

Promoting wellness in urology residency programs

Moving beyond tokenism

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"The young doctor should look about early for an avocation, a pastime, that will take him away from patients, pills, and potions..." – Dr. William Osler¹

There has been increased understanding that burnout is a significant issue across medical and surgical training programs. In a survey of all 37 chief residents from Canadian urology residency programs, 70% showed evidence of burnout.² Burnout is a key issue that affects both the well-being of residents and the quality of patient care they can provide.³ Burnout in physicians has been associated with decreased career satisfaction, a higher incidence of major depression, and a higher incidence of reported medical errors.⁴⁻⁶

Residency programs have taken various steps to address burnout. From a survey of 58 urology residency programs, 65.5% indicated formal wellness programming, with 93.1% indicating at least an informal approach as well.⁷ Examples of formal, program-led initiatives to improve wellness include the formation of social groups with faculty and residents, structured mentorship, financial education workshops, and weekly lunches.^{8,9}

Some studies, using validated questionnaires to evaluate their programs' wellness initiatives, found an improvement in metrics of well-being with the implementation of these programs.^{8,9} There are limitations to studying wellness, including the implication that improvements in self-reported wellness metrics would encourage programs to maintain initiatives. Wellness is a difficult construct to measure and evaluate, as the metrics are often unique to an individual, not the entire learner group.

In exploring different approaches to wellness, many department-led initiatives were unable to meaningfully improve residents' key concerns. For instance, an academic urology program in the U.S. implemented a department-wide wellness program between September 2020 and April 2021 to decrease burnout.⁹ Resident interventions included group discussions with physician facilitators, expert lectures on finances, purchase of exercise equipment for the call rooms, and provision of healthy weekly lunches. Although a pre-curriculum survey demonstrated that the most impactful sources of stress/burnout were excessive work hours and lack of sleep, these concerns were not meaningfully addressed. Meanwhile, the interventions directly targeted the lack of a healthy diet, educational debt and financial planning, and contract negotiation expertise, which were the least impactful of the 10 factors assessed in the survey.

It is understandable that directly addressing long work hours and poor sleep is difficult. Unlike many other jobs, residents occupy a dual role as both learners and essential members of the healthcare workforce. As such, fundamentally changing their workload could impact their ability to fulfill both roles effectively. The patient care gap that results from the reduction of resident work hours is a reality that needs to be addressed somehow. Furthermore, acquiring the immense breadth and depth of knowledge and experience necessary to be a competent surgeon in five years requires an almost unavoidable intensity.

A survey of 80 (53%) Canadian plastic surgery residents and 10 (77%) program directors revealed that 69% of residents and 70% of program directors oppose a theoretical 80-hour workweek limit.¹⁰ Moreover, 53% of residents and 80% of program directors agreed that residents need to work post-call to master surgical skills, with residents averaging 4.7 hours of sleep while on call. It seems that both trainees and teachers value the learning associated with working long hours, regardless of its effect on burnout.

Nonetheless, we cannot ignore this crucial aspect of resident wellness, as it may be impeding the success of other well-intended initiatives. It can be challenging to simply attend a wellness social event or work out in the on-call rooms on program-provided equipment when one is chronically sleep-deprived and

KEY MESSAGES

- Burnout in urology residency programs is highly prevalent and alarming.
- The current top-down approach to promoting resident wellness through department-led initiatives is missing the mark.
- Initiatives made in close collaboration between faculty and residents that give more time and agency to residents are more likely to positively affect wellness and should be seriously considered.
- Continuous feedback and revision, as well as clear and honest communication between faculty and residents is crucial to implementing and maintaining a successful wellness program.

hasn't been to the dentist in a decade. This intuitive reasoning can also be interpreted in relation to Maslow's hierarchy of needs (Figure 1).

An adaptation of this hierarchy applied to resident wellness argues that basic physiological needs (food, sleep, health) must be met before safety (personal, financial), love and belonging (respect, community, family), esteem (appreciation, fairness, control), and self-actualization (healing patients, contribution), which all must be met in this order to achieve an element of self-actualization.¹¹ This hierarchy suggests that wellness initiatives aimed at building a sense of community, for example, may fall short if they cut into limited time for sleep and exercise. Initiatives that do not reduce or replace the fatigue and stress of resident workload and are simply "in-addition to" the existing schedule, may have limited benefit.

And so, how do we truly support resident wellness? Many of the current initiatives are failing to address the root causes of burnout. Yet, if the worst offenders are long work hours and poor sleep, and these cannot be directly improved without sacrificing the required intensity of residency training, is there even a solution?

The Department of Surgery at Medical University of South Carolina implemented a unique initiative that may provide a reasonable approach to resident wellness.¹² Their program implemented resident-driven assessment and implementation of wellness measures using both a needs survey and a three-part, anonymous,

five-point Likert scale survey. Multiple wellness initiatives were suggested to residents based on perceived needs and feasibility, and residents ranked these initiatives in order of importance to decide which should be implemented. Three initiatives were ultimately implemented: two protected weekday personal days per year, modernization of the resident workspace, and additional meal funds. These interventions led to significantly improved self-reported work/life balance satisfaction and quality of life at both six- and 15-month post-intervention responses.

The takeaway here is not necessarily that these three interventions will be best for all residency programs but that giving residents the agency to choose their own initiatives led to positive outcomes. Additionally, these interventions all function to provide a potential space for residents to take advantage of and use at their own discretion when it works for their own schedules. For instance, protected time off can be used in any way the resident pleases, such as setting up their own medical/dental appointments or planning to spend time with friends and family.

Modernization of resident workspaces can be done with resident input to match their workplace needs, which may increase efficiency, thereby reducing administrative burden and its associated toll on work satisfaction. Additional meal funds free up residents' personal money to spend on whatever they please, especially in the context of increasing debt and inflation. The freedom and flexibility of these resident-driven initiatives is in stark contrast to some of the other department-led (and mandatory) initiatives.

The literature to date seems to suggest residents benefit from being involved in the development of well-

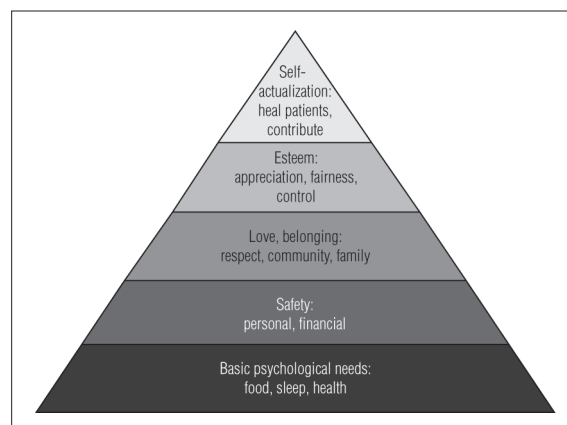


Figure 1. Maslow's hierarchy of needs applied to resident wellness. Obtained from Williams-Kamesky RL, Greenbaum A, Paul, JS. Surgery resident wellness programs: The current state of the field and recommendations for creation and implementation. *Adv Surg* 2020;54:149-71.

ness initiatives. Achieving this requires transparent and honest communication, as well as mutual agreement between residents and key stakeholders, such as program directors, faculty, hospital administration, and the broader institutional culture. Engaging all these parties ensures that wellness initiatives are supported at all levels and are more likely to succeed. Regular followup to assess the value of initiatives, collect feedback, and make plans for improvements is also key to ensuring the program is achieving its intended goals and continuing to improve and adapt with each new cohort of residents. Initiatives may differ between institutions, cohorts, and individuals, so a personalized approach to wellness is likely most effective.

Forget generic solutions — personalized wellness is more effective. Let's turn "wellness" from a buzzword into a powerful tool that genuinely enhances resident well-being and patient care.

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REFERENCES

- Osler W. Remarks on the medical library in post-graduate work. *BMJ* 1909;2:925-8. <https://doi.org/10.1136/bmj.2.2544.925>
- Johnstone J, Gabara A, Hopman WM, et al. Impact of the COVID-19 pandemic on the burnout rates of graduating Canadian urology students. *BJU Int* 2022;130:389-93. <https://doi.org/10.1111/bju.15834>
- West CP, Huschka MM, Novotny PJ, et al. Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *JAMA* 2006;296:1071-8. <https://doi.org/10.1001/jama.296.9.1071>
- Shanafelt TD, Balch CM, Bechamps GJ, et al. Burnout and career satisfaction among American surgeons. *Ann Surg* 2009;250:463-71. <https://doi.org/10.1097/SLA.0b013e3181ac4dfd>
- Wurm W, Vogel K, Holl A, et al. Depression-burnout overlap in physicians. *PLoS One* 2016;11:e0149913. <https://doi.org/10.1371/journal.pone.0149913>
- Tawfik DS, Profit J, Margenthaler TI, et al. Physician burnout, well-being, and work unit safety grades in relationship to reported medical errors. *Mayo Clin Proc* 2018;93:1571-80. <https://doi.org/10.1016/j.mayocp.2018.05.014>
- Pavuluri H, Malik R, Seideman C. An assessment of residency wellness programming in urology training programs. *Urology* 2022;165:113-9. <https://doi.org/10.1016/j.urology.2022.01.051>
- Anaissie J, Mayer W, Popat S, et al. Innovative changes in a urology residency program can lower rates of resident burnout. *J Urol* 2020;203:e640. <https://doi.org/10.1097/JU.0000000000000896.09>
- Margolin E, Kosber R, Smigelski M, et al. Promoting organizational change: a urology department-wide wellness program to reduce burnout. *Urol Pract* 2022;9:615-21. <https://doi.org/10.1097/UPI.0000000000000348>
- McInnes CW, Vorstenbosch J, Chard R, et al. Canadian plastic surgery resident work hour restrictions: Practices and perceptions of residents and program directors. *Plast Surg (Oaks)* 2018;26:11-7. <https://doi.org/10.1177/2292550317749512>
- Williams-Karnesky RL, Greenbaum A, Paul JS. Surgery resident wellness programs: the current state of the field and recommendations for creation and implementation. *Adv Surg* 2020;54:149-71. <https://doi.org/10.1016/j.yasu.2020.05.005>
- Garcia DI, Pannuccio A, Gallegos J, et al. Resident-driven wellness initiatives improve resident wellness and perception of work environment. *J Surg Res* 2021;258:8-16. <https://doi.org/10.1016/j.jss.2020.06.028>

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