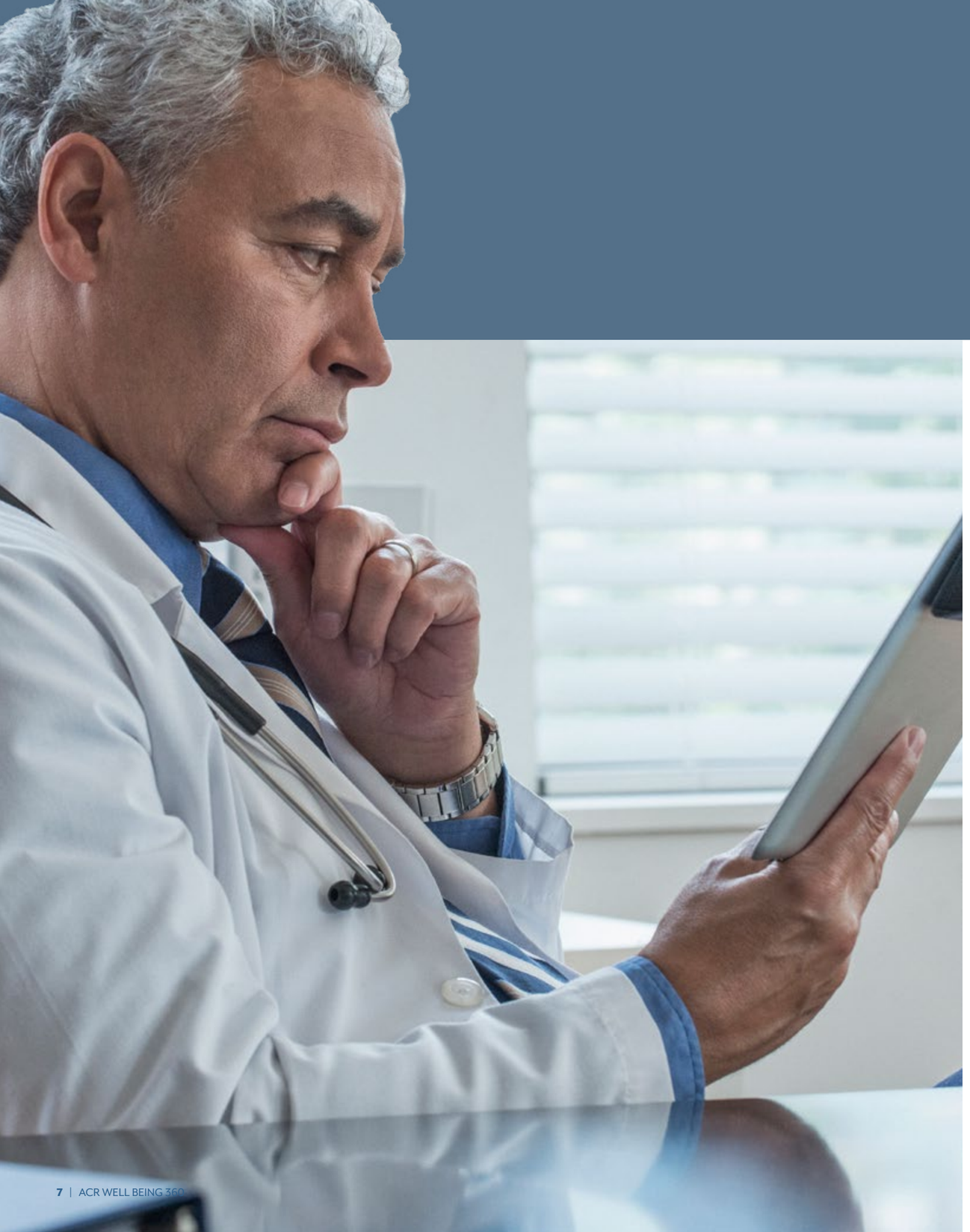
"If you don't have happy clinicians, you're not going to have happy patients. You're not going to have good health outcomes. It's what it's all about."

What Does Well-Being Mean to Radiology?

About This Report

This report is based on 15 hours of interviews from a group of 28 radiologists of different career stages and subspecialties gathered from summer 2022 to winter 2023 as part of the Well-Being 360 project, a component of the ACR Radiology Well-Being Program. One-third of participants were women, two-thirds men, and years in practice ranged from 0 (resident) to 25-plus, with half of the participants in the more-than-20-year range. One-half of participants were in private practice, and the other half were in academic or community hospital settings. Identifying information has been removed to protect the anonymity of the participants who discussed the challenges at their organizations.

This project began as a result of the ACR's desire to go beyond well-being resources for the individual and investigate what well-being means to the radiology community. We wanted to better understand the drivers of burnout at departments and practices around the country. Moreover, we wanted to know how radiologists would fix the problems that cause poor well-being. We found that the well-being needs were different for all, and their solutions (real and imagined) were equally unique. The College built this report to assist leaders in navigating the well-being needs of their employees and colleagues to help to prevent burnout and ultimately to build a culture that leads with empathy and collaboration.



"I would like to see a white paper that addresses the state of radiology in our country and the anticipatory shortfall of future radiologists. We need to look at the increase in volumes, and where they have gone from historic volumes, and the expectation of service metrics that were put in place 20 years ago when we were doing substantially fewer cases, with fewer numbers of images and less complexity."

A Look at the Well-Being Literature

According to an Association of American Medical Colleges 2019 report, radiology makes up just 1% of the U.S, specialty pool of active physicians (family medicine, internal medicine, and pediatrics are some of the largest groups). It's no surprise, then, that the bulk of burnout research to date has focused on the effects or drivers of burnout in specialties outside of radiology.

But we all know radiology is different. Few specialties of medicine touch nearly all aspects of medical care, and this creates unique challenges for the radiology practice and the radiologist.

Though some of the drivers of burnout mentioned in research studies are applicable to radiology, this report finds they are often so broad that it is difficult to identify specific solutions. For example, well-known drivers such as lack of joy, reduced autonomy, depersonalization, unprofessionalism and poor work-life balance are relevant, but the exact challenges or roadblocks within these issues are different for individuals, practices and subspecialties. In other words, there is no one-size-fits-all solution for burnout. This is where burnout research sometimes fails in its ability to offer effective solutions. It is also important to note that although most individuals interviewed cited multiple drivers of burnout, there was a hierarchy to the concerns, with one issue—unique to everyone—frequently standing above the rest.

Is the Literature in Agreement?

Several recent studies cite a range of radiology-specific challenges and solutions that also align with findings in this report:

*In Phy*sician Burnout in Radiology: Perspectives From the Field : American Journal of Roentgenology: Vol. 218, No. 2 (AJR), lead author Cheri Canon, MD, FACR, writes, "Forgetting the patient behind the pixel contributes to depersonalization, and our work becomes less fulfilling." This is particularly true for many who spend most of their time reading studies remotely and with little interaction with (or feedback from) patients, other colleagues, or supervisors. Jeffrey Chick, MD, adds "Additional contributing factors [to burnout] include inefficient electronic health records, cumbersome hospital policies, excessive call duties, poor departmental and interpersonal relationships, and global lack of recognition and respect from other medical and surgical subspecialties."

Given the unique challenges identified in this project and detailed in the "Themes" section, the most obvious solution for leaders to support the well-being of colleagues, mentioned by many participants, is listening. The 2018 Annual Workforce Survey conducted by the ACR Commission on Human Resources, summarized in *How Radiology Leaders Can Address Burnout* by Jay Parikh, MD and Claire Bender, MD, notes that "Effective radiology practice leaders need to genuinely gather input from the radiologists in their practice, making clear that their input is important, and to try to work together to make things better."

The majority of participants acknowledged burnout as a valid constellation of symptoms, though some felt burnout was synonymous with being stressed out, and that an individual's feeling of having a workload they deemed "unsustainable" was a qualified misnomer, because if it were unsustainable then they would no longer be practicing. However, in *Burnout: A Mindful Framework for the Radiologist*, Bradley Spieler, MD, and Neil Baum, MD, note that "The symptoms of burnout include feelings of underappreciation, apathy, lack of energy, demotivation, detachment, frustration and even physical discomfort. It is also important to differentiate between being 'stressed out' and being 'burnt out.' Burnout could be thought of as a consequence of insuperable stress, particularly as it relates to working conditions."

"I think a common theme to all of these things is control. Control of your environment, control of your work has continued to dissolve. Most of the day is just running and getting something done as quickly and as well as you can and moving to the next thing and trying to do it faster. The lack of control leads to a feeling of helplessness."

The Drivers of Burnout

Introduction

During each interview, participants were asked a few demographic-related questions, followed by the same four qualitative questions. Participants were asked about the main drivers of burnout in their practice, how they would address them if they had endless resources (see the next section for responses to this question), and whether they were able to take breaks during the workday.

Most concerns stemmed from volume, workload, scheduling and workplace issues such as administrative duties or computer/EHR issues, interpersonal concerns such as isolation from colleagues or feelings of dissatisfaction and depersonalization, and work-life balance such as lack of flexibility and how time off is scheduled and allotted.

Increased Volume and Workload

With imaging studies becoming increasingly complex along with steadily declining reimbursement, radiologists reported that they were having to read more studies than they had in the past, taking work home, leaving later than scheduled, or taking fewer or (more often) no breaks during the workday. The volume is exacerbated, according to some participants, in part because of an increasing number of unnecessary studies. One participant said, "We are so busy, but we still have so many studies that are low-yield, duplicative and unhelpful. And we have no control or very little control over that. If people order studies that aren't needed or aren't the right study, we don't have a lot of opportunity to sort of intervene and say, 'Hey, wait, actually, I don't think you need an ultrasound because we just got a CT.'"

Some discussed the impact the COVID-19 pandemic has had on practices. Starting from the point of declining reimbursement, radiologists mentioned having to work more to receive the same take-home pay that they had in the past.

At the height of COVID, volume plummeted, but at the same time there were increasing IT costs and overhead expenses, which meant that revenues decreased substantially at some practices. Because of low revenues, practices weren't able to competitively recruit radiologists, so radiologists ended up delaying retirement due to an insufficient workforce to perform the work they would leave behind. As reimbursement has trended downward, one radiologist felt that it is doubly difficult to recruit because prospective employees see this downward trend and "there is not any reward they're seeing in the future."

Many participants commented on the feeling of never being finished with work. As one radiologist said, "There is always work to be done," and another commented on the lack of satisfaction of being able to officially finish something. This radiologist mentioned the "clinical demands, leading to the feeling of always being behind, always feeling there's more work; most people have some pleasure or satisfaction in finishing their work, feeling like we've accomplished something at the end of the day, but you feel like you're never done."

Part of that, according to one radiologist, is "our own doing to keep our revenue up." Another part of it, participants explained, is due to the volume of patients, the complexity of disease, the backlog of cases and the shortage of radiologists to get the work done. "When I leave for the day," added one participant, "the worklist is as long or significantly longer than when I arrived."

Concern for the patient was an important theme for participants. With the workload increasing year after year, some radiologists worry that patients suffer, for example, those who need a CT scan to evaluate cancer progression. "In a prior year, I would have looked at that scan and called their oncologist that night. But now I have to leave it in the queue because I can't read any more studies in a

“They’re putting a lot more of the administrative burden on us as well. We have to do tasks that doctors normally shouldn’t be doing. It’s not worth our hourly wage.”

day. Care was significantly better then. Now we’re in this cycle where, ‘Well, it's not my job, someone else will take it, or it'll be there tomorrow,’” said one participant.

Another shared theme centered on the workload and impact on patient care due to changes in practices over the years, going from independently owned businesses to merging with larger organizations. Radiologists who owned their practices had incredible pride, said one radiologist. Because it was theirs, they were invested in it. “Now, we work for conglomerate systems where we're measured on an annual basis on a bell curve compared to national standards. If I read 15 fewer CTs or 20 more mammograms, nobody cares. So we've all lost this instinct, this sense of pride, the feeling of, ‘These patients are mine, the care of this community is mine.’”

A sense of fairness also surfaced when discussing workload. The concept of cherry-picking cases, choosing those studies a radiologist either likes to read or feels more comfortable reading, while avoiding those they don’t like as well or are uncomfortable reading, was discussed. By cherry-picking cases, radiologists create a level of unfairness that permeates the rest of the group, potentially leaving many of the same types of more complex cases for other radiologists. While participants felt that they would never ask anyone else to work in areas they felt ill-equipped to handle, one radiologist acknowledged the need to “identify why cherry-picking occurs in the first place. Some radiologists say, ‘I want to read those mammograms because it gets my RVUs up.’ But at the end of the day, that's the wrong reason, right? That's cherry-picking for the wrong reason.”

To support the workload, some radiologists suggested an AI tool to assist but worried about their organization’s ability or desire to pay for the tool. In one case, a radiologist considered how the division of payment, between an academic practice and the associated health system, would be accomplished. Since the medical school, not the health system, pays those radiologists’ salaries, the participant would not expect the health system to approve such a purchase, expressing that if the health system is not responsible for the radiologists’ salaries, they are unlikely to purchase a resource that creates efficiency for something that doesn’t directly improve their own bottom line.

Several radiologists commented on the ways their practices measure productivity. In practices where productivity directly equates to profits and income, and fairness is a critical factor for the practice members, it’s not uncommon to be able to look up the number of studies read by each member of the practice. However, radiologists noted, such a method of comparing can lead to feeling inadequate, resenting your colleagues, or — for the highest producers — what amounts to gloating.

Increased Administrative Tasks and Bureaucracy

Many radiologists commented on the growing administrative burden, which includes navigating EMR systems, some of which contain so much information that it is difficult to find what a radiologist is looking for. “It’s hard to navigate,” said one participant. “There’s too much information. Everything’s there, it’s just how do we find it?”

Required administrative tasks such as completing institution-mandated activities or modules, without protected time to do so, are often handled outside of the normal workday.

Spending time with patients, for those who have direct patient interaction, is also different than in decades prior, according to one radiologist who commented on personal doctor visits, which are approximately 15 minutes. Said one radiologist, “I see my primary care doctor, and they’re trying to look at me and speak to me, but their focus is turned away from me and is more on getting the things done. As a radiologist, often I’m giving patients the diagnosis of breast cancer, and even the people who have benign disease are still freaked out. You just have pressures of, ‘Well, I can spend time with this patient, but it slows me down for everything else.’ And they’re putting a lot more of the administrative burden on us as well. We have to do tasks that doctors normally shouldn’t be doing. It’s not worth our hourly wage.”

Doing more with less was a consistent theme in participants’ responses. “Both of my parents were in medicine, and I saw how it was for them. Then I had my residency experience, and then I saw the electronic medical record come in. Over time, we have had to do far more with far less, and there are fewer people to help. And it’s just like, ‘Well, you’ve just got to do it.’”

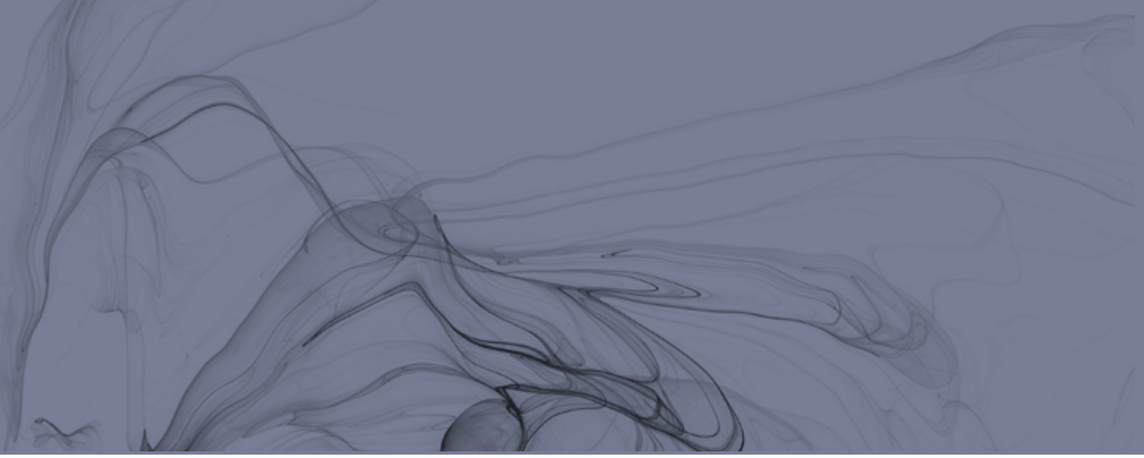
Several radiologists commented on red tape or administrative requirements that limit their ability to do their job. For example, in some practices, radiologists enter the orders, but then if they’d like to change the imaging study, they need to contact the patient’s primary care physician. “We’re the consultant, we should be able to figure out what kind of study is appropriate,” one radiologist said. Another radiologist shared that they are required to present at a committee meeting, which occurs only a few times each year, to change a specific type of study.

Similarly, it was not uncommon to hear about scheduling challenges, particularly in an academic practice associated with a health system. It was shared that typically the health system employee schedules the patients. To change how patients are scheduled or what types of slots are available at what times, the radiologist must go through the health system, an entity removed from the hospital, making it difficult to improve the flow of patients and mitigate the high work volume.

Increased Isolation

Because of the workload, time discussing cases or socializing with colleagues is decreased or nonexistent. “I really like my colleagues, but I don’t get to talk to them,” one participant said. Another added, “I couldn’t even tell you where the radiology department was in the hospital. I had no professional community. It’s pretty isolating.”

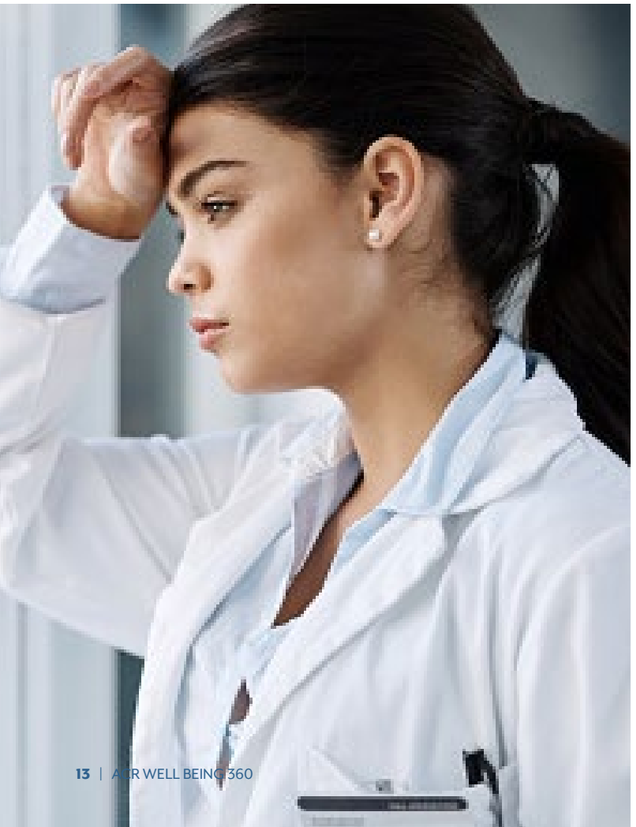
For some, the pandemic worsened that sense of isolation. With so many radiologists reading studies off-site, participants expressed that there is often very little contact with



"If the people I think are smart and interesting feel that after 10 years of training, they have to get another degree in something else, that's telling of a lack of intellectual stimulation."

colleagues: "We started out as a team, and there's very little cohesion now. Add to that the number of studies that are probably not indicated, but you have to read them in a certain amount of time. It makes me feel like I'm not performing a service, just completing a task."

The sense of isolation, separation and a kind of loneliness was common among participants. "Before, we would spend time with each other and get to know each other and … build trust and empathy and consider yourself part of the same team. That has disappeared."



Feeling Helpless

Participants commented on the efforts they've made to change or improve the areas that drive burnout, and although some changes can be seen, others feel resigned that the healthcare system, and the radiology workflow model are so broken that things cannot be improved. Knowledge from leadership is also important, trying to understand that a report that gets sent to an ER physician, who may just want the answer to a yes-or-no question, also needs to be appropriate for others, including the treating specialist and even the patient. The different audiences should be taken into consideration, which can be difficult given the limited time allotted to review and dictate each imaging study.

Loss of Joy and Ability to Use Expertise

Some commented on the inability to follow through on the essential and enjoyable aspects of being a physician, such as consulting for other specialties and speaking with referring physicians. "That's taken the pleasure out of being a doctor, being a real doctor and talking about cases. Now, it's just like, 'Generate the case report and get out,'" said one participant.

One component of consulting is also providing opinions on whether imaging is appropriate, and participants felt it was frustrating to have the knowledge but not be sought out or listened to regarding appropriateness: "I have this expertise, this is my job, I am an expert in imaging, and I am offering my expertise, but they don't care what I say. But if so much of what we're doing isn't needed, it just feels demoralizing." Similarly, another added, "I don't interact with my academic intellectual peers, and that has gotten worse. Other doctors used to consult with us, but there are a lot fewer people calling for your opinion."

Other radiologists specifically commented on biopsies, including those involving the thyroid, which according to one radiologist could or should be canceled up to 85% of the time. However, the effort and time required to cancel a biopsy can exceed the effort of performing the biopsy, and there is little motivation to change. "We talk about doing what's best for the patient, but the reality is we don't do that," one participant said. "We put money first. There is no will to change that. In radiology, there's no will to change culture."

Losing a Sense of Purpose

Several participants expressed the need for feedback on reports, and on the status of the patient: "The phone doesn't ring, and you don't hear much from anybody. So I spend a lot of time looking through the medical record trying to find all the history I can to make sure the course is accurate and helpful without knowing for sure that it was. It's weird to put that much effort into it and then not know, ultimately."

With the increasing separation and isolation of radiologists as well, one radiologist added, "You even lose more opportunity for getting feedback on your own work product." This is not new, according to participants. The sense that radiologists are on a factory production line or a "hamster wheel" of sorts was prevalent in many discussions, which makes feedback especially important to these radiologists. Said one radiologist, "If you were getting positive feedback, or even negative feedback, that would sort of guide you toward becoming a better practitioner. That would allow me to have goals and to look forward to something."

Decreased Work-Life Integration

In some cases, radiologists were having to request time off up to 18 months in advance. Several felt that they had a significant amount of leave time but little flexibility to use it. "I hated that sense of not being able to control my days or even my month," one radiologist said. Another participant was required to take full days of leave to attend important appointments for a family member. Some participants were given weekly time off but never on the same days, making it difficult to, for example, register for a class or participate in regular parental activities.

Dissatisfaction With Growth Opportunities

The desire to learn new skills was also commonly mentioned, on par with feelings of boredom and lack of growth opportunities. "So many radiologists I know have gone into or considered going to business school," one radiologist said. Another added, "If the people I think are smart and interesting feel that after 10 years of training, they have to get another degree in something else, that's telling of a lack of intellectual stimulation."

Unsurprisingly, those who were unsatisfied with their work turned to other opportunities including volunteering. However, again, radiologists were often not given time in the workday to attend radiology-related volunteer events or meetings. "Getting involved in the local radiological society would have required me to go part-time," one participant said.

Searching for a New Practice

The mental load of managing these various feelings and drivers of burnout often leads individuals to transition to a different practice. However, as one radiologist commented, doing so may mean losing your leadership investment: "You're often trading down — not necessarily in income or satisfaction, but in terms of your ability to affect change."

That "seat at the table" is critical, according to many participants. And some believe that radiologists, regardless of leadership levels or roles, have undergone enough training and education to deserve the right to be heard. According to one radiologist, when a committee decides, for example, to order a cheaper tool for biopsies, those making the decision often don't speak to the clinicians who use those tools. "That's the kind of stuff that makes people who really want to do their very best just shake their heads and say, 'I give up,'" one participant said.

"The serious truth is you have to be a good listener. And you have to, even if you don't agree with what they're saying, listen to your colleagues, listen to your people and go to bat for them."

Crowdsourcing Well-Being Improvements

The ACR asked participants how they would address the drivers of burnout at their organization if resources such as time and money weren't an issue. Responses ranged from, essentially, "I don't think it can be fixed," to creative and thoughtful ideas that could revolutionize the radiology workflow and environment and improve well-being. However, no one concept would be appropriate in all practices, as the challenges in each organization differ. Although there is no one-size-fits-all solution to burnout, it's essential to share ideas. An idea that may not meet the well-being-related challenges of every practice might spark a possibility that directly improves the specific drivers of burnout in your practice.

Another acknowledgment is necessary regarding efficiency. Several comments from participants included tools or ideas to work more efficiently. This is not without merit but being efficient—to achieve and sustain maximum productivity with minimum wasted effort—was not always conducive to positive well-being, and ideas that focus on improving efficiency may need to be reviewed through a broader lens in some environments. For example, a practice or department that adopts multiple new tools, even if designed to improve efficiency, may cause radiologists to feel as if they are being asked to perform more work, or assume additional roles outside of their skillset. It is particularly detrimental to well-being when radiologists in the group are not brought into conversations prior to implementing such tools.

Addressing Volume/Workload

When internal solutions to combat burnout fail, radiologists should do what is necessary to preserve their mental health, which sometimes includes leaving the practice, reducing their hours or adjusting their expectations. Since income is often directly tied to productivity, one radiologist commented, simply, that by working less and carrying less of a daily workload, accepting a smaller salary would be one solution.

"Everyone's trying to be as efficient and productive as they can, all the time," one participant said. "It's hard to sustain that effort. Scaling back has helped a little bit in terms of my own expectations of myself. And realizing that there's not a lot of external understanding or support for [burnout]. Well-being has to be something that I've been able to redefine for myself." Another radiologist put it this way: "It just is what it is. It's really sad, my expectations have gone down over time."

Another participant commented on the widely controversial issue that nurse practitioners (NPs) and physician assistants (PAs) take on reading the studies that "radiologists don't want to do, anyway, like NG tube films and GI fluoroscopy studies. We need help now. AI will help a little bit, but it's not going to automate interpretation for millions of studies. What we need is manpower, and we'll get that with NPs and PAs." Another added, "It's a hugely divisive issue; there's a very large segment that believes that's the way of the future and another large group that thinks it's exactly the wrong thing to do."

To help leadership understand the stresses of a daily workload and associated time constraints, one radiologist proposed that leaders spend a day in their practice, working alongside them, or by bringing in a family member, such as their mom, as a patient. "They would want that dedicated attention," one participant said, "but people are so removed that until it really affects them, it's not that big of a deal."

"For me, wellness means 'I just want my gold star,' which could be a thank you from the administration, a way to thank me or make me feel like I'm helping my patients."

It was one individual's experience that most of the junior-level staff end up doing most of the work, since the senior individuals have other responsibilities, and everyone is working from a common pool of cases. To fix that, someone on staff determined the appropriate amount of work for radiologists in different rotations. Staff know beforehand which cases they'll be working on that day and can better structure their day. The practice also added more outpatient rotations to improve workday flexibility so that radiologists can include meetings or personal appointments in their daily schedules.

Teleradiology options were mentioned by several participants, who noted that although not an ideal or perfect solution, having several teleradiologists who work in the afternoon and evening has helped ensure that the next day's worklist is more manageable. This also reduced turnaround times, led to a better, more positive start to the day, and provided a good option to improve patient care. Some practices who employed teleradiology services were better able to recruit new radiologists who saw that work was being managed in an efficient way.

Another option, voluntary moonlighting, is not a new concept. In some practices, a radiologist can pay a "helper" to review the studies in his or her worklist on a flexible schedule. The downside is that radiologists initially assigned those studies must pay the helpers directly. The helper is usually someone else at the practice. In other practices, voluntary moonlighting pays radiologists at an hourly rate, and those who sign up get to "keep the RVUs," one participant said. This can help in practices that have yearly bonuses based on RVU productivity.

Decreasing Unnecessary Imaging

To curb unnecessary procedures and imaging, one practice has started pushing back, using TI-RADS and its own guidelines as criteria for performing biopsies. Even though referring clinicians sometimes ignore these guidelines, the practice has become more resolute on adhering to the guidelines. Since inappropriate ordering adds to a radiologist's workload, one participant suggested their local hospital employ a clinical decision support tool to help order appropriate studies. "If you have a successful CDS," said one participant, "you can cut down on at least 10% of studies. Like those just-in-case studies. We've become like a lab value, making sure a CT scan is negative before a patient gets discharged."

Improving Work-Life Integration

Flexibility, including being able to use medical leave and vacation time in flexible ways, was a critical aspect of improved well-being for many participants. One radiologist who transitioned from private practice to academic practice noted the change in flexibility: "If I had to go to a kid thing, at least in private practice, it was really hard to get the time off because we made our vacations like a year and a half prior. I never, ever used my sick days. Here, it's good, I can actually make doctor's appointments, and I can do other types of things." Similarly, employing more radiologists so that coverage was improved allows for breaks and time off.

If a radiologist is in a position to ask, "Hey, I want to work from home, no nights or weekends, set my own schedule with no meetings or administrative stuff," that physician should go for it, one radiologist said. Part of finding the work-life integration that you need is to ask for what's important to you. Another participant felt similarly, recognizing that sometimes you need to ask yourself, "What does 'better' look like for me? Does it look like more flexibility? Is it something I could change if I make the right request? Or is it something I can't change, like the hospital system asking me to read 200 RVUs a day? If I can't change it, what are my other options?"

Another department within a practice was given the option to control its own schedule. The practice management made the group its own section and created several outpatient rotations that could be done at home. Radiologists worked with one another to select days off and then submitted the schedule to management. "Instead of us competing for days off, the process became much more collaborative," said one radiologist. They could use the outpatient rotations on days when they needed more flexibility.

Reducing Administrative Burdens

From a trainee perspective, one participant suggested a better training program that prepares radiologists for being the final call on cases, something that would force residents to take ownership of patients' cases and develop their confidence. In addition, residents are often completing surveys on what works and doesn't work in their programs, and although they recognize that their feedback is important, the online surveys and modules designed to prevent burnout or improve well-being aren't effective. "With residency, the huge downside is the low salary, which doesn't equate to the effort you put in," one participant said. "Another module that we have to complete doesn't help. It would be better to have a department-sponsored lunch, which would be way more appreciated or enjoyable, or a simple event where the residents can socialize and get outside, like a hike."

One participant recommended protected administrative time for residents, similar to the time provided to practicing radiologists, to accomplish administrative tasks such as institution-required modules on activities including handwashing and to answer emails from staff members. For some, a small thank you goes a long way. "For me, wellness means 'I just want my gold star,' which could be a thank you from the administration, a way to thank me or make me feel like I'm helping my patients," said one participant.

Several radiologists commented on the need for transcriptionists, whose presence eliminates the time needed to manage the speech recognition dictation software, and other clerical staff that can help to limit interruptions during the day. Although voice recognition software is frequently used in practices to dictate reports, its ability to be a helpful tool is dependent on the tool itself and the radiologist using it, both of which can vary. At a small practice, one radiologist's personal cell phone was known by several local physicians who would call to get results. Bringing back transcriptionists and clerical staff to those practices that no longer have such personnel to eliminate disruptions and manage phone calls from other departments and outside physicians would be a welcome step, according to some participants.

"Having protected time to work on projects also shows that the organization values something other than people just doing studies and making money."

Clerical or other ancillary support staff who recognize the radiology workflow could also minimize disruptions by grouping activities together, one participant said. "Staff could ask, 'What is the flow of the day like?' We sometimes allocate tasks in a particular way, like putting work in blocks, because that's how it's always been done, but how can we maximize time?"

Administrative staff could also track down and follow up on a subset of patients, handling tasks such as checking on patient outcomes, which would help radiologists better understand how cases progressed and see that they "made a great call," said one participant, "or that I thought it was this, but it was something else, but either way I'm getting feedback on my work product." Objectively, this would allow radiologists to see where they could improve and where they excel.

Radiologists commented that the way leadership judges work products is by how much money the practice is making, because right now they're not getting to see how many patients they're helping or how many lives they're saving. "I think that is upside down," added one participant.

Making IT Applications Simpler

EHR systems that are difficult to navigate should be simplified, with IT improvements as needed so that systems don't "go down," several radiologists said. "I have Apple products," added another participant. "That's what we need. We just need to make it more user-friendly for the patients to get through the system and for us to get through the system."

Improvements in technology, and carefully considered adoption of such, was mentioned in several participants' responses, and particularly for technology tools that increase comfortability and efficiency. One participant in a leadership position felt that technology was the biggest drawback in healthcare because it has taken over so much of what radiologists and physicians do: "And that technology is not permanent. You might spend the money this year, and it lasts for three years, but after three years, you have to upgrade it. Because once you are used to the technology, you're not going to go back. I wish I could explain to other radiologists that they need to adjust their expectations of what work life is going to be — if you are gaining something, like being able to work from home or working more efficiently because of some software, there is something you'll have to give up, like higher revenues."

Fostering Connections

At a time when radiologists feel even more isolated, one radiologist recommended regularly scheduled and structured meetings to interact with each other. For example, such regular events might include going over interesting cases or learning which cases you read that went to surgery and would provide an opportunity to follow up on previous cases.

On a broader level, such interaction is necessary to move radiology forward and support patient care—for example, collaborating with radiation oncologists and surgeons to improve the use of ultrasound in specific cases. In some practices, time for strategic planning or to investigate ways to improve efficiency has been pushed off into the realm of "your own time." As one radiologist pointed out, "If I want to work on a project and want someone to help me with it, and they have to do it on their own time, that's a very different ask than having the support of an organization that allows us to take time out of reading studies. Having protected time to work on projects also shows that the organization values something other than people just doing studies and making money."

Periodic team-building events are essential, according to some participants who acknowledged that the social fabric of an organization can contribute to the strength or weakness of the practice. Such bonding experiences also reinforce the sense that the practice members belong to a good, solid team.

"You want to believe everyone's on the same page and working for the right reasons, but you lose track because no one knows anyone anymore," one radiologist said. "So many of our meetings have become virtual, and you lose something in that." Even if radiologists can't physically be together, a virtual opportunity to share cases or to get help with a case is valuable. Participants recognized, however, that group events or taking time to share cases affects the amount of time radiologists have to read studies: "People are already feeling like they're not going to get done with their day. So they probably don't want to take five minutes three times a day. Right?"

Satisfying the Need for Professional Growth

Addressing the need for professional growth, several radiologists commented on the desire for new learning and leadership opportunities, with protected time to do so. Individuals interested in leadership or volunteer work should be paid for the time spent on those activities. In one group, radiologists rotate leadership, but leaders aren't given the time to manage the additional leadership tasks such as participating on committees. Participants felt that such time should be considered a business expense. Other growth and leadership opportunities could come from external training, such as executive coaching, but participants noted that their practices would often not cover those kinds of costs.

Although opportunities to expand skills in publishing, policy or other areas of interest exist in academic practices and as fellowships, one participant noted the need for such options for mid-level private practice radiologists, similar to the GE LEAD program managed by the Society of Chairs of Academic Radiology Departments.

For Leaders: Listening Is a Necessity

Several participants recognized the need for institutional and organizational support, which requires listening to radiologists' needs. Those needs could range from the desire for clean, organized reading rooms, restrooms and changing rooms to supporting radiologists' choices for technology tools such as gaming devices and alternative equipment they can use to get their work done efficiently.

Listening to employees and colleagues is one aspect of moving to a culture that values individuals and considers the importance of well-being. As one radiologist mentioned, leadership should "set up an environment where it's clear that it's not every person for themselves, where leaders and radiologists have respect for one another, and have each other's backs. It's quite a helpless feeling when radiologists can't turn to their colleagues and receive the expected support."

Those in a leadership position also need to protect themselves from burnout, which may mean fighting for additional support for themselves, their colleagues and their employees. That could come, for example, in the form of additional staff: "I cared about them as people and made sure I knew what their issues were and protected them as their boss. But I should have fought harder for another FTE, which would have meant I wouldn't have had to be burned out and we would have taken care of their needs."

In another practice, leaders went out of their way to point out the mistakes they themselves had made in their reports for difficult cases and shared how they could have improved. This was one of the many ways the practice leadership engendered trust. Even with a busy practice, radiologists who worked late did so toward a common goal so that despite the extra work required, they felt supported and appreciated for their additional services.

"You're always reliant on someone else, and they're kind of in control of you in some ways, and you have to tell or ask someone that you need to use the restroom. You're an adult, and you can't just do it on your own."

The Case for Bringing Back Lunch:
The Importance of Breaks

Most participants did not take breaks, ate lunch at their workstations, and in some cases still had to take work home. Very few had scheduled breaks or a full hour for lunch. In most instances, participants judged whether they could take a break based on how much work they had that day and how quickly they were going through their worklist. Because even though they might desire a break, they recognized that taking time away from work would automatically extend their day. This was especially true for people who tended to read more slowly than their colleagues.

Many commented on a progression of sorts, where lunch and breaks were scheduled or offered initially from their organization but over time fell away: "First, everyone got [lunch], and then it became that someone covered. And then it just disappeared." Similarly, radiologists noted changes in what might be considered perks but even a decade ago would be commonplace — for example, a regular staff meeting that included lunch or even holiday parties."

Understanding the Importance of Time Away

Most participants recognized the value of taking a break, with some acknowledging that the lack of a break could impact themselves and patients. "This is such hard stuff that we're doing, and I just need a break. I don't get a lunch break. To not have a break, it's not safe and not healthy. I grab food and eat at my computer." Because of the environment of the reading room, which is dark and often isolating, breaks are especially important. "We work all day in a dark room without windows, and that's very depressing. I have no idea what time of day it is, light or dark. I find it therapeutic to take a lunch break. It's very therapeutic to take breaks. My department was against all of that, but it's absolutely necessary."

Some practices offered opportunities for lunch and breaks with a standard hour for lunch. One participant used lunch breaks to take a nap, take a walk or visit the doctor's lounge, on top of another few breaks throughout the day. However, again, speed of work determined how comfortable some radiologists felt about being away from their workstations. In addition, working from home has allowed some participants to take small breaks during the day, to make sure they get up, walk away and focus on another activity for several minutes. But the caveat was noted by several that their choice to take breaks did extend their workdays.

Many participants noted that their organizations offer conferences during the day, such as tumor boards or multidisciplinary meetings. Several felt that these conferences were sufficient to allow a break from the task of reading studies, even if the work is there when they return. "There is a ton of work, but conferences and meetings are opportunities to feel like you're working in a team," one participant said. "I feel like I build relationships with those people — I call them, they call me, there's a sense of connectedness, and I've got someone interested in what I have to say."

Cultural Connotations of Taking a Break

When asked about the culture of breaks at individual practices, whether it was socially acceptable for people

"Changing culture takes time and will only succeed if it speaks to a collective will and is driven by a collective effort."

to take breaks or if there were social or institutional implications, one participant shared that people in the practice spoke negatively when speaking about a colleague who takes a full break for lunch outside. Said one radiologist, "The social expectation is that you don't take a break and that you don't take lunch; it's an unspoken rule."

This is not a new perspective. The work ethic of physicians, the medical training environment, and even common American work habits can traditionally be classified as a "hustle culture," a recently introduced colloquial term that refers to the extreme promotion of work life over personal life, a tenet introduced early in medical training. Defined further by Forbes, "Hustle culture puts work at the center of life. Long working hours are praised and glorified. Time off is seen as laziness. If you are not hustling, you are failing."

Because many radiologists and other physicians went into medicine for altruistic reasons, health systems and institutions can lean on that altruism and take advantage of physicians, requiring them to carry a heavy workload and to work without scheduled breaks. This has led to another phenomenon, "quiet quitting," in other fields including academic research.

Researchers in academia have begun reducing their hours or shedding additional unappreciated duties or roles beyond their core work, such as conference participation, peer-reviewing duties, committee memberships or mentoring efforts. As in radiology, the primary reason is burnout. "Individuals have been pushed so hard for so long that apathy sets in, motivations wane and people are exhausted," one respondent said. "No more bringing work home and perpetuating the imbalance between work and home life."

The Changing Work Ethic of Trainees

Interestingly, some practicing radiologists compared their work ethic to those of the trainees, with the general sentiment that trainees aren't as committed or responsible. "I worry how we're training them to work in practice," one radiologist said. "It's going to be a rude awakening."

However, trainees may not know whether to ascribe to the hustle or to prioritize their well-being, given the boundaries of duty-hour limits and the increased emphasis on mental health and well-being by the ACGME. A second-year medical student at the Albert Einstein College of Medicine wrote in 2015, "Due to new restrictions, it has become impossible to both comply with work-hour limitations and demonstrate a traditionally defined work ethic. Residents are, in fact, confused about what is expected of them in this new system of limited shifts and frequent patient handoffs. This confusion is challenging the medical community to redefine traditional beliefs about physician responsibility for patients."

How to Fix Breaks

Quiet quitting may not be the answer to reduce burnout or to improve options for time away from the workstation. The solution, according to some, lies in improving the culture of the practice. In the United Kingdom's National Health Service, a consultant in emergency medicine attempted to unravel the and improve physicians' relationships with breaks. She instituted a campaign called "Take a Break!" and hung posters around the emergency department that showed images of commonly misdiagnosed fractures as well as the line, "If you don't take a break, you'll end up broken."

The posters also included information on the importance of taking breaks. She recruited trainee champions to remind and encourage peers to take breaks. Ultimately, 78% reported taking breaks, compared to 48% prior to the campaign. Even with the improvement in taking breaks, the consultant realized that "changing the culture around taking breaks is really just the tip of the iceberg. What we really need is a huge cultural shift in our attitudes and behaviours toward staff wellness. This will require imagination, innovation and investment at all levels. Changing culture takes time and will only succeed if it speaks to a collective will and is driven by a collective effort. I sometimes say, half-jokingly, to my juniors that they need to take their breaks, not just for themselves but for every doctor who comes after them."

Several participants shared that their practices were implementing changes regarding breaks and time for lunch, including altering the schedule to ensure coverage for both radiologists and technologists, not scheduling diagnostic exams and procedures at the same time, scheduling more patients earlier in the day, and encouraging radiologists to set their workstation outgoing message to "away" so that others recognize they're unavailable.

While these efforts are helpful, are they enough? Most of the respondents who commented on improvements in breaks did so halfheartedly and without much confidence in the changes to really make their workdays better. It may be that improving breaks is indeed just the start of efforts to change the overall culture. Few will continue to be loyal to organizations that don't prioritize their mental health and well-being and instead take one step forward and two steps back.

A Message to Leaders

Dear Leader,

The path forward in helping to prevent burnout for your colleagues is dichotomous. You manage multiple sides of our specialty — business, patients and employees. But making improvements for one group doesn't have to negatively affect another. At the same time, we are human beings and not machines, and we deserve and need thoughtful approaches to well-being.

By looking globally at the practice flow and our needs, you can find ways to carve out the control that we seek, to involve us in decisions that affect our job performance, and to earn our loyalty by walking alongside us and listening — all without sacrificing the needs of the other groups. As they say, a rising tide lifts all boats, and undoubtedly, by taking steps to improve our well-being, everyone will benefit.

In your position, you likely know the cost associated with replacing a radiologist who has left due to poor well-being, which is estimated to be two to three times a physician's salary. Based on the responses in this report, most of us don't want to leave our practices. We stay because we feel a responsibility to the group and the patient community and want to find ways to make our days more manageable. But we need your help.

This report details many of the issues that contribute to burnout. It is a guide that notes not just the challenges or drivers of burnout but also possible solutions, straight from the voices of radiologists. For many, the overwhelming volume of imaging studies may be difficult to manage even without the potential other duties, both assigned (e.g., increasing administrative duties) and voluntary (e.g., mentoring, teaching, attending conferences). In other cases, radiologists may want creative scheduling solutions that allow them to take regular breaks or pursue work that is more meaningful to them and helps them grow and contribute to the group at the same time.

On behalf of your colleagues, we encourage you to read this report (LINK), but more importantly, to listen to the unique needs of your staff and employees. The well-being literature that is focused on the radiology environment encompasses many of the common concerns, but our practice's needs are unique. Solutions should be equally distinctive.

The only way to know is to listen.

ACR Well-Being Committee — Co-chairs

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ACR Well-Being Committee Members

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ACR Press

Art Director: Lisa Pampillonia

Editor: Diane Sears

The ACR Well-Being Committee was formed after the development of the ACR Radiology Well-Being Program in 2019. It is made up of radiologists who are passionate about wellness and want to find ways to help our specialty thrive. After all, like the anonymous sources quoted in this report, many of us often think about how aspects of our work life could be better, and we've even thought of solutions. Sharing those thoughts, learning from one another, is just one way we can help each other. We hope this report sparks a new direction for you and your practice.

If you are passionate about well-being and would like to add your thoughts on how to reduce burnout to the ideas presented in this report, please email coplstaff@acr.org. We may include those ideas on www.acr.org/WB.