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Editorial

The Mental Health of Gastroenterologists: How Well Do We Take Care of Ourselves?

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Today, gastroenterologists aspire to comprehensive, high-quality training. We stay current with scientific knowledge through conferences and research, renew our technology, and implement clinical practice guidelines with the aim of improving our patients' clinical outcomes. In this relentless pursuit of efficiency—often self-imposed and pushing us to our limits—when do we stop to think about ourselves? Do we assess how these high-performance demands affect our mental health and quality of life?

Worldwide, physicians' mental health has become an increasingly important concern, encompassing stress, anxiety, depression, and burnout, all of which pose risks to healthcare professionals, patient safety, and the sustainability of healthcare systems[1,2]. It is common to hear exhausted colleagues say, "I'm ready to throw in the towel today," "I desperately need a vacation," or "If one more patient arrives, I'm running away." These colloquial expressions conceal a deeper reality of occupational exhaustion.

Burnout syndrome is a state of physical, mental, and emotional exhaustion caused by chronic workplace stress, a concept first introduced by the American psychologist and psychoanalyst Herbert Freudenberger in 1974[2,3]. The World Health Organization classifies burnout as an occupational phenomenon in the International Classification of Diseases, 11th Revision (2019). In Colombia, it is recognized as an occupational disease. The WHO proposes three dimensions for its identification[4]:

- Emotional exhaustion: a sense of depleted energy or extreme fatigue.
- Depersonalization: negative feelings, persistent complaints about the work environment, and antipathy toward patients and colleagues.
- Reduced professional efficacy: feelings of ineffectiveness and a diminished ability to make decisions.

The figures are alarming. Dr. Ong's meta-analysis (2021) estimated an average burnout prevalence of 35% among gastroenterologists[5]. Dr. Shiha's systematic review (2025) found that 45% of gastroenterologists worldwide experience burnout; of these, 31% report emotional exhaustion, 23% depersonalization, and 25% low professional accomplishment[1]. Dr. Aourarh's survey (2025), which assessed the impact of the work environment on gastroenterologists in Morocco, showed that 87% suffer from musculoskeletal disorders, 70% report gastrointestinal symptoms, 46% experience depression, and 24% anxiety[6].

The consequences include reduced productivity, deterioration of the physician–patient relationship, medical errors, emigration, and abandonment of the profession. Other serious risks include family and social isolation, alcohol or psychoactive substance abuse, depression, and suicide[3,6–9].

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Women have a 50% higher risk of burnout (odds ratio [OR]: 1.5; $p < 0.01$)[5], attributable to factors ranging from motherhood to hostile work environments and sexual harassment. In addition, according to Dr. Ong, the current generation of young gastroenterologists was trained in an overprotective system that has reduced their resilience to criticism and failure, thereby affecting their sense of personal accomplishment. Finally, operational factors such as long hours of outpatient consultations and endoscopic procedures without breaks, poor ergonomics, and on-call availability for emergencies further exacerbate this problem[5–7].

According to the Colegio Médico Colombiano survey (2020), 35% of physicians in Colombia experience burnout[10]. The current period, marked by the aftermath of the 2019 coronavirus disease (COVID-19) pandemic, has dramatically increased stress among gastroenterologists. This situation is compounded by a structural crisis in the healthcare system that limits access to and continuity of treatment, generating an excessive workload further aggravated by the financial instability of Healthcare Service Provider Institutions (Instituciones Prestadoras de Servicios de Salud [IPS]) and delays in professional fee payments. Factors such as shortages of medical supplies, the risk of complications during endoscopic procedures, and potential medicolegal or reputational consequences arising from adverse events further intensify professional exhaustion. Added to this are the constant pressure to remain scientifically up to date (necessary to standardize the quality of care), as well as the growing bureaucratic burden associated with administrative documentation and the digitalization of clinical practice, all of which contribute to moral injury, in which physicians' values, ethical principles, and sense of professional purpose are compromised by organizational decisions that prevent them from providing safe and optimal care[2,5,11]. Other factors unrelated directly to medical practice, but that negatively affect the mental health of Colombians, include traffic congestion in major cities, insecurity during commuting, and difficulties in maintaining a balance between professional and personal life[8].

In accordance with the Political Constitution of Colombia (Section 25), which guarantees the right to dignified work, and in line with the standards of the Organisation for Economic Co-operation and Development, Law 2101 of 2021 was enacted to reduce the workweek to 42 hours. The law states that increased rest time reduces stress and, consequently, enhances productivity and improves quality of life[12]. Dr. Aourarh reported in his survey that gastroenterologists work an average of 50 hours per week[6]. In Colombia, it is common for physicians to work in multiple hospitals, far exceeding the legal limit on working hours. It is imperative that gastroenterologists accurately quantify their actual workload in order to assess how these extended work schedules affect their productivity and their physical and mental health.

Many physicians do not seek care for fear of jeopardizing their professional careers or being stigmatized. The problem lies not only in the existence of the syndrome itself, but also in the lack of self-awareness. Many physicians fail to recognize their own risk factors or to ask themselves whether they may already be affected. Likewise, as a professional community, we must ask ourselves: how much space do we create to discuss this issue with our colleagues?

The sustainability of gastroenterology care depends not only on technical innovation and the expansion of endoscopic services, but also on the psychological well-being of specialists. Caring for physicians' mental health is essential to safeguarding patient safety. The well-being of healthcare professionals should be regarded as a quality indicator of the healthcare system. Recognizing burnout is not a sign of weakness. In Colombia, Law 2460 (2025) strengthens the national mental health policy and establishes specific funding for this sector. I fully agree with Dr. Buscarini, an Italian gastroenterologist, in her publication *How to Manage and Prevent Burnout in Gastroenterologists* (2020), in which she recommends maintaining a balance between professional and personal life (including family and community life)[3].

The words *work* and *labor* derive etymologically from the Latin *tripaliāre* and *laborāre*, terms associated with physical sacrifice and fatigue[13], and for many people these words evoke stress. Today, this concept should be replaced by terms such as enjoy or rejoice, as gastroenterologists should practice their profession with passion and pride, integrating into their lifestyle the sense of well-being experienced in the hospital while caring for patients, in harmony with their personal time and relationships with family and friends.

The evidence suggests that organizational strategies are effective in reducing physician burnout[3,6,7]. Dr. Brian E. Lacy, an American gastroenterologist, has indicated that organization-level programs can systematically help physicians recognize the early signs of burnout, promote health and self-care, and restore well-being[14].

Leaders of gastroenterology services are encouraged to include mental health on their teams' agendas. To this end, protected spaces should be established to enable screening and diagnosis, thereby facilitating timely interventions to improve working conditions. Promoting more humane work environments that ensure autonomy and active participation in decision-making—while also fostering teamwork, redistributing workloads equitably, and strengthening social connections outside the workplace—are strategies that significantly reduce burnout and stress while enhancing resilience and team satisfaction among physicians[3,6,7]. Within this framework, workplace flexibi-

lity emerges as a fundamental pillar. Allocating "protected time" of at least 20% of the work schedule to activities that foster personal fulfillment, such as research, teaching, or social engagement, is recommended[6,7]. Leadership should also prioritize recognizing individual achievements, creating opportunities for constructive dialogue, and optimizing communication channels in operational processes to promote a better quality of work life.

In recent years, the *Revista Colombiana de Gastroenterología* has published several original articles on the mental health and quality of life of patients with digestive disorders. Although this issue has been examined in depth in other medical specialties in Colombia[15,16], obtaining local data on burnout syndrome in gastroenterology is imperative. Only then will it be possible to design effective strategies for intervention and prevention.

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