

# "Better Work, Working Better." Are Professional-Related Problems Discussed at the Argentine Congress of Cardiology? Are Physicians Concerned with this Problem?

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Received: 06/01/2011

Accepted: 10/13/2011

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## SUMMARY

### Background

The big changes produced during the last two decades have produced a reality that requires physicians to reconsider the role they play in their new working scenario. These changes include regulations in health care working, work styles, health organization, use and importance of technology and how the physician is socially considered. The causes are complex and multifactorial, yet they share common elements as worse payment to physicians, an absolute and relative reduction in professional fees and physicians' perception about their own profession.

### Objective

A "medical problem" is defined as any problematic experience or situation felt by a physician during his/her practice. In the last years, there are plenty of information and several opinions about this matter, in reference to the working conditions of physicians and to their negative self-perception about medical practice. The goal of the present study was to explore if the Argentine Congress of Cardiology dealt with the medical problem.

### Material and Methods

Observational and descriptive study about open-topic sessions and roundtable sessions dealing with the medical problem –and under which field the medical problem was considered– during the past/latest three Argentine Congresses of Cardiology. The following key words were used: working reality, medical practice, burn out, bioethics, ethics and working conditions, among others.

### Results

Of 2254 open topics presented in the three years, 8 (0.35%) dealt with the medical problem. The open topics were considered under "miscellany", psychosocial, medical education or public health fields. Thirteen roundtable sessions were identified and organized by the Committee on Bioethics, the Research Area of the Argentine Society of Cardiology, the CONAREC and the Argentine Cardiology Foundation.

### Conclusions

We found very few roundtable sessions and opened-topic sessions –and without an adequate preestablished conceptual framework– focused on the medical problem. Thus, the medical problem is not considered an important topic of study. Discussion and investigation are convenient to search for arguments and solutions at multiple levels, otherwise it will not be possible to make a diagnosis and treatment of the topic, with the eventual and important future implications.

REV ARGENT CARDIOL 2012;80:46-51.

## Key words >

Medical Problem - Working Reality - Medical Practice – Burn-out - Working Conditions - Medical Education - Social and Economic Factors - Physician - Medical Profession

## Abbreviations >

<b>MP</b>	Argentine Society of Cardiology	<b>SAC</b>	Argentine Society of Cardiology
<b>RAC</b>	Argentine Journal of Cardiology (Revista Argentina de Cardiología)		(Sociedad Argentina de Cardiología)
		<b>OT</b>	Open topics

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## BACKGROUND

The past two decades have brought about big changes in labor regulations on health care, work styles, health care organization, use and importance of technology, and in how physicians are socially considered. The causes are complex and multifactorial, but there are some elements shared by those changes, including worse payment to physicians, an absolute and relative reduction in professional fees, and the physicians' perception about their own profession.

Other articles have already mentioned that workers' satisfaction in their workplace is one of the most important variables commonly related with the efficient running of organizations. (1)

This reality demands to reconsider the physician's place in his/her new working environment, who also becomes part of a chain with different and complex levels where he/she has to make decisions within new parameters, such as efficiency, analyses of resources and market rules, as if they were preponderant over his/her humanistic history, academic background, and vocation.

Jorge L. Manrique studied the quality of professional life of surgeons in Argentina, and found out that this "activity was little recognized, poorly paid, and subject to increasing legal risks, with the consequent and evident damage in their vocation and dissatisfaction with the profession". (2)

Over the past years, different publications make reference to the physician's unhealthy working conditions, and to the negative perception of his/her practice. Once the problem is considered, it is valid to pose two questions: Who must be in charge of solving it? Does the physician have any responsibility or role in this search?

To narrow the scope of this topic and to analyze it, the terms "medical problem" (MP) were chosen to describe any problematic experience or situation felt by a physician during his/her practice, considering the health care professional as the subject of observation.

Since this concept has not been accurately defined, we selected –in a broad sense– different aspects, scenarios, and conflicts of the medical practice related with this notion, such as: problems about the practice, bioethics, working hours, and payment, among others.

In order to have a clearer picture of the topic, a case problem is presented, which includes some of the MP situations.

For these reasons, the aim of the present work has been to explore and describe if the MP was dealt with in the Argentine Congresses of Cardiology (CAC) of the past three years.

If we take into account that those who organize this event and define its topics and presentations are the physicians themselves, the data obtained would allow to pose the question of the title: "Are physicians concerned with this problem?", and somehow find an answer to this question.

## EXAMPLE OF A CASE PROBLEM

A female physician, aged 38, graduated 14 years ago, works 46 hours a week, distributed among the Coronary Care Unit Coordination, graduate teaching, and outpatient clinic. She is indicated a six-month bed rest due to her risk pregnancy. In one of her jobs, she has no maternity leave (50% of her income). She has two more children, and she is paying a mortgage loan at 20% annual for her household.

Her husband is a chemist; he works in the pharmaceutical industry and earns twice her income. His company provides him with a brand new car, gasoline, insurance and awards paid. She struggles: Should she change her profession? Or should she wait until hers improves? What options does she have?

Some time before, she had sent two papers to the European Congress and the World Congress of Cardiology, which were accepted, but she will not be able to attend if she is not paid her trip and lodging costs.

**Questions:** *Is it essential for a physician to have a "sponsor" for his/her congress trips and expenses? Are his/her own resources not enough? Is this the usual situation? Are those the "rules of the game"?*

*What insights are valid about these circumstances and this reality?*

## MATERIAL AND METHODS

It was an observational, descriptive, and retrospective study, in search of open topics (OT), sessions, and panel discussions in all their formats, dealing with items and content mentioned as medical problems in the past three CACs.

A "medical problem" was defined as any problematic experience or situation felt by a physician during his/her working practice, considering the health care professional as the subject of observation.

Given the lack of standardized definitions of this construct, we have chosen a very general criterion to cover all the topics we considered more prevailing, inclusive, and related to the MP:

- Bioethical conflicts.
- Labor, disease, and resting problems.
- Medical-legal issues.
- Professional exhaustion – Burn out syndrome.
- Professional responsibilities – Their scope.
- Time protected for academic training.
- Undeclared work – "Freelance or autonomous" work.
- Relationship with the pharmaceutical industry.
- Relative value of different (daily) consumptions related with the net value of the medical consultation.

Manual search was performed with these terms – mentioned as “key words”, although they are an even wider construction, and should be called “key concepts”– through the observation of the title of each OT and the detailed and individual reading of each summary in order to analyze the text. In the case of the 2008 World Congress of Cardiology (in Buenos Aires), the recording was made only through the analysis of the OT titles, since the summaries were not available.

Steps were repeated three times to reduce the likelihood of errors.

Research of the sessions in all formats –roundtables, conferences, panel discussions, symposia, lectures– was performed manually, by reading and analyzing each issue of the Argentine Journal of Cardiology (RAC) including the program of events of the three congresses. In this case, research included the same “key concepts” of the OTs.

Regarding the methodology, the topics of the list were explored, as well as any other topic related to the MP.

## RESULTS

All the accepted OTs and the CAC sessions were surveyed. They are grouped by year in the following chart:

	A			B		
	Open topics over MP/ Total			Sessions, panels, and tables/ Total over MP/		
2009	0	/	332	6	/	167
2008	4	/	1620	1	/	172
2007	4	/	302	6	/	160

A. I- The OTs presented in the three congresses carried out in our country were the following: in 2007: 583; in 2008: 187; and in 2009: 487. The total was: 1257. The accepted OTs (three CACs) were the following: 784.

II- The total accepted OTs (from Argentina and others) in the 3 years (including the World Congress) was 2254; of them, there were eight about MP –that means 3.54 per thousand–, five presented by Medical Residents.

B. There was a total of 499 panels of discussion. Thirteen of them were about MPs, and two about Medical Residents (CONAREC). The others corresponded to specific and related topics.

C. In case OTs had existed in recent years, they would have been included under the “miscellany”, psychosocial, medical education, or public health fields.

With the aim of mentioning some specific presentations about what we call MP, CONAREC was responsible for several OTs, such as “Burn out in residents” and “Comparative analysis of work reality in residents of cardiology over the past 10 years”. Regarding the discussion panels, CONAREC dealt with “Professional worn out syndrome: how does it affect the residents of cardiology? Presentation of the CONAREC national survey - Stress associated to their working practice” was focused on: the awareness of

## 2007/2008/2009 SAC CONGRESSES – PRESENTATIONS ON MPs

### Open Topics and Panel Discussions - Titles

Burn out in residents

Professional worn out in residents

CONAREC meeting: My future

Working conditions of medical residents

Medical residency

Smoking habit among the hospital staff

Medical education, training, in cardiology

The 2001 crisis in cardiovascular disease

Bioethics and CPR

Bioethical dilemmas, Consent / ANMAT (National Administration of Drugs, Foods and Medical Devices) / Employer / Time of consultation / Conflicts with the industry

Medical education in Buenos Aires Role of scientific societies

Error in medicine

Physician and death Narrative-based medicine

Ethics with the sick patient

Why is the SAC Bioethics Committee ethical?

### Some titles in Nursing

Academic background and working conditions

Burn out in nurses

Labor stress in transplant

the current situation, the analysis of remedial actions, and the development of an action plan.

“Bioethical dilemmas, Consent / ANMAT / Employer / Time of consultation / Conflicts with the industry” was another of the panels that included the highest number of subtopics involved in the MP construct.

## DISCUSSION

From the analysis of the content of the presentations during the past three CACs (2007, 2008 and 2009), the few OTs about PM among the topics treated have to be mentioned. It is surprising that –almost only– medical residents (CONAREC) deal with MPs, because the conflicts of professional practice are more complex at later stages of the professional life. (4)

The MP issue was also dealt with in some panels organized by the Argentine Cardiology Foundation or by members of the SAC Committee on Bioethics or the Research Area. That would imply the existence of a generational “hiatus” between those responsible for the lectures, and it deserves a separate analysis.

But the hypothesis might be that the physician –once positioned in his medical practice– sets on “overworking” as a mechanism toward economic and professional adaptation; this very fact takes the physician time and energy to search for a way to “work better”. Such behavior would be the “observable” at the mid-stage of professional life, after the initial

training and until about two decades later, when the physician becomes part of the teamworks of professional associations. The few publications about MPs in the RAC and in some media of broad circulation and audiovisual materials account for the physician's great dissatisfaction (5) about his/her medical practice and quality of life, and about the poor and generalized current working conditions.. So the importance and treatment of the problem are not reflected in the time devoted to the MP by the scientific societies in their meetings.

The fact that different thematic areas were proposed for the papers presented for evaluation in the past three Argentine Congresses of Cardiology is highly peculiar; however, the topics **"medical problem"** or **"problems in medical practice"** were not included among these areas. For these topics, the "miscellany" category was designed, which is general and ambiguous for that issue that cannot be included in a specific item due to its individuality, little importance, or scarce number.

In other cases, such presentations were targeted to other fields, such as medical education, psychosocial issues or public health. (6,7)

*Maybe it is the right time to generate a new thematic item or category, "The problems of medical practice", considering the physician as a subject, a category which calls for research on that topic.*

However, SAC Presidents' initial speeches in the past three congresses –who frame their proposal and also the institutional one–, emphasized the issues we call MPs as a priority, and a problem that still needs to be found a solution; this focus has been more relevant in the last five years, perhaps as a visible emblem of present reality. (8-10)

Even in 2006, in a SAC President's letter published in the RAC, Sergio Varini (10) says: "Which was the true recognition of the system to professionals who decided to go down this road proposed by the Society? The answer is simple, but reality shows us that during the early decades after the SAC was founded, there was a social and economic recognition to the professional, and a proper hierarchy of the medical act. The problem arises some time later, possibly because of the overcrowding of physicians –mainly in the most important cities– and due to the emergence of the extended socio-economic debacle that hit our country.

This situation, continuing up to the present, made the physician lose his/her positioning in the economic and social sphere, resulting in an alarming lack of interest in research, or, even worse, in educational training of the young professionals in our country."

And with this deep and harsh insight, he finishes conclusively: "...far from being able to provide a definitive solution to the above mentioned, to begin with the planned debate is a responsibility difficult to avoid in this reality."

The medical profession should be recovered as part

of a social project, which reconsiders "the physician's role" and the importance of health as a valuable asset for all the individuals, irreplaceable, centered on ethical principles for patients and health care workers, and even better, a project in line with justice and equity, (11, 12)

The first step: define problems with honesty and clarity, recognize them as our own, accept the need to discuss them, and create the essential means and time required to ensure the search of situations in which physicians can practise their profession and make a decent living, since it is known that any worker performs his/her tasks better when working conditions are favorable. (13)

Due to the seriousness of these issues, in 2007 and 2008 the SAC –through its Research Area and Committee on Bioethics– has conducted a survey and a research work that contributed with two papers, **"Metric Characteristics of a Professional Quality of Life Questionnaire in Cardiologists"** and **"Relationship Between the Income Level of Cardiologists in Argentina and their Professional Quality of Life"**. The survey was formulated and validated to determine the relationship between incomes and the concept of quality of life of cardiologists. The results showed a clear correlation between professional income amount and perception about their working conditions, that is, the better the income, the greater the satisfaction; besides, they showed the discontent of professionals regarding the economic conditions for their medical practice and other data that remain effective. (1, 5, 14, 15)

"The level of professional satisfaction of general practitioners is a key element for the smooth running of the health care systems, because it is of equal interest for physicians, organizations that represent them, managers, and patients in particular. (1)

During the past two years, the SAC and some provincial medical colleges have begun to work on other surveys and approaches on key topics: "length and cost of consultation" and "dignified consultation", because they are a very clear parameter that evidences the problem and the situation. Dealing with these topics (XXI century, and 2010, year of Argentina's Bicentennial) marks the current state of the MP, and what we still have to do about it. (16)

*To sum up, we might say that: When working conditions are bad, the physician will feel worse and will have more difficulties to take care of patients. And on the contrary: When working conditions are good, the physician will feel better and will take care patients more easily.*

Raul Borracci (17) has reported very clearly that "the constant deterioration of working conditions of most physicians, the lack of enthusiasm with which professional institutions have addressed the topic, and the teaching to those physicians who, through rapid progress or successful adaptation, have managed to survive with dignity to this phenomenon of extinction,



seem to show us the solitary and individual road as a survival strategy.

The behavior of physicians and organizations is largely a consequence of their inclusion in archetypal models, whose operation precedes most of the actors, although they are not exempt from their present responsibility for their individual behavior. Nor are they responsible for today's overcrowding of physicians, but they are totally responsible for their future growth."

As noticed here, clear messages have been given within our Scientific Society regarding the awareness of the problem (MP) and the need to set actions for addressing it.

Therefore, we can conclude that debate about the role of health care professionals in the new scenario correspond to physicians, their referential scientific societies, their professional institutions –if they existed–, the public and private hospitals and clinics, the society as a whole, and in the first place, the physicians themselves. Without this discussion, and if working conditions and operation of public and private health care systems do not improve, there will only be more victims: physicians who are sick more often and patients who do not heal or get better, as the expression of the system failure. Neither evidence-based medicine nor the best recommendations would be enough; on the contrary, they would be impossible to put into practice. (16)

The initial question –reason for this paper–, *"Better Work, Working Better. Are Professional-Related Problems Discussed at the Argentine Congress of Cardiology? Are Physicians Concerned with this Problem?"*, needs a positive, conclusive, active, realistic answer, and at the same time, effective in the short and long term strategies. The objective can and must be accomplished: attend the problem so as to find the necessary change. All the social actors involved would benefit from it. Physicians and patients may recreate a scenario and the appropriate regulations to be in better conditions.

## RESUMEN

**"Trabajar mejor para trabajar mejor." ¿Se discute la problemática profesional en el Congreso Argentino de Cardiología? ¿Se ocupa el médico de esta problemática?**

### Introducción

Los grandes cambios producidos en las dos últimas décadas en las reglas laborales en salud, los estilos de trabajo, la organización sanitaria, el uso y la importancia de la tecnología y en la consideración social acerca del profesional médico, cuyas causas son complejas y multifactoriales, pero con elementos comunes como el empeoramiento de la remuneración que perciben los médicos, la disminución absoluta y relativa de los honorarios profesionales y la percepción del médico respecto de su propia profesión, marcan una realidad que exige reconsiderar el lugar del médico en sus nuevos escenarios de trabajo.

### Objetivo

Estudio observacional, descriptivo, sobre la existencia de

temas libres y mesas sobre problemática médica en los últimos tres Congresos Argentinos de Cardiología y su ubicación temática. Algunas de las palabras clave fueron: realidad laboral, trabajo médico, burn out, bioética, ética, condiciones de trabajo y otras.

### Material y métodos

Estudio observacional de corte transversal. Se elaboró un cuestionario con 50 preguntas de selección múltiple: 17 de anatomía, fisiología, fisiopatología y farmacología cardiovascular (Tema A), 15 sobre clínica, semiología y electrocardiografía (Tema B) y 18 sobre práctica médica y síndromes clínicos cardiológicos (Tema C).

El cuestionario fue respondido por los residentes que iniciaban el primer año del Curso Bienal (Grupo 1) y también por los residentes que estaban asistiendo al segundo año de ese curso (Grupo 2).

### Resultados

Hubo en total 2254 temas libres en los tres años, de los cuales 8 (0,35%) trataron sobre elementos de problemática médica. Los temas libres se ubicaron en las categorías "miscelánea", psicosociales, educación médica o salud pública. Hubo 13 mesas, organizadas por el Comité de Bioética, el Área de Investigación de la Sociedad Argentina de Cardiología, CONAREC y la Fundación Cardiológica Argentina.

### Conclusión

En el período estudiado hubo una proporción muy escasa de mesas y temas libres dirigidos a la problemática médica, estos últimos sin un marco conceptual preestablecido adecuado. Así, la problemática médica no es considerada un objeto de estudio relevante. Es conveniente la discusión e investigación para la búsqueda de planteos y soluciones a múltiples niveles, o no podrá hacerse un diagnóstico y tratamiento del tema, con las eventuales y enormes implicaciones futuras potenciales.

**Palabras clave >** Problemática médica - Realidad laboral Trabajo médico - Burn out - Condiciones de trabajo - Educación médica - Factores socioeconómicos - Médico - Profesión médica

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