Consistencies and Discrepancies Between the Expectations of Urology Trainees and the Experience of Practicing Urologists

Julie W. Cheng, Hillary Wagner, Barbara Couden Hernandez, and Herbert C. Ruckle

OBJECTIVE To compare the expectations of urology trainees with the experience of practicing urologists.

METHODS Residents, fellows, and practicing urologists were surveyed in 2018 regarding weekly work hours, number of hospitals covered, call nights per week, administrative workload relative to residency, annual net income, and time to pursue personal interests and hobbies. Urology trainees, defined as residents and fellows, were also surveyed regarding their expectations for clinical practice. The expectations of trainees were compared with the reported experience of practicing urologists using 1-tailed *t* test and chi-square analysis. Trainee expectations were also stratified by age, gender, training level, relationship status, and whether trainees had dependent children.

RESULTS The expectations of 99 trainees were compared with the reported experience of 377 practicing urologists. Trainees expect to work more hours but less call nights per week than reported by practicing urologists while annual net income was either consistent or underestimated. Compared to practicing urologists, however, trainees appear to underestimate the administrative workload relative to residency and overestimate time to pursue personal interests and hobbies. Junior residents were more likely to underestimate administrative workload than senior residents and fellows.

CONCLUSION While the expectations of urology trainees for work hours and annual net income were fairly consistent with those reported by practicing urologists, trainees may underestimate administrative workload and overestimate time to pursue personal interests and hobbies. UROLOGY 127: 42–48, 2019. © 2019 Elsevier Inc.

Job dissatisfaction has been reported at increasing rates amongst physicians.[1-4] Only 58% of physicians would choose medicine as a career again,[1] 26.6% of physicians reported a likelihood of leaving their current practice within 2 years, and 1 out of 50 physicians planned to leave medicine altogether.[2] Within the field of urology, 1 out of 5 urologists reported job dissatisfaction[3] and the prevalence of burnout within this specialty appears to be increasing.[4]

The Range of Affect Theory is a job satisfaction model that predicts that discrepancies between the expectations and experiences of a job could influence employee satisfaction.[5] A wider discrepancy between expectations and experience may result in greater job dissatisfaction. This is further moderated by what individuals value in their jobs. There may be even greater dissatisfaction if there is a discrepancy between the expectations and experiences of a specific job factor that an individual prioritizes, such as coworkers, compensation, or the nature of the work.[5] While multiple factors that may influence physician dissatisfaction have been investigated, discrepancies between trainee expectations and the actual experience of practicing urologists are not well described. The purpose of this study was to compare the expectations of urology trainees with the experience reported by practicing urologists.

MATERIALS AND METHODS

This study was approved by the Institutional Review Board at our institution. A survey study of burnout within urology was conducted in 2018. Trainees were defined as urology residents and fellows. Practicing urologists were defined as urologists that have completed training and are/have been in clinical practice. Current workload of trainees and practicing urologists was assessed through weekly work hours, number of hospitals covered, call nights per week, administrative workload, annual net income, and hours to pursue personal interests and hobbies. Administrative workload was reported in comparison to administrative workload in residency (*much more*, *a little more*, *about the same*, *a little less*, *much less*). Administrative workload was

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From the Department of Urology, Loma Linda University Health, Loma Linda, CA; and the Director of Physician Vitality, Loma Linda University School of Medicine, Loma Linda, CA

Address correspondence to: *Julie W. Cheng, M.D., M.A.E., Loma Linda University Health, Department of Urology, 11234 Anderson Street, Room A560, Loma Linda, CA 92354. E-mails: juliewcheng@gmail.com; jucheng@llu.edu*

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measured using residency experience as a reference point since hours spent on administrative work may be difficult to gauge. Participants were asked to report current annual net income after deducting for taxes and overhead in $50,000 increments. Trainee expectations were evaluated as a component of the study. Residents and fellows also reported their anticipated workload for clinical practice to determine whether there were discrepancies between their expectations and the reported experience of practicing urologists.

The survey was reviewed with the Director of Physician Vitality at our institution (BH), administered through Qualtrics Online Surveys, and distributed throughout the United States through a purchased email list. Survey responses were collected over a 3-month period. Nurse practitioners and physician's assistants were excluded. Surveys with incomplete responses were not included in data analysis.

Trainee expectations for clinical practice and reported experience of practicing urologists were compared using 1-tailed *t* test and chi-square analysis. Annual net income was compared in 2 ways: by $50,000 increments as well as with a $350,000 cutoff based upon a previous report of job satisfaction within urology.[3] Trainee expectations were then stratified by trainee age (21-30 years vs 31-40 years), gender, training level (postgraduate year [PGY3] and below vs PGY4 and above), relationship status (married vs not married), and whether trainees had dependent children. A *P* value <.05 was considered statistically significant. Data regarding burnout amongst urologists are not presented in this manuscript.

RESULTS

A total of 548 participants responded from the 8,848 recruited for a 6.2% response rate. Seventy-two incomplete responses were excluded for a total of 476 participants consisting of 99 trainees and 377 practicing urologists. Respondent characteristics are listed in Table 1. There was a higher distribution of

Table 1. Characteristics of trainees and practicing urologists

	Trainees (*n* = 99)	Practicing (*n* = 377)	*P* Value
Age distribution			**<.0001**
21-30	48 (48.5%)	–	
31-40	51 (51.5%)	70 (18.6%)	
41-50	–	95 (25.2%)	
51-60	–	103 (27.3%)	
61-70	–	80 (21.2%)	
71+	–	29 (7.7%)	
Gender			**<.0001**
Male gender	60 (60.6%)	315 (83.5%)	
Female gender	39 (39.4%)	60 (15.9%)	
Relationship status			**<.0001**
Single	39 (39.4%)	13 (3.4%)	
Married	53 (53.5%)	336 (89.1%)	
Separated	2 (2.0%)	4 (1.1%)	
Divorced	5 (5.1%)	18 (4.8%)	
Widowed	0 (0%)	6 (1.6%)	
Dependent children (%)	25 (25.3%)	198 (52.5%)	**<.0001**
Predominant practice setting			**<.0001**
Academic	93 (93.9%)	131 (34.7%)	
Private	3 (3.0%)	152 (40.3%)	
Public	2 (2.0%)	30 (8.0%)	
VA	0 (0%)	14 (3.7%)	
Non-VA military	0 (0%)	2 (0.5%)	
HMO	1 (1.0%)	24 (6.4%)	
No longer in practice	0 (0%)	7 (1.9%)	
Other	0 (0%)	17 (4.5%)	
Trainee postgraduate year			
PGY 1	9 (9.1%)		
PGY 2	18 (18.2%)		
PGY 3	20 (20.2%)		
PGY 4	19 (19.2%)		
PGY 5	13 (13.1%)		
PGY 6 (Resident)	10 (10.1%)		
PGY 6 (Fellow)	3 (3.0%)		
PGY 7	6 (6.1%)		
PGY 8	1 (1.0%)		
Number of years in practice			
1-5		58 (15.4%)	
6-10		42 (11.1%)	
11-20		97 (25.7%)	
21-30		90 (23.9%)	
31-40		71 (18.8%)	
41+		19 (5.0%)	

Characteristics are listed as number of participants (percentage). Significant *P* values are bolded.

Table 2. Comparison of trainee expectations for clinical practice and current practicing urologist experience.

	Trainee expectations (n = 99)	Practice experience (n = 377)	*P* Value
Average work hours per week	61.6 (8.1)	57.8 (15.3)	**.018**
Number of hospitals	2.1 (1.0)	2.3 (1.5)	.103
Call nights per week	1.6 (1.1)	2.0 (1.8)	**.014**
Administrative workload			
Much more than residency	23 (23.2%)	299 (79.3%)	**<.0001**
A little more than residency	37 (37.4%)	27 (7.2%)	**<.0001**
About the same as residency	18 (18.2%)	14 (3.7%)	**<.0001**
A little less than residency	15 (15.2%)	24 (6.4%)	**.005**
Much less than residency	6 (6.1%)	13 (3.4%)	.237
Annual net income by increments			
<$100,000	1 (1.0%)	5 (1.3%)	.802
$100,000-149,999	1 (1.0%)	21 (5.6%)	.054
$150,000-199,999	6 (6.1%)	36 (9.5%)	.276
$200,000-249,999	16 (16.2%)	44 (11.7%)	.231
$250,000-299,999	20 (20.2%)	51 (13.5%)	.097
$300,000-349,999	27 (27.3%)	64 (17.0%)	**.020**
$350,000-399,999	15 (15.2%)	39 (10.3%)	.180
$400,000-449,999	8 (8.1%)	38 (10.1%)	.549
$450,000-499,999	2 (2.0%)	20 (5.3%)	.166
≥ $500,000	3 (3.0%)	59 (15.6%)	**.001**
Annual net income by cutoff			**.012**
≤$349,999	70 (70.7%)	217 (57.6%)	
≥$350,000	29 (29.3%)	160 (42.4%)	
Hours per week to pursue personal interests/hobbies			
0-5 h	12 (12.1%)	146 (38.7%)	**<.0001**
6-10 h	29 (29.3%)	143 (37.9%)	.111
11-15 h	35 (35.4%)	51 (13.5%)	**<.0001**
16-20 h	16 (16.2%)	21 (5.6%)	**<.0001**
≥21 h	7 (7.1%)	16 (4.2%)	.243

Average work hours, hospital coverage, and call nights are reported as mean (standard deviation). Perception of administrative workload, annual net income, and hours for pursuing personal interests/hobbies are listed by number of participants (%). Significant *P* values are bolded.

females amongst trainees. Trainees primarily worked in academic settings whereas a large proportion of practicing urologists worked in private practice.

A comparison of trainee expectations and practicing urologist experience is shown in Table 2. Trainees expect to work more hours ($P = .018$) but less call nights ($P = .014$) per week. Hospital coverage was consistent between trainee expectations and practicing urologist experience ($P = .103$). Trainees appear to anticipate a lower administrative workload than reported by practicing urologists. Significantly more practicing urologists reporting that their administrative workload was *much more than residency* compared to that anticipated by trainees (trainees 23.2% vs practicing 79.3%; $P < .0001$). In contrast, more trainees expected their administrative workload to be *a little more than residency* ($P < .0001$)), *about the same as residency* ($P < .0001$), or *a little less than residency* ($P = .005$) than reported by practicing urologists.

Administrative workload was also compared between trainees and practicing urologists that have been in practice for 5 years or less to determine whether perceptions of administrative workload may be influenced by the increasing use of the electronic medical record (EMR) in Table 3. There was still a significant difference in administrative workload as 57.9% of new practicing urologists reported that their workload was *much more than residency* compared to that anticipated by 23.2% of trainees ($P < .0001$). More trainees expected their administrative workload to be only *a little more than residency* ($P = .004$).

Annual net income is reported in Table 2 by $50,000 increments as well as with a $350,000 cutoff. When comparing annual net income by increments, more trainees anticipated an annual income ranging from $300,000 to $349,999 than reported by practicing urologists ($P = .020$). Fewer trainees anticipated an annual income of $500,000 or greater ($P = .001$). Annual net income was otherwise fairly consistent between the 2 groups. However, after comparing annual net income based on the $350,000 cutoff, trainees appeared to expect less income than reported by practicing urologists. More trainees anticipated an annual income of $349,999 or less than reported by practicing urologists ($P = .012$).

There were discrepancies between the 2 groups with regard to time to pursue personal interests and hobbies. Significantly fewer trainees anticipated only 0-5 hours per week to pursue personal interests and hobbies than reported by practicing urologists ($P < .0001$). Furthermore, significantly more trainees anticipated 11-15 hours ($P < .0001$) and 16-20 hours per week ($P < .0001$) than the reality as reported by practicing urologists.

Comparison of junior residents (PGY3 and below) and senior residents/fellows (PGY4 and above) is shown in Table 4. Six (12.8%) junior residents anticipated *much less* administrative workloads compared to 0 (0%) senior residents and fellows ($P = .008$). More senior residents and fellows anticipated an annual net income of $200,000-249,999 compared to junior residents ($P = .049$). Subanalysis of trainee surveys otherwise demonstrated that expectations did not differ when trainees were

Table 3. Comparison of administrative workload between all trainees and practicing urologists that have practiced 1-5 years

	Trainee expectations (n = 99)	Practicing urologists for 1-5 years (n = 57)	*P* Value
Much more than residency	23 (23.2%)	33 (57.9%)	**<.0001**
A little more than residency	37 (37.4%)	9 (15.8%)	**.004**
About the same as residency	18 (18.2%)	7 (12.3%)	.333
A little less than residency	15 (15.2%)	8 (14.0%)	.850
Much less than residency	6 (6.1%)	0 (0%)	.060

Significant *P* values are bolded.

stratified by age, gender, relationship status, and whether trainees had dependent children.

DISCUSSION

In this study, trainee expectations for annual net income and work hours were fairly consistent with those reported by practicing urologists. While physician job satisfaction has been associated with a higher income,[3,6] satisfaction appears to plateau at an income of $350,000 in urology.[3] Not only were trainee expectations consistent with practicing urologist income, a greater proportion of trainees anticipated an income lower than this amount compared to that reported by practicing urologists. However, it is unclear whether trainees and practicing urologists reported starting or peak salary as this was not clearly stated in the survey.

In addition, trainees slightly overestimated work hours. This overestimation may help trainees adjust to the hourly demands of clinical practice and potentially sustain job satisfaction as a greater number of work hours per week has been associated with burnout in physicians,[4,6] surgeons,[7] and urologists.[3,8] Although trainees may expect less call nights per week than reported by practicing urologists, the differences identified in this study may not exhibit practical significance and trainees may ultimately

Table 4. Comparison of trainee expectations based on training level

	PGY3 and below (n = 47)	PGY4 and above (n = 52)	*P* value
Average work hours per week	62.9 (7.1)	60.5 (8.8)	.139
Number of hospitals	1.9 (0.9)	2.2 (1.0)	.192
Call nights per week	1.5 (1.0)	1.7 (1.1)	.343
Administrative workload			
Much more than residency	11 (23.4%)	12 (23.1)	.969
A little more than residency	13 (27.7)	24 (46.2)	.058
About the same as residency	8 (17.0)	10 (19.2)	.776
A little less than residency	9 (19.1)	6 (11.5)	.292
Much less than residency	6 (12.8)	0 (0%)	**.008**
Annual net income by increments			
<$100,000	1 (2.1%)	0 (0%)	.290
$100,000-149,999	0 (0%)	1 (1.9%)	.339
$150,000-199,999	2 (4.3%)	4 (7.7%)	.474
$200,000-249,999	4 (8.5%)	12 (23.1%)	**.049**
$250,000-299,999	10 (21.3%)	10 (19.2%)	.800
$300,000-349,999	13 (27.7%)	14 (26.9%)	.935
$350,000-399,999	10 (21.3%)	5 (9.6%)	.106
$400,000-449,999	3 (6.4%)	5 (9.6%)	.556
$450,000-499,999	1 (2.1%)	1 (1.9%)	.942
≥$500,000	3 (6.4%)	0 (0%)	.064
Annual net income by cutoff			.061
≤$349,999	29 (61.7%)	41 (78.8%)	
≥$350,000	18 (38.3%)	11 (21.2%)	
Hours per week to pursue personal interests/hobbies			
0-5 h	7 (14.9%)	5 (9.6%)	.422
6-10 h	12 (25.5%)	17 (32.7%)	.434
11-15 h	14 (29.8%)	21 (40.3%)	.271
16-20 h	11 (23.4%)	5 (9.6%)	.063
≥21 h	3 (6.4%)	4 (7.7%)	.800

Average work hours, hospital coverage, and call nights are reported as mean (standard deviation). Perception of administrative workload, annual net income, and hours for pursuing personal interests/hobbies are listed by number of participants (%). Significant *P* values are bolded.

expect to work more hours per week. These fairly realistic expectations of net annual income and work hours may indicate preparation for clinical practice.

There were, however, discrepancies in anticipated administrative workload and work-life balance. There was a significantly lower percentage of trainees anticipating their administrative workload to be *much more than residency*. This was also demonstrated in a comparison between trainees and new practicing urologists in practice for 1-5 years to consider the potential influence of increasing EMR use. Furthermore, a small proportion of junior-level residents anticipated an administrative workload *much less* than that of residency whereas no senior residents or fellows anticipated this difference.

Various studies have evaluated issues with administrative work through use of the EMR.[2,9,10] While the EMR was considered by physicians to have the potential to improve quality of care, the current state of the EMR has shifted a billing and coding component of the administrative workload to physicians and has ultimately worsened professional satisfaction.[9,11] In fact, dissatisfaction with the EMR has been identified as an independent risk factor for reducing work hours or leaving current practice[2] and physicians using the EMR had lower satisfaction with the amount of time spent on clerical tasks and exhibited higher rates of burnout.[10] While physicians spend 49% of their time interacting with patients, physicians on average spend 34% of their time on writing progress notes, 9% on documenting telephone encounters, 3% on secure messaging, 2% on prescription refills, and 3% on ordering tests, sending staff messages, and reviewing test results.[12] While residents and fellows in training may have some exposure to the EMR, there may be other components of administrative work, such as coding or billing, that may affect future work experience.

In addition to anticipating a lower administrative workload, trainees also anticipate more time to pursue personal interests and hobbies than what is reported by practicing urologists. Furthermore, these expectations were not influenced by relationship status or dependent children for trainees. However, only 40.9% of physicians and 36% of surgeons felt their work schedule provided enough time for personal and family life.[4,7] This discrepancy may lead to dissatisfaction with work-life balance, which has also been identified as an independent predictor of intent to reduce work hours or leave current practice.[2] Further studies are needed to assess how these potential discrepancies between expectations and experience could directly or indirectly affect physician satisfaction and burnout.

Given the changes in the practice of medicine, and society in general, more inquiry into this topic is warranted to know if teaching work-life balance skills are a way of increasing resiliency and staying power in the profession of urology. Because urologic surgeons will continue to be a finite resource with a high barrier of entry, it would be reasonable that urology residency training programs incorporate teaching residents skills to work through the inevitable conflicts between personal time and professional responsibility and to be able devise a strategy to satisfy both needs. It would seem to be incumbent that residency programs would proactively address this inherent conflict to improve the coping skills and sustainability of their graduates within the specialty.

Discrepancies between expectations and experiences can result in unmet expectations and low job satisfaction.[5] This has been demonstrated in survey studies of new employees by comparing expectations before they start work and their experience months later.[13-15] Differences between the expectations of new employees and actual work experience were negatively associated with job satisfaction and a source of negative emotions.[13,14] Employees that underestimated potential job stressors and demands of their new job also demonstrated greater difficulty adjusting to their job compared to those that overestimated demands.[15]

Physician job dissatisfaction and burnout continue to increase throughout medicine.[1,2,4] Multiple studies have demonstrated subsequent consequences of this trend, including decreased professional effort,[16] patient noncompliance,[17] patient dissatisfaction,[18] and ultimately physician turnover.[2,19,20] Specifically within the field of urology, the prevalence of burnout has been reported at rates as high as 38.8%-63.6%.[4,8] A separate study evaluating job satisfaction found that 20% reported that they were somewhat or very dissatisfied.[3]

Residents and fellows are told that "it gets better" after training, but unmet expectations may negatively impact job satisfaction following completion of training. As the number of practicing urologists is projected to decrease and may not be able to meet future demands,[21] it is important that urology programs help trainees set appropriate expectations to prepare for practice to ultimately develop resiliency and improve job satisfaction, which may help maintain the urology workforce.

This study has several limitations. There was a low response rate of 6.2% to this email-based survey. A component of this low response rate may be due to a large distribution of emails being directly sent to spam by the email list provider and there may be a subsequent response bias. It is also unknown how the discrepancies in expectations and experience that are identified in this study ultimately influence job satisfaction within urology. Furthermore, job satisfaction is multifactorial and is not solely determined by unmet expectations. The survey was limited to be completed in 4-7 minutes with categorical answer choices to encourage greater participation. As such, this survey excluded other factors that may influence physician expectations and dissatisfaction, such as physician autonomy, support staff, and external regulations.

CONCLUSION

Expectations of urology trainees for weekly work hours and annual net income were fairly consistent with those reported by practicing urologists. There may be discrepancies in trainee expectations for relative administrative

workload and time to pursue personal interests and hobbies compared to the current experience of practicing urologists.

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EDITORIAL COMMENT

Urology is a gem in the surgical subspecialty world, as evidenced by a highly competitive match with increasing numbers of outstanding applicants.[1] This has been attributed to the diversity of patients and pathology, the range of surgical techniques, the generally promising outcomes in many cases, and, additionally, the potential to balance personal and work life. Surprisingly, Urology has recently suffered from increasing job dissatisfaction and we now stand as one of the most burnt out specialties in medicine (references 1–4 in manuscript). Studies designed to understand the causes of job dissatisfaction and burnout in Urology are critical to identify targets for intervention.

In this survey-based study looking at the expectations of urology trainees compared with the experiences of practicing urologists, Cheng et al sought to identify contributions to employee dissatisfaction based on the Range of Affect Theory, which states that discrepancies between expectations and experiences are potential sources of employee dissatisfaction. Although it suffered from a low response rate of 6%, this study did have an important take home message: The major discrepancy between trainees and practicing urologists appears to be the burden of administrative workload and the potential effect on time to pursue personal interests. These differences were significant even when controlling for possible confounders such as trainee level and marital status.

While the study was not designed to correlate administrative workload with job dissatisfaction and burnout, the assumption is intuitive. Although initially intended to facilitate and improve the care of patients, the electronic health record has shifted administrative tasks to physicians, with unexpected and toxic consequences.[2] Administrative tasks generally divert time from care giving and leave physicians with less time and emotional capacity to devote to patients, an effect that can also bleed into home and family life. While as trainees we often lament the burden of these tasks, the sad reality is that practicing urologists' administrative workload is "much more than residency" in nearly 80% of cases. Clearly, setting realistic expectations for trainees and facilitating the development of strategies to manage these tasks is key. Furthermore, appropriate delegation of administrative tasks should be used to allow physicians to focus on direct patient care. Finally, data on how expectations and experiences differ in the subset of trainees who pursue a career with a significant research component is unknown and another potential source of job dissatisfaction, given the current challenges with research funding.

In addition to reducing administrative burden and setting appropriate trainee expectations, physician wellness, both mental and physical, needs to be valued. Fortunately, we are seeing this happen. Physician work-life balance is a trending concept, and hospitals, departments, and training programs recognize the important role this plays in job satisfaction, which can affect productivity and job retention. As surgeons, trainees in Urology will always be required to work long hours in the hospital to learn and develop our craft. Nevertheless, we should ensure that

trainees expect and practicing urologists experience job satisfaction commiserate with the hard work we each put in every day for our patients.

Andrew T. Lenis, Department of Urology, David Geffen School of Medicine at UCLA, Los Angeles, CA

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AUTHOR REPLY

We appreciate and agree with the editorial comment. Urology is indeed a gem of a specialty. Despite the increasing recognition of physician burnout in urology, we cannot rely on the healthcare system to change or improve the drivers of dissatisfaction in the near future. Payers and regulators are not likely to substantively decrease the administrative burden of practicing medicine. We will not have less interaction with the electronic health record. In the increasing quest for efficiency, proof of value, and ultimately financial margin, urologists will likely have to cope with more pressure for documentation and administration. Although the effect of the Range of Affect Theory is only 1 component affecting job satisfaction, it is a component that can be addressed. Residency and fellowship programs can help trainees set appropriate expectations for clinical practice. Training programs should teach strategies for managing administrative tasks, maintaining work-life balance, and coping with the current demands of practicing urology. Given the recent understanding of the importance of physician wellness, trainees will need all of these skills to help them sustain job satisfaction as a urologist in spite of the stressors that lie ahead of them.

Julie W. Cheng, Department of Urology, Loma Linda University Health, Loma Linda, CA

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