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resident burnout and widespread implementation of programs to support resident wellness are needed to not only protect the future of the urologic workforce but also to promote the well-being of ourselves and our colleagues.

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<https://doi.org/10.1016/j.urology.2019.04.044>
UROLOGY 131: 33, 2019. © 2019 Elsevier Inc.



EDITORIAL COMMENT



Physician burnout has become a hot topic among urologists since we started appearing on the most burned out list in well-publicized multispecialty studies such as Medscape.¹ One concern about these multispecialty studies is that urologists make up about 1% of the study population. The 2016 American Urological Association Census found that the rates of burnout among practicing urologists were better than previously reported.² Less is known about burnout among urology residents and this study is the first to look exclusively at urology trainees to assess burnout. Unlike the American Urological Association Census data which showed that practicing urologists do not have higher than average rates of burnout, the findings here suggest high rates of burnout among urology residents. One concern with these results is that this study had a very low response rate. We don't know if burned out residents are more likely to respond to a survey or if burn out prevents them from responding but this study only represents one-fifth of urology residents.

Although the American College of Graduate Medical Education has implemented work hour regulations, recognized the need to address burnout in residency, and mandated access to mental health services, it is apparent from this study that many institutions are failing to meet these requirements.³ It is imperative that our specialty follow the rules and regulations set by the American College of Graduate Medical Education and all urologists involved in academic medicine need to uphold these standards. If residents are consistently working more hours than are permitted and programs are not being cited, that implies dishonest reporting either on the part of the program directors or by the residents. The practice of medicine demands integrity and encouraging false reporting by our trainees is unacceptable.

High rate of burnout negatively impact our specialty. The number of applicants to urology residency programs has decreased over the last several years.⁴ The reasons for this downward trends are not clear but it is concerning to see this follow in the wake of so much negative publicity about burnout in urology. With impending workforce shortages in urology, we cannot afford to lose more residents. Further research into the causes of

AUTHOR REPLY

With rates approaching 60%, it is becoming irrefutable that urology has one of the highest levels of physician burnout in medicine. In addition to the mentioned Medscape survey, this observation has been supported by several large-scale studies (most notably, a multispecialty survey of 6880 physicians that compared attending physician burnout to the general population in 2011, 2014, and 2017).^{1,2} As with other multispecialty surveys, in this study urologists made up only 0.7%-1.9% of the responses. However, with urologists contributing to roughly 1.2% of the physician workforce, the urology cohort was likely representative of a national physician sample.

Not surprisingly, high burnout rates have similarly been reported in urology trainees. In a study of 3588 junior residents, urology residents had the highest level of burnout of all polled specialties (63.8%), while 8.6% demonstrated specialty-specific, and 15.5% demonstrated overall career-choice regret.³ These data are confirmed by data showing a high prevalence of specialty and career regret in urology trainees, especially in those exhibiting burnout.⁴

Our study reveals a 68.2% rate of burnout among surveyed urology residents, a rate nearly identical to general surgery trainees.⁵ As the editorial comment rightfully points out, our study is similarly subject to limitations from response bias. While our sample does not appear statistically dissimilar from the national complement of urology trainees,⁶ with a 20% response rate we remain concerned about under sampling. We also have concerns that programs where the morale is particularly low or where burnout remains a nonpriority may have been less likely to share a burnout survey with their residents. If this is true, burnout in our urology trainees may be even higher than what we report.

These findings should be alarming to all urologists. There are known downstream effects of burnout on patient satisfaction, medical errors, and physician retention. Even more striking is the fact that the risk of suicide for physicians is 1.5-2.5 times higher than in the general population. This data cannot be ignored. The question is: what will we do with this information? We have 2 choices: continue to question the validity of the data we see echoed repeatedly in various studies or decide that it is time for action. In our national work on physician well-being, we have seen our own profession fall behind other specialties in taking a proactive and decisive approach to combatting burnout in our physicians. Why has urology been slower to address this national crisis? What is the downside of taking this data seriously? And more importantly: what are the risks of not?

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¹ <https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056>
Accessed May 7, 2019

² <https://www.auanet.org/research/research-resources/aua-census/census-results>
Accessed May 7, 2019

³ https://www.acgme.org/Portals/0/PFAAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf Accessed May 7, 2019

⁴ <https://www.auanet.org/education/auauniversity/for-residents/urology-and-specialty-matches/urology-match-results> Accessed May 7, 2019