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Short communication

Professional, scientific, and social life of cardiology specialists

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ABSTRACT

A questionnaire-based study was designed to assess the perceptions of cardiology specialists in Turkey regarding the working conditions, scientific and social life, as well as cardiology training. This transverse cross-sectional study was carried out with the voluntary participation of 143 cardiology specialist (81.4%, male). A questionnaire consisting of 34 questions was used to evaluate professional and scientific lives as well as the social activity level of the participants. More than half of the participants (51%) had a working experience of >10 years, and those with a preference for the fields of general cardiology, interventional cardiology, image-based cardiology, and arrhythmia represented 78.3%, 59.4%, 30.8%, and 10.5% of the study population, respectively. 53.1% of the cardiology specialists surveyed reported having participated in international multi-center trials as a co-investigator, and 80.5% reported being in the author list of publications included in Science Citation Index (SCI), SCI expanded, Social Science Citation Index (SSCI), and Arts and Humanities Citation Index (AHCI). 70% of the cardiology specialists included in the study reported that they could spend adequate time on social activities.
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Introduction

Cardiovascular Disorders (CVD) is the leading cause of death in industrialized countries. According to the 2002 data of World Health Organization (WHO), approximately 17 million individuals died of cardiovascular disease, and of these deaths 7.2 million were due to coronary heart disease (CHD).[1] In a study from Turkey conducted in 1990, the prevalence of CHD was 4.1% and 3.5% among men and women, respectively.[2] The 5-year follow-up report by the same researchers showed that the death rate due to CHD was 4.3/1000 and 4.0/1000 in men and women, respectively. Based on current population estimations, it may be projected that there are approximately 1.5 million individuals with coronary artery disease in our country. Accordingly, each year >100,000 new cases of coronary artery disease are diagnosed, who subsequently require healthcare services from the national health system. Based on the data issued by the National Statistics Agency, it can be argued that the relative contribution of cardiovascular diseases to total mortality is progressively increasing, with cardiovascular diseases representing the major cause of mortality responsible for 40%, 45%, and 40% of all deaths in years 1989, 1993, and 2000, respectively.[3] It is evident from these figures that the impact of CHD on total mortality in Turkey is similar to countries where CVD is considered a public health priority. The professional life conditions and the availability of adequately interventional cardiology units bear high significance for the practicing cardiology specialists who are actively involved both in the primary and secondary prevention of cardiovascular diseases. In this questionnaire-based study, our objective was to assess the above-mentioned factors among a group of cardiology specialists.

Methods

This cross-sectional study was carried out between March 2017 and June 2017, with the participation of cardiology specialists (n = 143) from Turkey. A 34-item questionnaire was used to assess the

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professional, scientific, and social life of the participants. The questionnaire included both open- and close-ended questions that gathered information on the duration of work, conditions of work, night shifts, number of patients currently followed-up, relative proportion of imaging and invasive procedures in the total workload as well as the availability of adequately equipped cardiology laboratories, frequency of attendance to scientific meetings and studies, social life etc. The questionnaire was sent to the participants via e-mailing, and was completed online. All participating physicians provided consent for the publication of data for research purposes. The questionnaires were completed by the participants over a 3-month period. For all statistical analyses, IBM SPSS version 21.0 was used (SPSS Inc., Chicago, IL, USA). Categorical variables were compared using chi-square or Fisher's exact test.

Results

Demographical and professional characteristics

The participants consisted of cardiology specialists currently employed in university hospitals (25.3%), private hospitals (12.6%), and state and research/training hospitals (62.2%) across Turkey. Most specialists (85.3%) were older than 30 years of age, and those with a working experience of >10 years comprised 73% of the cohort. Again, of the overall group, 25.2% were academicians, 14% were research associates/residents, and 60.8% were employed as specialists (Table 1). Majority of the physicians were practicing in the field of general cardiology (78.3%), with 30% and 59.4% being more actively involved in imaging and invasive cardiology services, respectively. Those focusing on arrhythmia, ablation therapy, and EPS comprised only 10% of the participants. Cardiology training in Turkey was considered inadequate by 61.5% of these specialists, while 38.5% had the opposite view. Also, 86% reported that they considered sub-specialty training necessary for a number of areas in cardiology such as arrhythmias, imaging, or intervention.

Patient follow-up load

Of the all cardiology specialists included in our survey, 74% reported seeing >100 outpatients per week, and 73% reported provision of specialist services for <30 hospitalized patients per week. Most of the participants (46.1%) reported 5 or less night shifts per month, while 14% had more than or equal to 10 night shifts per month, and 14% had no night shifts.

Laboratory practices

The 73.4% of the participants reported performing >50 Transthoracic Echocardiography (TTE) procedures per week, while 65% performed <5 Transesophageal Echocardiography (TEE) procedures per week. With regard to invasive procedures, 74.1% of the physicians reported performing Coronary Angiography (CAG)/PCI, while 16.8% were employed in facilities with no coronary angiography laboratory. Electrophysiological studies (EPS) and ablation facilities were available in their facility in 46.6% of the cases. Only 9.l% of the cardiology specialists included in this study reported performing EPS and ablation, while approximately 50% performed pacemaker, Intra-cardiac Defibrillator (ICD), and Cardiac Re-synchronization (CRT) procedures (Table 2). Trans-catheter aortic valve implantation (TAVI) was undertaken in 43.6% of the health facilities in which the participants were employed.

Participation to scientific meetings, research and scientific publishing

Of the cardiology specialists participating in the survey, 53.1% reported a role as a co-investigator in international multi-center studies, with 80.5% listed as an author in publications cited in Science Citation Index and 78% reported membership in at least one international society (Table 3).

Participation to social activities

Seventy percent of the cardiologists reported reading at least one non-medical book per month, attending at least one social activity (going to a movie, theater, or concert etc.) per month, and 52.5% exercised at least for 30 min for at least one day per week. Proportion of cardiologists exercising for 30 min on 5 days of the week as

Table 1
Personnel and business characteristics of cardiologists.

		n	%
Sex	Female	26	18.8
	Male	117	81.2
Age	<30	21	14.7
	>30	122	85.3
Academic title	Resident	20	14
	Physician	87	60.8
	Lecturer in university	45	25.2
Work experience (year)	<5	18	13.6
	5–10	52	36.4
	>10	73	51
Hospital/institution	Private hospital	18	13.6
	MoH State Hospital, MoH Research and Training Hospital	69	62.3
	University	36	25.1
Night shifts (per month)	None	24	17
	<5	67	46
	6–10	33	23
	>10	20	14
Number of outpatients (per week)	<10	3	2
	10–50	17	12
	51–100	17	12
	>100	106	74
Number of inpatients (per week)	<10	59	41
	10–30	46	32
	>30	38	27

Total 143/100.

Table 2
Laboratory practices participation rates of cardiologists.

	n (143)	% (100)
Echocardiography		
None	4	2.8
<50	35	23.8
>50	105	73.4
TEE		
None	45	31.4
<5	65	45.4
5–10	19	13.2
10–30	10	7.2
>30	4	2.8
Interventional therapy (PTCA + stent)		
None	37	26
<5	14	10
5–10	46	32
10–30	34	23.7
>30	12	8.3
Pacemaker		
None	68	47.5
<5	45	31.5
5–10	22	15.4
10–30	6	4.2
>30	2	1.4
ICD/CRT		
None	79	55.2
<5	37	25.9
5–10	21	14.7
10–30	4	2.8
>30	2	1.4

CRT - cardiac resynchronization therapy, ICD - implantable cardioverter defibrillator, TEE -transesophageal echocardiography,

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