

# THE HIDDEN STRUGGLE OF OVERWORKED UROLOGY RESIDENTS “THE HOUR”: THE OVERLOOKED BURNOUT, A NARRATIVE REVIEW.

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## Introduction

Burnout, which is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment due to prolonged workplace stress, is a major concern for healthcare professionals, including urology residents [1]. The literature has increasingly focused on the prevalence, risk factors, and consequences of burnout within the urology field in recent years. Urology residents are highly susceptible to burnout. A study published in the *Journal of Urology* found that 54% of urology residents experienced burnout, with emotional exhaustion being the most reported symptom. High workload, poor work-life balance, and limited social

support were identified as key risk factors for burnout among urology residents. The impact of burnout on urology residents can be profound, potentially leading to reduced job satisfaction, decreased empathy for patients, and even early retirement from the field [1,2].

In this narrative review, we use both thematic and critical review methods to gain deeper insight into the complex issue of burnout among urology residents. Our thematic review explores key themes such as the impact of excessive workload on physical and mental health and the inadequate support for overworked urology residents, while our critical review examines contributing factors such as the culture of the medical field and poor leadership practices. Our critical review examines contributing factors such as the culture of the medical field and poor leadership practices. In this culture, long work hours and a high workload are seen as necessary sacrifices to become successful physicians. As a result, overworked urology residents may feel that burnout is a personal failure or that acknowledging it is a sign of weakness. Additionally, poor leadership practices, disregarding the residents’ wellbeing, are associated with inadequate staffing and unrealistic expectations.

By identifying contributing factors and proposing workable solutions, we aim to improve the quality of care while mitigating negative outcomes for urology residents suffering from burnout.

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## The Hidden Struggle

Burnout is often a hidden struggle or a concealed challenge because people may not recognize that they are experiencing it and may not feel comfortable speaking up about their symptoms. Burnout can build up slowly over time as people experience chronic stress, high levels of work demands, long hours, poor work-life balance and lack of support from colleagues and supervisors [3,4]. People who are experiencing burnout may feel ashamed or embarrassed to admit it, thinking that it is a sign of weakness or a failure on their part. Additionally, there may be stigma attached to mental health issues in the workplace that prevent people from seeking help or disclosure of their struggles [3].

According to a study by Kiehl et al, burnout rates among urology residents are higher than those in other medical specialties, with a prevalence of around 58%. The study also indicates that these rates may continue to increase [3,4]. A systematic review and meta-analysis by Avery et al, found that urology residents experience high levels of burnout, which can go unnoticed and lead to negative outcomes for both the resident and patient care [4,5,6].

Moreover, the pressure to appear competent and productive at work can make it challenging for individuals to speak out about burnout, as they may fear it could affect their job security or reputation. All these factors can contribute to burnout being a hidden struggle, with many individuals suffering in silence [3,4,5,7].

It is important to recognize that burnout can be hidden in many ways. A study conducted by Demerouti et al, as well as another one carried out by Bordin et al, highlight the concept of "masking" as a mechanism used by people to conceal their burnout symptoms. This creates a discrepancy between the level of burnout they experience and how others perceive it. To cope with this struggle, affected professionals often put on a "professional mask" and portray a facade of coping and well-being [8,9]. Furthermore, the study by Bordin et al delves into withdrawal behaviors, such as emotional distancing or reduced participation, as tools individuals use to deal with burnout [8]. The article also discusses how burnout can lead to absenteeism and disengagement, which are commonly seen as causes for decreased job performance and increased turnover intentions. Absenteeism is often misunderstood as laziness, rather than a symptom of a larger issue, while disengagement can result in mistakes, lack of motivation, and poor performance, sometimes misinterpreted as a lack of ambition or dedication [8]. Burnout can also manifest itself in physical symptoms such as headaches, stomachaches, and exhaustion, which can be attributed to other causes, making the underlying burnout difficult to detect [10].

A systematic review conducted by Dyrbye et al. revealed that physicians and advanced practice clinicians frequently conceal their burnout by resorting to certain behaviors. These behaviors may include avoiding situations, distancing themselves from colleagues, or exerting extra efforts to mask their distress. Furthermore, they may also attempt to hide their burnout by self-medicating with drugs or alcohol [11].

## The overlooked burnout

Burnout is a significant issue in the healthcare industry that can negatively impact both healthcare providers and patients. Despite its prevalence and detrimental effects, it is often overlooked or disregarded for several reasons. One reason burnout among urology residents is often overlooked is that some individuals may not recognize its symptoms, mistaking them for normal stress. Moreover, admitting to burnout may carry a

stigma of weakness or failure, which adds to the challenge of addressing the issue in a culture where physicians are expected to handle job demands without showing vulnerability. Healthcare providers may fear being perceived as weak or inadequate if they admit to experiencing burnout, leading to reluctance in seeking help or speaking up about their struggles. In certain workplaces, there may be an expectation of overwork and a constant need for availability, leading to burnout becoming normalized and ignored. Additionally, some employers may view burnout as an individual problem rather than a systemic issue, hindering effective efforts to address root causes in the workplace [3, 5, 12].

Organizational factors also contribute to burnout. Healthcare organizations often prioritize productivity and efficiency, placing considerable demands on healthcare providers. Administrative pressures, lack of resources, long working hours, and high patient loads can all contribute to burnout. However, due to financial constraints or operational priorities, organizations may overlook or downplay the significance of burnout [13]. Limited awareness and understanding of burnout may still cause it to be misunderstood or underestimated in terms of its impact on healthcare professionals and patient outcomes [14].

### Worldwide reported prevalence

Burnout is a prevalent issue among urology residents worldwide, with various factors contributing to its development. Studies from North America, Europe, Asia, South America, and Africa have reported high rates of burnout among urology residents, with factors such as high workload, lack of social support, and limited work-life balance identified as contributors.

In North America, a study from the USA found that 48% of urology residents experienced burnout, and those with higher burnout were more likely to report depression and suicidal ideation. A study from Canada reported that 60% of respondents experienced burnout and highlighted the need for interventions to improve wellness and support for residents [15,16].

In Europe, a systematic review and meta-analysis of multiple European countries demonstrated that the overall prevalence of burnout among urology residents in Europe was 36.5%, with high variability across different countries. In Spain specifically, a study reported a prevalence of burnout of 46%, where stress and inadequate social support were identified as contributing factors. A cross-sectional study conducted among UK urology trainees and published in the *BJU International* journal found that the exact prevalence of burnout was 44%. The study also found that burnout was influenced by emotional demands arising from managing challenging patient situations, as well as a lack of support from colleagues, supervisors, and the overall work environment [17,18,19].

Within Asia, a Japanese study found that 32.6% of urologists experienced burnout, highlighting long working hours and a heavy workload as potential contributors. Similarly, research conducted in China disclosed a burnout prevalence of 38% among urology residents, where low social support and a high workload were identified as influential factors. However, in India, a multicenter study revealed that a considerable 74% of urology residents suffered from burnout, and in Saudi Arabia, the prevalence among these residents was even higher at 79.6%. Several factors were identified as contributing to this elevated level of burnout in Saudi Arabia, such as extended working hours, insufficient work-life balance, heavy workload, inadequate support systems, excessive administrative tasks, and limited personal time [20,21,22,23].

In South America, a study conducted in Brazil discovered a burnout prevalence of 56.3% among urology residents, with a lack of work-life balance and limited leisure activities serving as significant contributors [24,25].

In Africa, a study conducted in South Africa revealed a burnout prevalence of 62.5% among urology residents, underscoring a burdensome workload and a lack of support as contributing factors. Lastly, a study from Kenya found a staggering prevalence of burnout 67.6% among healthcare workers, where the lack of resources and a demanding workload were identified as prominent contributors [26,27].

Burnout rates are a major concern among residents and fellows in the medical field. Compared to medical students, attending physicians, and individuals of the same age who have graduated from college, residents

and fellows experience higher rates of burnout. These rates can range from 40-80% of trainees across subspecialties. In the largest study of urology resident burnout to date, 47% of residents, including 65% of second-year residents, met criteria for professional burnout. One in 6 residents reported career choice regret [28].

### **Risk factors and consequences**

Several risk factors contribute to burnout, including heavy workloads, long hours, stress, work-life imbalance, inadequate support systems, lack of control over work tasks, unclear expectations, insufficient rewards, unfairness, lack of social support, and conflicting values [1,4]. In the field of urology, additional risk factors for burnout include the demanding nature of surgical practice, high patient volume, and administrative burdens [5].

Poor leadership or supervision can also be a risk factor for burnout. A lack of support from supervisors or managers can contribute to feelings of burnout among employees. In addition, personal and family-related factors, such as major life events and conflicts between work and family life, can also contribute to burnout [1,4,5].

Additionally, gender can be a risk factor for burnout, with women being more likely to experience burnout than men. Women may encounter extra stressors such as discrimination, harassment, and unequal pay, which can contribute to burnout [1,29].

Age is another factor to consider, as it has been found that increasing age can be a risk factor for burnout. However, it is often associated with other factors such as high workload, lack of control, or insufficient reward [30]. However, years in service and prolonged exposure to demanding work environments can increase the risk of burnout, as supported by studies conducted by Maslach et al and Bakker et al. [31,32].

Burnout was found to have significant consequences on physical, psychological, relationship, and occupational well-being [4,33]. The physical consequences included an increased risk of various health issues such as hypercholesterolemia, type 2 diabetes, coronary heart disease, hospitalization due to cardiovascular disorders, musculoskeletal pain, fatigue, headaches, gastrointestinal problems, respiratory issues, severe injuries, and even mortality below the age of 45 [33].

On the psychological front, burnout was associated with insomnia, depressive symptoms, the use of psychotropic and antidepressant medications, hospitalization for mental disorders, and other psychological ill-health symptoms. It also causes strained relationships, including difficulty maintaining social connections and decreased ability to connect with loved ones. And in terms of occupational consequences, burnout resulted in job dissatisfaction, absenteeism, new disability pensions, higher job demands, lower job resources, and presenteeism [4,5,6,33].

The consequences of burnout go beyond personal well-being and can also affect patient care. In health-care professions like urology residency programs, burnout can lead to decreased job satisfaction, emotional exhaustion, and reduced quality of patient care. This is because burnout negatively affects cognitive, emotional, and behavioral functioning, ultimately impacting the overall quality of care provided by healthcare professionals [4,6,33].

Cognitive symptoms, such as forgetfulness or difficulty focusing, can occur as a result of burnout. When burnout persists or recurs over time, it can have an impact on the structure and functioning of the brain, ultimately affecting memory and other cognitive abilities. Those who experience long-term burnout may find it difficult to effectively process and retain information in their short-term memory, leading to memory loss [34].

### **The influence of leadership, management, or supervision on the occurrence of burnout**

Poor leadership or supervision can contribute to burnout in several ways. For example, a lack of support from supervisors or managers can leave employees feeling isolated and unsupported, which can increase their risk of burnout. The study by Regan et al examined the influence of authentic leadership on burnout among

medical students and residents in academic medicine. It found that leaders who fail to provide clear direction or feedback, who micromanage their employees, or who do not recognize, or reward good work can create a stressful work environment that increases the risk of burnout [28,35,36].

In addition, poor management leadership can result in a lack of control over work tasks, which is also known risk factor for burnout. However, leaders with empathy, who provide support, clear expectations, and opportunities for growth and development can help reduce the risk of burnout among their employees. These authentic leaders understand the importance of creating a positive work environment that promotes well-being and supports their team members' professional growth. By fostering open lines of communication, recognizing the contributions of their employees, and empowering them to have control over their tasks, these leaders play a crucial role in preventing burnout and promoting overall well-being in academic medicine. [35,37].

Another study by Busireddy et al, found that healthcare workers who perceived their leaders as being more authentic and transformational reported higher levels of well-being and professional fulfilment and lower levels of burnout and intent to leave. Furthermore, the study found that toxic leadership behaviors were associated with negative outcomes. The authors suggest that interventions aimed at improving leadership behaviour could potentially improve well-being and reduce burnout and turnover in the workplace [37].

### **Awareness**

Burnout is a phenomenon that can affect healthcare professionals, but the level of awareness about it may vary among employees and employers. Research suggests that while many healthcare professionals experience burnout, their awareness of the phenomenon may vary. Some employees may recognize the signs and symptoms based on personal experiences or observations of peers, while others may not realize that their exhaustion, cynicism, and decreased productivity are indicative of burnout. This lack of self-awareness can hinder early identification and intervention [38].

Similarly, employer awareness of burnout varies across healthcare organizations. While some employers acknowledge the significance of burnout and its impact on employee well-being, job satisfaction, and patient care, others may underestimate the prevalence and consequences of burnout. Employers who are unaware of the potential negative outcomes may fail to implement appropriate support systems [39].

Raising awareness of burnout is crucial for the well-being of healthcare professionals. Individuals who are aware of burnout can identify early warning signs and seek necessary support, leading to timely intervention and preventing further deterioration of their mental and physical health [29]. Enhancing burnout awareness can also benefit healthcare organizations by addressing high turnover rates and preserving talented professionals. Employers who understand the signs of burnout can proactively implement strategies to support their employees. By fostering a supportive work environment, organizations can improve job satisfaction, boost productivity, and reduce the risk of burnout-related attrition [40].

There are several strategies that organizations can use to increase awareness of burnout among employees. These include providing comprehensive education and training programs, establishing effective communication channels to encourage open discussions about burnout, developing and promoting wellness programs that focus on stress management, self-care, and work-life balance, and demonstrating leadership modelling by actively participating in burnout prevention efforts [13]. Employers should also conduct regular surveys or assessments to gather data on burnout levels within their organization. By analysing this data, employers can identify high-risk areas and tailor interventions accordingly [39].

In conclusion, increasing awareness of burnout is essential for both employees and employers in the healthcare industry. By understanding the signs, causes, and consequences of burnout, individuals can take proactive steps to prevent it from occurring or worsening. Employers can also play a crucial role in supporting their employees by implementing effective strategies to raise awareness and prevent burnout.

### **Management**

Effective management of burnout among healthcare professionals is crucial not only for their well-being but also for the quality of patient care they provide. This can be achieved through a combination of individual-level interventions such as psychotherapy, self-care, and lifestyle changes, as well as organizational-level interventions like changes to work schedules, workload, and the work environment. By implementing a multi-faceted approach to tackling burnout, healthcare organizations can ensure that their staff is well-supported and capable of offering the highest standards of patient care [3,4,6,38,40,41,42].

In their article, Maslach et al shed light on the negative consequences of burnout in healthcare professionals. The authors emphasize that burnout can adversely affect physical and mental health, work performance, as well as overall well-being. They identify six risk factors contributing to burnout – workload, control, reward, community, fairness, and values [6].

To prevent or manage burnout, addressing risk factors and promoting organizational support, job satisfaction, and work-life balance are recommended by the authors. This can be achieved by assessing the individual’s fit in these six areas and implementing interventions to improve it. For instance, if workload is identified as a problem area, interventions could include reducing workload, providing additional resources or support, or improving time management skills [6].

Healthcare professionals need to integrate burnout prevention into their practice since it can negatively impact cognitive, emotional, and behavioral functioning, as well as patient care. The effectiveness of interventions to reduce burnout has been studied extensively. One approach that has proven effective is to target both the individual and the organization. Bianchi et al. suggest that treatments for depression, such as psychotherapy and medication, may also be effective for treating burnout. Psychotherapy can help individuals develop coping skills and strategies to manage stress and improve their well-being. Medication can help alleviate symptoms of depression and anxiety that may be associated with burnout [6,41].

West et al. found that interventions at both levels were successful in reducing burnout. For individual-level interventions, mindfulness-based stress reduction has been found to improve well-being and decrease stress. In addition, small group sessions can provide a supportive environment for individuals to share experiences and learn from others. Organizational-level interventions, such as duty hour regulations and changes to the work environment, can also help reduce workload and increase job satisfaction [38].

Panagioti et al. also found that interventions targeting both the individual and the organization were effective in reducing burnout. Cognitive-behavioral therapy is one example of an individual-level intervention that can help individuals identify and change negative thought patterns and behaviors. Communication skills training can also be beneficial in improving communication with colleagues and patients, thereby reducing stress and improving job satisfaction. Organizational-level interventions, such as adjusting work schedules to improve work-life balance, can also reduce burnout [40].

Melamed et al. suggest that interventions targeting both the individual and the organization may be effective in reducing burnout and related health risks. For individual-level interventions, stress management training can help individuals develop coping skills and strategies to manage stress. Physical exercise is another potential intervention that can improve physical health and reduce stress. Organizational-level interventions, such as reducing job demands or increasing job control, can also help reduce stress and prevent burnout [42].

Another organizational intervention to enhance recovery from burnout may include taking time off from work, such as sick leave or reducing overtime and night calls. These strategies provide employees with the opportunity to rest, recharge, and recover from chronic stress [43]. The duration of recovery from burnout varies for each individual and their circumstances, ranging from a few weeks to several years [44]. It is crucial for individuals to listen to their bodies and allocate the necessary time for full recovery. During these breaks, engaging in activities that promote recovery is essential. This can include switching off from work, finding time to relax, pursuing hobbies or pastimes, and practicing self-care [43].

In the specific context of urology residency programs, it is crucial to recognize and address burnout openly and honestly. The demanding nature of surgical practice, long working hours, high patient volume, and

administrative burdens contribute to burnout among urology residents. This ultimately leads to decreased job satisfaction, emotional exhaustion, and reduced quality of patient care. To tackle this problem, cultural changes within residency programs and increased focus on the mental well-being of residents are necessary [3,4].

Research and intervention programs specifically targeting burnout in urology residency programs are necessary to support the mental health and well-being of residents and improve patient care outcomes [4,5]. A systemic approach is vital, focusing on both individual and organizational interventions, to combat burnout effectively [6].

These approaches contribute to preventing and managing burnout in the medical field, benefiting both practitioners and patients. Interventions that target both individual and organizational levels can be effective in reducing burnout, and by implementing a combination of these interventions, employers can promote overall well-being and prevent burnout among their employees.

## Conclusion

This narrative review delves into the intricate issue of burnout and hidden struggles experienced by overworked urology residents. The impact of excessive workload on physical and mental health, inadequate support and a lack of awareness and support around burnout within the workplace are identified as main themes. Furthermore, inadequate administrative and clinical leadership practices and the culture of the medical field are highlighted as contributing factors. Effective systemic and individual-level interventions are required to address this challenge. Organizations must prioritize employee well-being by offering support and resources for managing burnout. Promoting effective leadership practices that prioritize resident well-being over personal or institutional recognition or profits is also critical. By taking these steps, negative outcomes for residents can be minimized, and the quality of care enhanced. It is crucial to recognize the signs, create a supportive environment, and promote open communication to prevent burnout from being a hidden struggle. Burnout can go unnoticed due to shame, stigma, and fear, with masking, withdrawal, absenteeism, disengagement, and physical symptoms further hiding its signs. This can lead to negative consequences for both individuals and patient care.

## Conflict of interest statement

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