



Letter to the Editor

Urologist burnout: Prevalence, impact, and strategies for resilience

A concise literature review on urologists and burnout was conducted using 2024 peer-reviewed publications from the National-Library-of-Medicine, with ten articles carefully selected for analysis. Reeson et al. reported that the 2016 AUA census found 39 % of practicing urologists experienced burnout [1]. Their study aimed to determine burnout prevalence in pediatric urology fellows. Results showed 19 % met criteria for high burnout and 41 % for moderate to high burnout, with increased call and project workload being significant factors. Identifying these risk factors can help develop strategies to prevent burnout [1]. The burnout prevalence is not limited to pediatric urologists but extends to urologists globally.

Jefferson et al. characterized the prevalence of impostor phenomenon (IP) among urologists, identify predictors of severe impostorism, and examine its association with burnout [2]. A survey was sent to urologists, and 614 responses were analyzed. Results showed 40 % experienced frequent or intense IP, with higher scores in females, those with fewer years in practice, and lower academic ranks. Additionally, 46 % reported burnout symptoms, with higher IP scores linked to increased burnout odds. More female representation may help mitigate IP [2].

High rates of burnout and career choice regret among urology residents may lead to professional dissatisfaction and workforce shortages [3]. Up to 48 % of U.S. urology residents experience burnout, with second-year residents most affected. Barriers to accessing medical and mental health care are significant risk factors. Limited studies suggested that providing basic needs and promoting wellness can reduce burnout. Evidence-based interventions and policies are urgently needed to address these issues [3].

Harris et al. explored burnout, career choice regret, and well-being needs among urology residents and fellows [4]. Data from 243 participants showed 48 % of residents and

33 % of fellows met burnout criteria, with PGY-2 residents most affected. Burnout was linked to difficulty attending health appointments and lack of on-call rooms. Having children was associated with lower burnout. Desired benefits included meal plans, health appointment access, and paid family leave. Enhanced support systems are recommended to address professional burnout in urology [4].

Prakash et al. reported that the emotional impact of surgical complications on urologists is significant and often unaddressed [5]. Traditionally, surgeons cope in silence, perpetuating a culture of perfectionism. They highlighted the need for structured education on the emotional consequences of complications. They advocated for Morbidity and Mortality conferences, peer support, resilience training, and annual discussions to normalize these challenges. Resources from organizations like the AUA can help foster resilience and reduce burnout among surgeons [5].

Addressing urologist burnout requires a multifaceted approach. Prioritizing mental health support, including therapy and counseling, is essential. Implementing structured stress management programs, like mindfulness and resilience training, equips urologists with coping mechanisms. Creating supportive work environments with reasonable workloads and flexible scheduling reduces burnout risk. Enhancing work-life balance initiatives, including paid family leave and flexible work arrangements, improves overall well-being. Financial wellness programs alleviate financial stress. Investing in ergonomic improvements and fostering open communication about challenges and emotions reduces feelings of isolation. A comprehensive approach combining these strategies is necessary to mitigate urologist burnout and improve job satisfaction.

Funding

This research has no fund.

Conflict of interest

The author has no conflict of interest.

DOIs of original article: <https://doi.org/10.1016/j.jpuro.2024.03.012>, <https://doi.org/10.1016/j.jpuro.2024.10.004>.

<https://doi.org/10.1016/j.jpuro.2024.09.033>

1477-5131/© 2024 Journal of Pediatric Urology Company. Published by Elsevier Ltd. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

References

- [1] Reeson EA, Salevitz D, Alcanzo B, Lin CY, Grimsby GM. Prevalence of and factors associated with burnout in pediatric urology fellows. *J Pediatr Urol* 2024;20(4):609.e1–7. <https://doi.org/10.1016/j.jpuro.2024.03.012>.
- [2] Jefferson FA, Fadel A, Findlay BL, Robinson MO, Seyer AK, Koo KG, et al. The prevalence of impostor phenomenon and its association with burnout amongst urologists. *BJU Int* 2024; 133(5):579–86. <https://doi.org/10.1111/bju.16301>.
- [3] Hanna KF, Koo K. Professional burnout and career choice regret in urology residents. *Curr Urol Rep* 2024. <https://doi.org/10.1007/s11934-024-01226-4>. Published online July 17.
- [4] Harris A, Golan R, Kraft K, North A, Modi P, Meeks W, et al. Burnout in urological education: an in-depth study of residents and fellows in the 2021 AUA census. *J Urol* 2024;212(1):205–12. <https://doi.org/10.1097/JU.0000000000003949>.
- [5] Prakash G, Peters CE, Badalato G, Hampson LA, Raman JD, Bagrodia A. Complications and surgeon health: resources for individuals and institutions. *Urol Oncol* 2024;42(10):296–301. <https://doi.org/10.1016/j.urolonc.2024.02.002>.

Yoshiyasu Takefuji*

Faculty of Data Science, Musashino University, 3-3-3 Ariake Koto-ku, Tokyo, 135-8181, Japan

*Correspondence to: Yoshiyasu Takefuji, Faculty of Data Science, Musashino University, 3-3-3 Ariake Koto-ku, Tokyo, 135-8181, Japan, Tel.: +81 3 6865 7681
E-mail address: takefuji@keio.jp

23 September 2024

Available online xxx