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November 2, 2018

<https://doi.org/10.1016/j.eururo.2018.11.009>



## Prevalence of and Predictive Factors for Burnout Among French Urologists in Training

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The burnout rate among young doctors currently seems to be increasing [1]. It is essential to be able to diagnose and prevent this condition to better take care of young caregivers. Burnout is defined as a “feeling of intense exhaustion, loss of control and inability to achieve concrete results at work” according to the World Health Organisation. The assessment questionnaire used most often is the Maslach Burnout Inventory (MBI), which covers (1) emotional exhaustion, (2) depersonalisation, and (3) personal accomplishment [2]. The aim of our study was to assess the prevalence of burnout among young urologists in training in 2018 and to identify its prognostic factors.

In 2018, the MBI self-administered assessment questionnaire was sent to members of the French Association of Urologists in Training (Association Française des Urologues en Formation). To evaluate the degree of burnout, the three components were analysed separately. Global burnout was defined as a high occupational exhaustion score combined with a high depersonalisation score and/or low personal accomplishment score. Multivariate analysis was performed to identify factors predictive of burnout.

Among the 501 members of the association, 48% ( $n = 239$ ) replied to the questionnaire. One-quarter ( $n = 59$ ) of them suffered from global burnout, while 21 (9%) had severe impairment in relation to the three components, 91% had at least moderate impairment for one of the components, and only 22 (9%) had no burnout symptoms at all.

Emotional exhaustion was reported by 55% of responders and three protective factors were identified: having a pastime (odds ratio [OR] 0.06), a feeling of being well trained (OR 0.004), and male gender (OR 0.02; Table 1). Some 75% of respondents suffered from depersonalisation, for which a feeling of being well trained was the only

protective factor (OR 0.03). Personal accomplishment was low for 30% of the responders, and three protective factors were identified: a regular pastime (OR 4.84), sexual intercourse (OR 2.22), and a feeling of being well trained (OR 9.16). A feeling of being well trained was the only protective factor for all the burnout components (Table 1).

**Table 1 – Multivariate analysis according to the three components of burnout**

	OR (95% CI)	p value
<b>Emotional exhaustion</b>		
Sex (male)	0.02419 (0.001251–0.4678)	0.015
Nightshift work	2.55 (0.4989–13.04)	0.26
Regular pastime	0.06876 (0.009453–0.5001)	0.0087
Sexual intercourse	0.6029 (0.2728–1.332)	0.21
Alcohol consumption	0.2148 (0.0132–3.496)	0.28
Illicit drug consumption	25.5 (2.036–319.4)	0.013
Feeling of being well trained	0.0044 (0.00056–0.034)	<0.0001
<b>Depersonalisation</b>		
Sex (male)	3.547 (0.5701–22.07)	0.17
Nightshift work	0.7817 (0.2856–2.139)	0.63
Regular pastime	0.7213 (0.212–2.454)	0.6015
Sexual intercourse	0.7539 (0.4622–1.23)	0.26
Alcohol consumption	6.251 (1.118–34.96)	0.038
Illicit drug consumption	2.423 (0.5092–11.53)	0.27
Feeling of being well trained	0.032 (0.009–0.1139)	<0.0001
<b>Personal accomplishment</b>		
Sex (male)	2.05 (0.2026–20.74)	0.55
Nightshift work	0.4547 (0.1271–1.627)	0.23
Regular pastime	4.84 (1.027–22.81)	0.048
Sexual intercourse	2.224 (1.197–4.133)	0.012
Alcohol consumption	8.388 (0.9486–74.17)	0.057
Illicit drug consumption	0.4951 (0.06871–3.567)	0.49
Feeling of being well trained	9.166 (1.841–45.63)	0.0073

OR = odds ratio; CI = confidence interval.

Some 33% of participants thought that their training did not enable them to be competent in their job.

This study enabled us to confirm that health care professions, and urology professions in particular, are affected by burnout. A similar study carried out by Roumiguié et al. [3] in 2011 for the same population reported a lower prevalence of severe burnout in terms of the three MBI components, indicating that burnout prevalence is rapidly increasing. Recent studies involving residents in oncology, general medicine, and digestive surgery found similar results [4]. Our results show that the prevalence of burnout increased over a period of 7 yr despite the introduction of mandatory safety breaks and a legal limit of working time to 48 h/wk. In our study, neither working hours nor safety breaks were found to be factors linked to the different components of burnout. This confirms that burnout is not linked to an excess of work but rather to a more global environmental problem. Indeed, the factors that most influence the risk of burnout are associated with quality of life and the level of training of young doctors.

We have shown that burnout is a frequent condition among urologists in training and that it seems to have increased since 2011. To the best of our knowledge, this study is the first to demonstrate that a feeling of being well trained is a strong protective factor against burnout.

The place of training and improvements in quality of life around professional activity should therefore be a major focus point to develop in the coming years, as is already the case in some European associations.

**Conflicts of interest:** The authors have nothing to disclose.

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December 20, 2018

<https://doi.org/10.1016/j.eururo.2018.12.037>

